



Attorneys for the Rights of the Child

Newsletter

© ARC Fall 2009. Volume 7, Issue 3 (Whole Number 21)

Protecting Children's Bodily Integrity

In This Issue

Feature Articles

- CDC Conference (Bollinger).....page 1
- CDC Conference (Taylor).....page 2
- GIAW 2009.....page 3
- IAS 2009 Cape Town.....page 5
- Paul Mason Speaks.....page 7
- Boldt Case Update.....page 8

From the Executive Director

- Executive Director's Message....page 9

Book Reviews

- Circumcision & Human Rights* page 10
- Fearful Symmetries*.....page 10
- Female Circumcision*.....page 11

In the News

- ICGI Press Release.....page 13
- MGMBill Press Release.....page 13
- Tasmania Issues Paper.....page 14
- HIV Breakthrough.....page 14
- Gays Not Protected.....page 15
- \$400K Malpractice Award.....page 16
- Baby Dies; Parents Sue.....page 16
- \$2.3 Million Settlement.....page 16
- Circumcision May Be Illegal....page 17
- South Africa Parents In Court...page 17
- Uganda: Hard To Implement...page 18
- Tribune Discusses Inactivism...page 18
- Uganda To Outlaw FGM.....page 20
- Times Mentions Intactivistspage 20
- Circumcision Is A Crime.....page 21
- Helsinki Article Published.....page 22
- UK Mom Sues After Botch.....page 22

Attorneys for the Rights of the Child

2961 Ashby Ave.,
Berkeley, CA 94705
Fax/phone: 510-595-5550
www.arclaw.org

2009 CDC National HIV Prevention Conference, Atlanta, Georgia, August 23-26

(Intactivist Report 1)
By Dan Bollinger

Aubrey Taylor and I staffed the booth at the Centers for Disease Control and Prevention's (CDC's) 2009 National HIV Prevention Conference for the duration of the event. Georganne Chapin of Intact America (IA) and ARC, Jack Travis, M.D., Amy Callan of IA, and David Llewellyn (like Georganne Chapin, an ARC Board Member) also attended as their schedules permitted to give interviews, ask questions at sessions, and attend meetings. Aubrey and I have worked demonstrations together before; our combination of male/female, young/old worked very well here, too. The six of us made a good team, each of us supporting the others in our particular strengths.

The booth looked great. Photos of it accompany this article. It is a huge step forward from what pro-intact booths have looked like in the past and this is important since the quality and professionalism of the display reflects on the quality and professionalism of the organization.

By far the booth item that got the most attention (besides Aubrey's hair!) was the list on the main banner of ten reasons not to circumcise. I would let visitors read a few of the points before introducing myself and I'd often be chided to let them finish reading. These points are important since they sum up our position (see the website www.intactamerica.org/node/6t for the list along with text explaining each one in depth). The second most attention-getting item was the poster made especially for this conference in which we mentioned the CDC by name, calling them to task about circumcision and HIV.

From the booth, our primary communication to passersby varied, and

over time evolved to something like: "We are Intact America, a new children's rights organization focused on protecting babies from harm. Normally, we are at baby fairs and medical conferences educating about the harms of circumcision and the care of the intact penis. When we heard that the CDC was preparing to issue a policy statement recommending circumcision for all American baby boys, as children's advocates, we had to show up and speak out." I don't know the exact count, but we collected about 6-7 pages of signatures on our CDC petition. Pretty amazing considering almost everyone there is funded by the CDC or has ties with them. There were a lot of open minds and a lot of closed minds, and very little in between. We got a lot of perplexed looks (always a good conversation starter).



l to r: David Llewellyn, Georganne Chapin, Aubrey Taylor at 2009 CDC Conference on HIV

We spoke with more than two dozen CDC employees. They stopped by to check us out and to collect information. They were surprised to see a group that had the balls to show up at a CDC-led conference in opposition to where the CDC appears to be heading. [But see the Executive Director's Message elsewhere in this issue, where the CDC's posted statement the day after the conference backpedals in an apparently

direct response to the intactivist presence at the conference—Editor] CDC staff politely listened to our claims and position. None argued with us. In fact, they were the most boring group of people I spoke with because they just stood there with a blank look on their face, listened politely for a few minutes, asked a few questions, and then thanked us for our time. One CDC fellow said he was glad we were there, since there was a lot of opposition to circumcision. A good conversation ensued.

All of the CDC staffers accepted from us copies of the IA policy statement directed at the flawed African studies and at the CDC's imminent policy statement. We asked them to sign our petition, which always got a chuckle.



Dan Bollinger at 2009 CDC Conference on HIV

The overall position of the CDC staff, and other medically trained folks was that if circumcision works to stop the HIV pandemic to any degree then it should be employed. When I would bring up that the boy's human rights were being violated when forcibly circumcised they either disagreed or said the violation was necessary, as vaccines or emergency room procedures are necessary. They just could not see far enough past their stethoscopes to grasp the human rights issues. To the CDC, it seems, medicine trumps human rights. Countering this mistaken belief is the most important point we need to get across to them.

Two CDC staffers I spoke with were unique. Both ridiculed the notion that

circumcision could possibly have anything to do with helping the HIV pandemic. Both promised to sign our petition (they were 'on the clock' and representing the CDC, but said they would sign online once they were home as an individual, not a CDC employee).

Health department officials and staffers, including the Director of the US Department of Health, were very open to learning more, and none believed that circumcision would help with HIV. They are on the front lines. I repeatedly heard that integration of drug counseling, safe-sex education, and free condoms worked the best. Building allies within this group would be a very good next step, since it is these folks that would implement any policy the CDC would issue.

Most of the African and first-generation African-American delegates who stopped by didn't think circumcision would work in Africa or the US, and they agreed that such programs would take precious funds away from programs that did work. They were eager to sign the petition.

I was surprised to hear the hygiene rationale from so many upper level health officials. Of course, we countered by urging "washing, not amputation" and by noting that "girls have more such places and no one is advocating they be cut." Our comments largely fell on deaf ears. On the positive side, I didn't hear one instance of someone mentioning urinary tract infections (UTI's) as a justification for circumcision.

Another passerby, not a CDC staffer, said that to him, the most compelling argument against circumcision wasn't any of the ten reasons listed on the banner, but the 100 deaths from circumcision each year that I brought up during our conversation.

One CDC staffer invited us back to make a presentation at next year's conference on immigrants and HIV education. He said Kevin Fenton, recently named as Director of the CDC's National Center for HIV/AIDS, would be there.

I imagine there are a lot of discussions going on at the CDC about us this

week. If nothing else, we provided CDC officials who think like us the opportunity to speak out against circumcision and HIV. I am confident that we influenced the pending statement to our benefit, but to what degree I don't know. We need to keep the pressure on until the policy statement is issued or tabled.

2009 CDC National HIV Prevention Conference, Atlanta, Georgia, August 23-26

(Intactivist Report 2)

By Aubrey Taylor

I was honored to be asked to help staff Intact America's exhibitor booth at the 2009 National HIV Prevention Conference, held in Atlanta from August 23-26 by the Centers for Disease Control (CDC). Just a few impressions of how it went.



Aubrey Taylor

The traffic seemed a lot slower to me than booths I've done in the past like the American Academy of Pediatrics (AAP) or baby fairs. People had come from a variety of different arenas instead of just one, so it made guessing what angle to take with each person a little intimidating.

Attendees included immigrant health workers, public health people, sex worker support people, educators, government employees, and many others. I think we did great though, and overall the audience was very receptive.

It was definitely a productive endeavor for us to be there, despite the slow crowd. We got the chance to speak to many CDC employees, and while some just listened politely and then left, I can think of at least three that stopped to discuss the issue at length and voiced their skepticism at the African trials or validity of the HIV/circumcision connection. It made me feel good to know that not everyone involved there is believing this hoax.

Two further successes were the 49 signatures we received for the petition to the CDC urging them not to recommend neonatal circumcision and the 47% jump in web traffic for Intact America's website!

The highlight of the entire time for me was watching David Llewellyn do what all of us have no doubt wanted to do at least once: yell at a circumcision pusher for being insensitive to intact individuals and bigoted against the normal body. We all had an opportunity to attend a presentation for Operation Abraham. This is an Israeli organization that has trained African surgeons to do adult circumcisions. I listened to founder Inon Schenker, Ph.D., MPH speak for 20-30 minutes and I cannot tell you what he said, or what he wants to do in the U.S. (Sorry if that's not helpful, but he didn't say anything!)

At the end of his Power Point, he put up a photo of a nude intact man from knees to neck with an elephant painted on his body so that the trunk was his you-know-what. Now, I am not shy. I've seen plenty of penis pictures, and am always pleased to see an intact one. The artist in me thought "how clever, an elephant". Then I read the graffiti

on the photo: "Yes, a circumcision please!" Regardless of how laid back I am, I can see that within the context of the situation this was offensive, unprofessional, and a harmful tactic aiming to normalize the humiliation of intact men.

As I was rolling my eyes thinking "how typical", David stood up and loudly and angrily told the man how offensive the photo was to intact men and to remove it immediately. He had to demand this twice. He went on about the habit of the circumcised to disrespect and humiliate the intact, and said that he was appalled that his tax dollars were paying for this behavior. The man did not apologize.

In the tiny audience of maybe 15 or so, coincidentally, Dr. Peter Kilmarx, the Chief of the Epidemiology Branch of the Division of HIV/AIDS Prevention of the CDC happened to be there. Near the end of the discussion, after David stormed out of the room (demanding an apology of Kilmarx as he went) Dr. Kilmarx made a statement to the room that seemed to have the goal of distancing the CDC from this presenter and his organization.

Personally, I think it's about time someone got yelled at, and I'm thrilled at the good luck of it being witnessed by one of the CDC's top officials. I couldn't help but wonder at the timing when I read the recent statement from the CDC ("Status of CDC Male Circumcision Recommendations;" <http://www.cdc.gov/hiv/topics/research/male-circumcision.htm>) confirming that they are NOT going to suggest that circumcision be compulsory, as some recent rumors have claimed. I think our presence last week was definitely felt, and I encourage everybody to sign the petition at intactamerica.org if you haven't already done so; and maybe even write your own letter to Dr. Kilmarx, or even Dr. Kevin Fenton, another big wig Director at the CDC. Let's let them know that WE KNOW this circumcision business is bad science, and it isn't wise of a public health organization to focus only on potential "benefits" of surgery, while ignoring the literal benefits of intact genitals.

Aubrey Taylor's youtube channel is: www.youtube.com/user/whatUneverknew

**Genital Integrity Awareness Week
March -April 2009**

By James Loewen

Visitors to the US Capitol Building the last week of March were greeted with enormous bold banners stating, "Circumcision is Unnecessary and Harmful." and asking, "Whose Penis? Whose Body? Whose Rights?"



William Stowell

This year marked the 16th annual demonstration and march against infant circumcision in Washington DC to celebrate Genital Integrity Awareness Week (GIAW). Led by David Wilson, founder of the Stop Infant Circumcision Society, intactivists gathered daily on the West Lawn of the U.S. Capitol Building to speak with many thousands of visitors. "We get a full range of responses from the public," said intactiv-



Intact America's mobile billboard at 2009 CDC Conference on HIV

ist Van Lewis. "People come here from all over the world responding with everything from complete incredulity that Americans do this to their children. Others know that we do this and are completely appalled. With Americans again it's a full range, from complete and total support for our actions to terror, in which case they just pass by on the other side of the road. In between are people who are curious, people who have an opinion but are open to re-thinking, people who mildly agree with us and want to know more. It's a wonderful place to come and educate people."



Karen & Carter Glennan

Every year since 1994, this protest has brought new intactivists to the fore. This year, two young men, Zachary Levi Balakoff and Jason Seigel joined the protest and expressed their outrage over circumcision with a hunger strike. Jason Seigel explained his reason for protesting, "The issue of circumcision is so repressed, and the people of this country are in such a state of denial about a blatant atrocity occurring to babies every single day. There is a long and complex history about why such an insane thing would be allowed to be practiced in any country where freedom and common sense exist."



Laurie Evans

On Sunday, March 29, Intact America celebrated the long-time achievements of three remarkable women. Marilyn Milos, Hanny Lightfoot-Klein and Soraya Mire, who have each devoted the better part of thirty years toward eradicating genital mutilation of children.

Accepting the Social Justice Award,

Hanny Lightfoot-Klein spoke of her childhood in Germany. "I was a Holocaust survivor only in terms of [psychology]... I was never in a camp, my blood was never shed, but I came out of Germany... pretty crazy at the age of eleven. It took me a long time to get over it." Lightfoot-Klein recounted how she traveled to Africa and learned about FGM on her first night in Khartoum. "It was instantly clear to me that this is why I was saved, and this is going to be my life's task from now on, and it has been."

Intact America presented Soraya Mire with an award for personal courage. Mire spoke about the difficulties encountered speaking out against her own culture in which women are believed not to know right from wrong. She also spoke of being disowned by her family and Somali culture for speaking out against genital mutilation. "This journey was hard and painful," Mire said. "I dared to question the powerfully held tradition of female genital mutilation, and I dedicated my life to being my culture's first advocate



Three award winners (l to r): Hanny Lightfoot-Klein, Soraya Mire, Marilyn Milos

for its abolition."

Mire explained why she also speaks out against male circumcision and what continues to drive and inspire her dedication to eradicating FGM, "My goal always is to heal, inspire and show how one heart could hold the light and never let go."

Georganne Chapin, director of Intact America, became emotional as she introduced and presented the Intact America Award for Humanitarian Service to Marilyn Milos, the mother of the genital integrity movement, acknowledging "the huge amounts of per-

sonal courage that were needed, to do what Marilyn did."

Milos said she felt awkward receiving an award for doing something she "couldn't not do." She gratefully acknowledged those who began speaking out against circumcision before she did, several of whom were present that night. Milos recalled witnessing the circumcision that started her activism and wondered why seeing a circumcision wasn't enough to motivate everyone to stop it. "What happens to us," she asked, "that we lose the empathy to



(l to r): Award winner Hanny Lightfoot-Klein, presenter Georganne Chapin, presenter John Geisheker

respond to a baby as we all should be responding?"

In order to study circumcision prior to 1989, one had to go to various disciplines, Milos recalled, so she organized a conference and invited scholars from history, religion, anthropology, psychology, sociology, medicine, ethics and law to discuss the issue. The presentations from that first symposium were published [in the Truth Seeker magazine--Ed.], the first text to look at the subject from many perspectives. Since then the papers from the NO-CIRC International Symposia have gained greater and wider circulation, now being published by Springer, the world's leading medical text publisher. Milos also spoke with enthusiasm about recent YouTube videos being made by young people on the subject of circumcision, "using terminology that we instigated in the eighties...and that makes me really proud!"

The next day, Monday, March 30, Greg Hartley, a father of two, joined the demonstration at the White House. "I think the biggest problem is American males don't want to admit that

they're damaged," said Hartley. "It's sad that it's such an entrenched feeling that I'm ok, my son will be ok. It's hard to get past that. It's hard to admit that you're damaged. It was hard for me, but fortunately I had enough information from wonderful people like Marilyn (Milos) and Dr. Paul Fleiss. This wealth of information helped me realize that there's no reason for my son to be like me, no reason at all. In fact he should be better than I am, he should have all his parts."

Genital Integrity Awareness Week

**Report by Martin Novoa from
IAS 2009 Cape Town
Days 1 & 2**

Regards from Cape Town, South Africa, where it was the middle of winter in July but the days are extraordinarily beautiful (75 degrees and sunny).

IAS 2009 was the big AIDS conference of the year for pharmaceutical companies, testing equipment manufacturers, and researchers. This was an "off" year, as the even larger AIDS conferences are sponsored by a different international organization and are held only in even years (since about 2002). In the odd years, a group out of Vancouver, BC organizes these conferences to fill in the gap. However, important announcements may still be made at these slightly less prestigious confabs.

Day 1

On Sunday, 19 July our group convened for the first time for a collective breakfast at Arnold's Restaurant just south of downtown. Cape Town is a major port city that faces more or less north, with the Cape Town International Convention Centre (CTICC) right at the harborfront.

Dean Ferris organized the breakfast, which included Jack Travis, Michael Smith, Martin Novoa, Shelton Kartun of NOCIRC-SA, Andy Fabre of NOCIRC-SA and David de Kiewit of NORM-SA. We used this first meeting to get acquainted and to go over some of the basic materials of the conference, including key schedules.

Just before noon, we got to the

CTICC, which is a large, very modern facility. It was obvious immediately that IAS 2009 was a big deal, as there were many dozens, perhaps hundreds, of volunteers directing traffic and using electronic scanners to allow delegates and exhibitors into the exhibition hall.

Dean took charge of setting up our booth, which was well-situated for foot traffic and visibility. We were assigned one small, round table, maybe 2 feet in diameter, while other booths had 5-foot long rectangular tables. We opted to switch to the larger table at a cost of 38 euros, an expense that will have to be settled after the conference. We then taped up our various signs and banners and opened for business.



*Dean Ferris, Jack Travis, Martin Novoa
Photo by Andy Fabre*

The first day's crew consisted of Jack, Michael, Martin and Shelton. Dean stayed for the first hour, but then had to leave for the airport for his trip to Mozambique. Conference attendance was quite light for the first day, as we learned vividly on Day 2. My take on this is that most delegates see these events as worktime, and do not willingly give up any of their personal weekend time to "do business". Also, the bulk of presentations did not begin until Monday. As such, numerous exhibitor booths were not staffed on Sunday, but merely had literature available to passers-by.

On Sunday, we had occasional visitors to our booth. Most were politely inquisitive and took some or all of our five materials, which consist of three letter-size handouts, a quarter-page handout on cardstock that mimics our poster, and a glossy business card with a photo of two men and the ICGI web address. A few booth visitors were en-

thusiastic about our presence and asked questions about why we are challenging the "conventional wisdom" that male circumcision (MC) reduces infection risk. Interestingly, most visitors were mentioning that they're being told that MC not only reduces the risk of contracting HIV, but also the risk of all Sexually Transmissible Infections (STI's), which in turn affects the risk of contracting and passing HIV. We have had to do a lot of verbal education, and it would have helped if we had some materials on hand that refuted the widely-held idea that intact men harbor more of all types of STIs, or if the ICGI page for this conference had links debunking this idea.

Day 1 brought only two or three "difficult" visitors who refused to acknowledge that MC may not reduce the risk of contracting HIV by 50-60%. After a while we agreed to disagree.

We finished up around 6 PM when we saw that most of the other exhibitors had closed down shop. We left about a dozen of each handout on the table and left the posters and banner taped up, but took all other materials home for safety. We felt that without a budget for reprinting, we could not risk having an opponent steal our materials from under the tablecloth and dispose of them.

Day 2

I arrived at the CTICC about 9:30 and started setting up and fielding early visitors. No one had disturbed our display. Michael, Jack and Andy arrived together about 10 am. Today was Jack's big day for presentations and interviews, so he was gone for most of the day. Andy was there for part of the day, but left early to tend to family matters. So, we had a skeleton crew but a lot more delegates coming by. Michael was able to attend the poster sessions and videotape some of them.

As with the previous day, most visitors to the NOCIRC-SA booth were politely inquisitive and a few were really enthusiastic about our presence. Michael kept an informal tally of attitudes. The most common comment was that it was great someone was challenging the conventional wisdom and validating common sense.

Several visitors demanded to know "who" was behind our presence and where our funding was coming from. They refused to accept that we were a loose-knit group of volunteers and walked away complaining about our "agenda" and ulterior motives.

A few people came by and simply noted that we were, "wrong," and that very prestigious researchers had really settled the debate on whether MC was a valid health intervention. Two visitors stood out as particularly difficult -- a young US woman whom Michael fielded very adroitly and a US man in his mid-30's who was incredulous (and not in a nice way) that we were there with our message and kept walking away and coming back saying "this is just unbelievable". He took our group photograph as, "evidence." Interestingly he eventually dragged a woman colleague over to our table who was also skeptical but listened politely and took our materials.



*Martin Novoa, South Africa, July 2009
Photo by Andy Fabre*

We maintained a sign-in sheet and asked visitors to put down their information, but most declined to do so. We obtained about a dozen names and emails in the first day and a half. We also asked for business cards and about four people gave them in the first day and a half.

There was a booth just catty-corner to ours run by the Treatment Action Coalition of South Africa. They had a two-page handout for visitors that was a little problematic for us. It declared that the issue of MC and HIV prevention is well-settled, that MC improves women's health as well, that circumcised men have lower rates of all STIs

and that it is important that the comprehensive MC programs in Africa move ahead quickly and without encumbrances. We had a few visitors come by who were disturbed and confused by the conflicting messages.

The confusion only increased on Day 3, when we talked to delegates who were coming directly out of presentations where they are told that the question of MC is settled. Many people have already commented on how troubled they are by the utter confidence of presenters, that all discussion over the benefits of MC is closed and acceptance is universal.

Day 2 saw probably three or four times the visitors that Day 1 did.

General Thoughts

Nearly everyone who came by the booth was interested in the Rakai study in the Lancet showing that HIV-positive circumcised men are 50% more likely to pass the virus to female partners than intact men are. Unfortunately, the study was several pages long and we had only two display copies. We were assuring visitors that a link is on the ICGI conference page, but many were still quite disappointed.

Visitors were asking for more detailed information about which programs we believe work better than MC against AIDS and what the precise data are. They were requesting exact references and exact countries. I personally felt very ill-equipped to help them when challenged directly.

I saw no delegates so far from the UK, Germany, Austria (the site of next summer's big AIDS conference), Spain, or anywhere in Asia. Very odd. There were a handful of South Americans, lots of South Africans and other Africans, some French, Dutch, and Scandinavians.

The delegates from the USA were far and away the most skeptical and difficult to deal with. Some were downright unpleasant and seemed to take our challenge to MC rather personally.

We had six or seven native French speakers who really couldn't communicate with us. I used my high school French a couple of times to get our ba-

sic message across, but mostly we had to just turn those visitors away. Andy did convince the exhibitors from ACTUP Paris to offer to help translate for us on Days 3 and 4, but I'm not sure what favor they may want in return.

Numerous visitors asked whether we oppose all circumcision. I explained that in the context of this booth, our message was simply that circumcision is a dangerous diversion from programs and treatments proven to work. Most were relieved to hear that we were not actively campaigning at the CTICC against tribal and religious circumcision.

Communication was a serious problem. Most of our cell phones didn't work or cost \$2.00 a minute to make or receive calls in South Africa. There was a tiny wifi zone set up about thirty feet behind us, but the signal was unbelievably weak and unstable. Coordination among us was therefore bad. We badly needed a better system, like inexpensive walkie-talkies.

Few other exhibitors stopped by, and we did not go to other exhibits. By and large, our visitors were IAS 2009 delegates. Curiously, at the very end of each day, we tended to get swamped by conference volunteers (local young people) asking for information.

Overall, I found contributing to our presence at IAS 2009 to be a very positive experience. We were the only "official" voice speaking out against the wild rush towards mass male circumcision in Africa. Our presence was widely praised. We projected a very professional presence that went over well.

As I complete this report, Day 3 is just beginning and looks slightly lighter than yesterday. Most curious visitors have already come by on the first two days of the conference.

**Visit our Website at:
www.arclaw.org**

**Transcript of Tasmanian Children's
Commissioner Paul Mason Presenta-
tion at joint FORWARD-NORM-UK
press conference, London,
September 3, 2008**

Transcribed by Travis Konzelman

Thank you everybody. The commissioner of children, like your commissioners of children in the United Kingdom, is a body independent of elected government and created under statute that deals with child protection. It does not import the rights of children from the Convention on the Rights of the Child (CRC) into domestic Tasmanian law. It says these are the guiding principles. So when I came into the job a year and a half ago, I was looking at a wide range of issues. I stumbled across FGM (Female Genital Mutilation) and—I will be glad to talk to Naana [Otoo-Oyortey MBE, Executive Director of FORWARD] about this later—in Tasmania and Australia we do have government programs to educate, assist and support families who feel the pressure to conduct genital mutilation on the girls. We are devising various ways of assisting those families around the very problems Naana is talking about. We also have legislation like your legislation in the UK that criminalizes the procedure and criminalizes parents traveling out of the jurisdiction in order to have the procedure conducted on their daughters.

I will start my speech by referring to the person in Tasmania who leads the bicultural teams in Tasmania. When I first talked to her about FGM a year ago she said, "You know what? 100% of the time, when we hear through the grapevine that a family is contemplating a procedure on a girl or is contemplating leaving for Indonesia to have the procedure done there, 100% of the time they say to us, "You do it to boys! You DO NOT tell us not to do it to girls!" And she said meeting this response is like walking into a brick wall. We have not yet come up with an answer for that. So I said to this bicultural leader, "I think I can help you. I think I can help you, if we can work together, yourself as a professional and myself as an independent advisor to the government to try and turn around the eyes of

government."

What needs to be changed? Marilyn [Milos] told me she'd been working within this organization and Steven [Svoboda], John [Geisheker], David [Llewellyn] and other people have been slugging away at this issue for decades before I stumbled upon it last year. I think there can be an element of navel-gazing in the movement, with everybody sitting around congratulating each other for their views. And the reason I have come halfway around the world from a tiny rocky island town in Australia is because I really do want something to happen. I want our message to be heard in the larger world.



*Paul Mason,
Tasmanian Children's Commissioner*

My British grandfather always talked about the "golden thread" of British law, the presumption of innocence. The golden thread in the circumcision issue is the rights of the child. All of the arguments of the proponents for FGM and for male circumcision revolve around the needs of adults. They all revolve around religious needs of adults, cultural needs of adults, traditional needs of adults and the epidemiological studies by adults about adult sexually transmitted diseases. Adults are saying these are appropriate things to do to children.

My perspective as Tasmania's Commissioner for Children is that I am responsible for 117,000 children out of Tasmania's total population of 480,000. My approach to my job has always been to lower the camera angle and look at the world from about table height. What do you see? The world looks enormously different from down there. Cars are a lot bigger and faster. Parks are a lot more beautiful and your body is much more connected with

yourself and who you are. That has been my perspective and my approach to this whole issue and I think that's the easiest way to respond to the HIV trials in Africa. The most recent information from the World Health Organization (WHO) is that genital modification surgeries are being botched and need to be done properly in order to achieve a good outcome. That is all very well and I might enter the debate of what adults want to do with adults and what adult health promotion programs want to do with adults. But WHO should take great care regarding non-emergency surgery on children. I am concerned about children and I am concerned about the voice of the voiceless. Human rights for children are a new thing. Children in history have been treated as chattel for disposal. They have been treated as slaves. In later times, they have been treated as cheap labor. Only in the very end of last century did they start to be seen as people.

In 1948, the United Nations Declaration of Human Rights, which includes a reference to personal integrity, does not refer directly to children. It does talk about people. It took until 1989, when the CRC was created, for the U.N. to clear up this particular dilemma and say maybe we ought to have rules for children as well because people seem to be overlooking that fact that children are people. The rights that were protected under the United Nations Declaration of Human Rights in 1948 were being ignored when it came to the little people. We got a new set of rules in 1989.

The march of children toward full humanity continues. I see all the people involved in intactivism as being involved with the march of history towards protecting the humanity of children. This is what it is about. This is why I am optimistic. It may not be in my lifetime, but I know there are cultures that perform mutilation on the boys and girls in their own cultures that used to do other things in their own histories that they no longer do. All cultures change. That is good news for us. It is good news for all the people living in those cultures. I am interested to hear Naana report that women do not think that circumcision is a good idea

for their sisters, aunts, mothers, and girls. That voice is a voice that emerged from this century and at the end of last century. That voice was not present 150 years ago. So history marches forward. Germaine Greer said she was not concerned about the setbacks for feminism. She said history marches two steps forward and one step back. That is a wonderfully direct view of history. I acknowledge Germaine for that. I have to acknowledge Australia for that; she is possibly the most famous Australian.

It is often said that parents have a right to decide what surgery their children undergo. But the other change that emerged from the twentieth century is the understanding that the rights of person A cannot trump the rights of person B. The rights of children are discrete. They exist on their own. If you ask children, they will agree with you. If you ask parents, they tend to get a little funny about questions of whether or not they have the right to hit "their" child, to whip "their" child, to wound "their" child or to ask a doctor to wound "their" child on their behalf.

I think one of the ways this movement is going to broaden its message is to tackle the medical profession, not primarily on medical grounds but on the human rights issues and the financial issues. I am here to bat for the children of Tasmania who are still at risk of genital mutilation and of injury by corporal punishment in the home. I have come all this way because I believe that no one who champions the rights of children can support the practice of routine neonatal circumcision. If a child grows up and wants to have a circumcision for any reason, I respect that. But the child who is a neonate can not make that decision. CRC Article Two says the child has the right to have a voice in decisions that are made about the child. There is no urgency to circumcision. So my message about circumcision is that it can wait. I call on all congresspeople and all commissioners of children in every jurisdiction around the world to work together to eradicate this practice and to eradicate all non-medically indicated surgical practices on children of all kinds. Thank you!

Boldt Case Update

By John Geisheker,
Doctors Opposing Circumcision

ARC Newsletter readers will remember the case of Misha Boldt, the now fourteen-year-old Oregon boy facing a non-therapeutic and unwanted circumcision sought by his custodial father after the father's claimed conversion to Judaism.



John Geisheker

Early last year, the Oregon Supreme Court (OSC) ordered that the boy's testimony be taken at a remand hearing. The father and a consortium of Jewish organizations attempted to appeal the OSC's decision to the United States Supreme Court on the grounds that the circumcision was the father's decision to make and not the son's.

Permission for the appeal, also known as certiorari, was unceremoniously denied.

On April 22, in the remand hearing in Jackson County, Oregon, the boy privately testified in the judge's chambers with neither of his parents allowed to be present. Misha told the judge that he did NOT want to be circumcised and did NOT want to be Jewish. The Judge went on the record in the courtroom accepting that testimony. In early June she issued an order finding that significant cause existed to warrant testimony on whether custody should be given back to the mother.

Yes, we won. But the real hero of the Boldt case is Misha himself. At age fourteen, few of us would have the courage to defy our father's wishes in so public a way.

Ironically, had Misha's preferences been asked five years ago when he was

nine, the court could more easily have ignored him and humored the father. So the delay, while unconscionable, may have saved him. During the intervening half decade, he had the time to develop some of the aplomb of an adult, as well as an evident sense of himself as in charge of his own destiny.

So far so good.

The Jackson County court released its written decision this past June 3 on the question of whether Misha's differences with his father over religion and other issues constitutes a 'substantial change in circumstances' sufficient to change custody. We argued in the briefs long and loud that the issues of custody and circumcision ought to be analyzed and adjudicated separately. We thought it was unethical of the OSC to link the issues, basically forcing the child to choose unnecessary surgery with one parent or freedom from the surgery with the other parent. This Hobson's choice would not permit a proper consideration of either the medical or the custody issues. It was absolutely cruel and stupid to link the issues, tying Misha's hands. Though again, ironically, this worked out in the end to suit his (and our) purposes.

In a sad coda to the proceeding, Jackson County Judge Greif said on the record that Misha had begged her not to send him back home with his father that day and that he was afraid of the father. When I heard her say that I thought, "Judge, here's your opening! What are you waiting for? Send the boy home with the mother as temporary guardian; it's a no-brainer!!" The attorneys explained later that under Oregon law, such temporary guardianship can only be ordered where an imminent threat of bodily harm exists. Psychological pressure is not enough.

We are hoping that Misha can hold his own until the custody hearing, and that the father has enough residual sanity to leave the lad alone, what with so many adults, including the Court, on alert. Misha has the private cell number of his own attorney, and has carte blanche to call him any time, day or night, if he feels threatened.

At the moment, the family is under

evaluation by a neuropsychologist, paid for by donors to DOC.

We are left to wonder: Would the Court have protected the boy if he had acquiesced to the father's wishes? At what age may a boy express a preference regarding circumcision? At what age may a child express a preference regarding religion? May parents impose a surgery on a child for reasons relating to a parent's religion?

I want to thank all who helped with this case—with earmarked donations, brief editing, ideas and encouragement. I especially want to thank the members of NORM-UK, who, though far from the scene, were extraordinarily generous following the conference at Keele in 2008. It is a real joy to have a win at long last.

John V. Geisheker, J.D., LL.M.
Executive Director,
General Counsel,
Doctors Opposing Circumcision

Executive Director's Message

Greetings. Newsletter editor Al Fields and I hope you enjoy the current newsletter issue, which is jam-packed with news and features, reflecting the recent wealth of developments relating to genital integrity. And here's the best part: a lot of the recent news has been positive. This issue includes several wonderful feature articles including not one but TWO first-hand reports by Dan Bollinger and Aubrey Taylor on the recent HIV conference held in Atlanta and organized by the Centers for Disease Control and Prevention (CDC); and a delegate's report by longtime activist Martin Novoa on the movement's successes at the recently concluded International AIDS Society meeting in Cape Town, South Africa. Tasmania Children's Commissioner Paul Mason has authorized us to transcribe and print his historic speech at the groundbreaking FORWARD-NORM-UK press conference held in London on September 3, 2008. James Loewen contributes an eyewitness photojournalistic report on Genital Integrity Awareness Week and the first Intact America Awards in March-April of this year in Washington, DC.

John Geisheker provides yet another of his learned yet accessible updates on the ongoing drama of the Boldt v. Boldt legal case in Oregon. (The latest news is very good.) Also included are a review of an important new book on female genital cutting that also addresses issues relating to male genital



*Steven Svoboda and Marilyn Milos
presenting at the APPPAH Conference,
Pacific Grove, CA April 26, 2009*

integrity, and a list of contents of two recently published books: the Springer volume *Circumcision and Human Rights* collecting essays from the 2006 Seattle NOCIRC Symposium and Rodopi's *Fearful Symmetries* book. (We have one article in the Springer book and two in the Rodopi book.) News items include stories from the US, South Africa, Uganda, and Australia, and regarding lawsuits in the US and UK. Press releases are reprinted from the International Coalition for Genital Integrity (ICGI), MGMBill.Org, and from the Tasmania Law Reform Institute regarding their Issues Paper Number 14 on Non-Therapeutic Male Circumcision. One major new development: News stories on circumcision are starting to routinely mention inactivism. Since our last issue, articles have appeared in the New York Times (as reprinted here), the Chicago Tribune (also reprinted here), the San Francisco Chronicle, Cleveland Plain Dealer, and other publications too numerous to mention.

The Tasmanian Issues Paper is an important development as it may be the first position paper to be issued by law reform institute that centrally addresses male circumcision. Its creation by the Tasmanian Law Reform Institute (TLRI) may reflect the growing understanding of the importance of protect-

ing male as well as female genital integrity, the precise topic of the article by Rob Darby and myself in the *Fearful Symmetries* book. ARC has submitted a formal response to this Issues Paper along with a number of articles we urged the TLRI to review.

Perhaps the best recent news is a backpedaling statement that the CDC posted on August 27 (<http://www.cdc.gov/hiv/topics/research/male-circumcision.htm>). The CDC was apparently directly responding to the inactivist presence at their HIV conference, which ended the preceding day. The statement said that the CDC's upcoming circumcision recommendation would be "completely voluntary" and may simply be a recommendation that parents be educated about risks and benefits so they can make an informed decision. Also welcome was the Royal Australian College of Physicians' (RACP's) recent reaffirmation of their previous findings that neonatal circumcision lacks medical justification and raises ethical and human rights concerns. (Go to <http://www.racp.edu.au/page/health-policy-and-advocacy/paediatrics-and-child-health> and select the August 27, 2009 position statement.)



Marilyn Milos, Steven Svoboda, Eli Svoboda (7.5 yrs. old), and Sarita Svoboda, (4.5 yrs. old).

Much has been happening at ARC. In late April, Marilyn Milos of NOCIRC and I teamed up for a well-received presentation, "Circumcision: Past, Present, Future," given at the annual convention of the Association for Pre- and Perinatal Psychology and Health (APPPAH), held this year in Pacific Grove, California.

As noted elsewhere in this issue, our publication success has continued in 2009, with the appearance of the *Fear-*

ful Symmetries and *Circumcision and Human Rights* books and the *Journal of Law, Medicine & Ethics* paper written by Bob Van Howe and myself addressing—for the first time, we believe—the incompatibility of circumcision research with ethical and human rights obligations imposed by the Helsinki Declaration. *Social & Legal Studies* is publishing two of my book reviews that originally appeared in the *ARC Newsletter*. Our writing efforts continue to strive to broaden perspectives on genital integrity and related issues.

Webmaster Rick King and I were able to find the time to accelerate extensive enhancement of the ARC website. I am excited that, with the help of ARC Secretary Georganne Chapin, Intact America General Counsel Irene Dillon and I are nearing completion of two different “Know Your Rights” brochures for potential plaintiffs.

I am very pleased that in addition to the *ARC Newsletter's* longstanding and mutually beneficial relationship with ProQuest, the two other leading content providers, EBSCO and Gale, have now also selected this Newsletter to be included in the journals it provides to thousands of libraries across North America and the world.

Thanks as always to every one of you for your emotional and financial support. When I say we could not do it without you, I am quite serious, and it is something we never take for granted. As always, no one at ARC receives any sort of stipend, so that 100% of your tax-deductible donation is put to work defraying the costs of protecting children. Donations can be sent to J. Steven Svoboda, ARC, 2961 Ashby Avenue, Berkeley, CA 94705, or made through Paypal at our website (www.arclaw.org/arc_donate) or using the Paypal address arc@orel.ws.

Our next issue will be out for the Winter Holidays. Until then, we wish you all the best this world has to offer!

J. Steven Svoboda
Executive Director

Attorneys for the Rights of the Child

Book Announcement

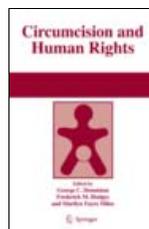
Circumcision and Human Rights

Denniston, George; Hodges, Frederick; Milos, Marilyn F. (Eds.) 2009, 276 p. 53 illus., 26 in color., Hardcover ISBN: 978-1-4020-9166-7 \$219.00 www.springer.com

"There is hardly a reason to circumcise a little boy for medical reasons because those medical reasons don't exist," said Dr. Michael Wilks, Head of Ethics at the British Medical Association, who admitted that doctors have circumcised boys for "no good reason."

In the United States, parts of Africa, the Middle East, and in the Muslim world, 13.3 million infant boys and 2 million girls have part or all of their external sex organs cut off for reasons that defy logic and violate basic human rights. Doctors, parents, and politicians have been misled into thinking that circumcision is beneficial, necessary, and harmless.

In *Circumcision and human rights*, internationally respected experts in the fields of medicine, science, politics, law, ethics, sociology, anthropology, history, and religion present the latest research on this tragedy, as a part of the worldwide campaign to end sexual mutilation. They outline steps for eradicating this abusive practice to enable males and females the dignity of living out their lives with all the body parts with which they were born.



Written for:

Every male and female person in the world, college, university, and hospital libraries, female and male genital mutilation researchers, physicians, medical historians, lawyers, bioethicists.

Selected Contents:

Delusional Psychologies of Circumcision and Civilization; David Chamberlain.

Reconsidering "Best Interests": Male Circumcision and the Rights of the Child; Marie Fox and Michael Thomson.

Cultural Relativism at Home and Abroad: An American Anthropologist Confronts the Genital Mutilation of Children; Zachary Androus.

Variations in Penile Anatomy and Their Contribution to Medical Mischief; Ken McGrath.

The Perils of Circumcision; James L. Snyder.

Conservative Management of Foreskin Conditions; John Dalton.

Methicillin-Resistant Staphylococcus Aureus: An Emerging Risk for Circumcised Boys; George Hill.

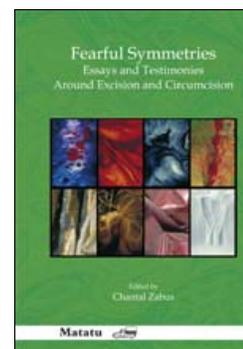
Fitting in and Getting Off: Adult Male Circumcision in the United States; Zachary Androus.

NORM-UK; David Smith.

Circumcision: If It Isn't Ethical, Can it Be Spiritual? Miriam Pollack.

Book Announcement

"Fearful Symmetries" Book About Genital Cutting Now Available



I am pleased to announce the recent publication of a potentially groundbreaking new book on genital cutting. Rodopi Press, an academic press known for its medical works with offices in Amsterdam and New Jersey, has issued *Fearful Symmetries: Essays and Testimonies Around Excision and Circumcision*. The editor is Chantal Zabus, one of the speakers at the 2008 NOCIRC Symposium in Keele, United Kingdom, where I had the great pleas-

ure to meet her in person. The book, as its title suggests, addresses differential perspectives on female and male genital cutting. It may be the first volume to explicitly treat FGC and MGC with virtually complete parity.

Fearful Symmetries contains two pieces to which I contributed. One article has my esteemed collaborator Robert Darby of Australia as its lead author and is an extensively updated version of our article from the Medical Anthropology Quarterly, retitled, "A Rose by Any Other Name?: Symmetry and Asymmetry in Male and Female Genital Cutting." The other article is an account as told to me by an acquaintance of mine, Jerry K. Brayton, of his personal experiences relating to circumcision. Rob Darby also has a second article in the volume co-authored with Laurence Cox analyzing numerous personal accounts of the psychological and physical impacts of male circumcision, titled, "Objections of a Sentimental *Fearful Symmetries* Character: The Subjective Dimensions of Foreskin Loss." Complimentary PDF's or (for those without a computer) hard copies of the articles are available on request from ARC.

This page also contains an overview of the book's contents. The book lists for \$92 in cloth (to my knowledge, no paperback edition is planned) and is available directly from Rodopi Press (www.rodopi.nl) or from Amazon.com.

Steven Svoboda

Executive Director

Attorneys for the Rights of the Child

Fearful Symmetries:

**Essays and Testimonies Around
Excision and Circumcision**

ZABUS, Chantal (Ed.) Amsterdam/New York, NY, 2008, XXXII, 306 pp.
ISBN 978-90-420-2572-1 € 68 / US\$ 99
www.rodopi.nl

Often labeled 'rituals' or 'customs,' male circumcision and female excision are also irreversible amputations of human genitalia, with disastrous and at times life-long consequences for both males and females. However, scholars and activists alike have been diffident

about making a case for symmetry between these two practices. *Fearful Symmetries* investigates the sociological, medical, legal, and religious justifications for male circumcision and female excision while it points to various symmetries and asymmetries in their discursive representation in cultural anthropology, law, medicine, and literature.

Experts have been convened in the above fields – SAMI ALDEEB ABUSAHLEH, DOMINIQUE ARNAUD, LAURENCE COX, ROBERT DARBY, ANNE-MARIE DAUPHIN-TINTURIER, TOBE LEVIN, MICHAEL SINGLETON, J. STEVEN SVOBODA – along with first-person testimonies from J.K. BRAYTON, SAFAA FATHY, KOFFI KWAHULÉ, and ALEX WANJALA. The volume covers various genres such as sacred writings, literary and philosophical texts, websites, songs, experiential vignettes, cartoons, and film as well as a vast geographical spectrum – from Algeria, Ivory Coast, Egypt, Kenya, and Somalia to the then Congo and contemporary Northern Zambia; from Syria to Australia and the United States. In addressing many variants of excision and circumcision as well as other practices such as the elongation of the labia, and various forms of circumcision in Jewish, Islamic, and African contexts, *Fearful Symmetries* provides an unprecedented, panoptical view of both practices.

Book Review

Female Circumcision: Multicultural Perspectives.

Edited by Rogaia Mustafa Abusharaf.
Philadelphia: University of Pennsylvania Press, 2006. 287 pp.
www.upenn.edu/pennpress.

No price stated on cover but website gives price as \$19.95.

Review by J. Steven Svoboda

Longtime Sudanese-American activist against female genital cutting (FGC) Rogaia Mustafa Abusharaf has edited *Female Circumcision: Multicultural Perspectives*. For better and for worse, this book exemplifies the strengths and

weaknesses of edited volumes. Some contributions (those at the beginning and end of the book) are highly engaging and enlightening, while several of the middle chapters add little to the existing literature or to our understanding.

Things start off very promisingly indeed. Following a well-written if somewhat *pro forma* overview of the chapters to come written by editor Abusharaf, Egyptian-American anthropologist Fadwa El Guindi provides us with a fascinating, laudably free-thinking overview of FGC among Nubians in Egypt. El Guindi's title, "Had This Been Your Face, Would You Leave It As Is?" suggests her mission to re-examine practices in a manner as free of cultural biases as possible. Her extensive experience as an activist is evident. "Over forty years ago... [Charles] Callender and I argued for the significance of the notion of the cultural equivalence of male and female circumcision. [citation omitted] I argue now that this cultural equivalence extends analytically as a structural equivalence: that is, the two gendered rituals play equivalent roles in the transition of male and female children to adulthood... mark[ing] a transitional phase between birth and marriage."

El Guindi trenchantly notes that "Americans who express concern about female circumcision in other places do not campaign against [nose jobs, face-lifts, and breast enlargement] with equal fervor despite the known health risks involved." Subsequently she expands on the analogy. "The phenomenon deceptively called 'breast enhancement' could well be called 'breast mutilation.' Culturally, it amounts to substituting men's sex pleasure in women's breasts for their maternal function." Accordingly: "Cross-cultural discussions about these matters should employ a single standard, not apply different standards to boys and girls or to Americans and Arabs or Africans."

El Guindi finds a lack of choice and a lack of ritual to be the two most pungent problems with MGC: *Choice is not brought up in relation to men who undergo very severe circumcision in various parts of the world, or the male babies in America who are operated*

oninvoluntarily. I find the cruelty of American male infant circumcision to lie in two dimensions: the absence of choice, and the absence of ritual. . . . Why do not activist feminists care about men's circumcision? Their agenda is narrowly focused on women in Africa and the Middle East, who can be presented as inferior, less advanced, or more oppressed than Western women. . . . Most interventionist debate. . . . assumes that women in non-Western societies are childlike and helpless, passive victims of their men, who must be saved by Western missionaries and feminists. This stance is arrogant and ethnocentric.

El Guindi's conclusion is highly sympathetic to intactivism: "In considering circumcision, we must include male and female forms in the same discussion. . . ."

In the chapter following this extremely promising start, intactivist Swiss-Palestinian academic Sami A. Aldeeb Abu-Sahlieh notes "a tendency to exaggerate the harmful sexual effects of female circumcision and to underestimate those of male circumcision." In the end, Aldeeb finds that it comes down to human rights. "The right to physical integrity is a principle. We must accept or reject genital cutting in totality. If we accept this principle, we must refrain from cutting of children's genitals regardless of their sex, their religion, or their culture." I found Aldeeb's contribution to include a rather more detailed review of religious doctrine than necessary, and yet one cannot help but welcome the perspective of the author of the excellent book *Male and Female Circumcision Among Jews, Christians, and Muslims: Religious, Medical, Social and Legal Debate* (Shangri-La Publications, 2001, previously reviewed in these pages).

Following this stellar beginning, we quickly and sharply decline in most of the chapters from the succeeding section on African programs to eradicate FGC. Asha Mohamud, Samson Radeny, and Karen Ringheim address "Community-Based Efforts to End FGC in Kenya." This triumvirate of authors clearly never met a male foreskin they liked, and are probably the record holders (no mean feat) for num-

ber of times blithely asserting the incomparability of MGC and FGC. Me-thinks they protest too much! Moreover, reading between the lines, they are evidently twisting their respondents' words to make them conform sufficiently with their feminist shibboleths.

The degree to which the three authors are weighted down with dogma is ironic, given that the two principal programs they are reviewing, Maendeleo Ya Wanawake Organization (MYWO) and Program for Appropriate Technology in Health (PATH), have helped reduce FGC while remaining culturally sensitive and retaining a balanced perspective that permits ceremonial, non-mutilating rituals to continue. I also wonder why the three musketeers mention but fail to respond to "critics [who] questioned the priority given to eradicating FGM in light of other prevalent health problems, such as malaria." Most alarmingly, the authors assume that men (apparently by themselves) are forcing FGC upon girls to control their sexuality, whereas typically it tends to be mothers and grandmothers who are the primary continuers of the practice.

Amal Abdel Hadi tells a happier tale of Deir El Barsha, a Christian village in Egypt, which discontinued FGC in 1992 as a natural outgrowth of development efforts promoting women's participation and equality. The next two chapters, respectively by Nafissatou J. Diop and Ian Askew, and by Hamid El Bashir, are more conventional pieces that do little to advance the ongoing dialog about reconciling opposition to FGC with concerns about cultural imperialism. Shahira Ahmed's review of the work of Sudan's Babiker Badri Scientific Association for Women's Studies and the Eradication of Female Circumcision is even worse, uncritically parroting Muslim clerics' attempts to justify their opposition to FGC and their simultaneous support of MGC.

The next chapters improve greatly. Raqiya D. Abdalla, who nearly thirty years ago published the groundbreaking book on FGC, *Sisters in Affliction*, concludes the section on African anti-

FGC programs by providing us with several moving, heart-rending first-person accounts by women who survived infibulations.

The final section, on debates in immigrant-receiving societies, is more even-handed and engaging. Audrey Macklin addresses attempts to use the criminal law to combat FGC in Canada, showing the potentially counterproductive outcomes of such overly paternalistic approaches. Intriguingly, she observes that the basis for outlawing MGC was actually stronger than for the action the Canadian government took in explicitly criminalizing FGC when the practice had already been pronounced illegal under existing laws against assault: *From a purely doctrinal perspective, it would have made more sense to create an exemption from the law of assault for male circumcision, a common cultural and religious practice in North America. . . . The fact that no one seriously fears criminal prosecution for circumcising a male child speaks to the power of dominant cultural norms to supersede the letter of the law and determine what the law is "really" about.*

After lengthy investigation, Macklin discovers, to her astonishment, that the primary impetus to criminalize FGC in Canada "emanated from women in immigrant communities who inserted themselves directly into the legislative process." Macklin contradicts herself on at least one point, stating on p. 216 that no one has ever been charged in Canada with an FGC-related offense, and then asserting four pages later that a Sudanese couple was charged in 2002 for performing genital cutting on their daughter.

Charles Piot checks in with a brief yet perceptive, provocative, and brave analysis of the Kasinga case in which US political asylum was granted to a Togolese woman based on her alleged fear of FGC. I could not help but notice that this appears to simply be an earlier version of his similar article in Bettina Shell-Duncan and Ylva Hernlund's superlative 2007 edited volume *Transcultural Bodies: Female Genital Cutting in Global Context* (also reviewed in these pages). Nevertheless, Piot is so good at what he does

that I enjoyed reading again his even-handed review of this woman's fraud-filled story and of the systemic biases and crude anti-African prejudice (among the court and the public alike) that contributed to her eventual victory.

The unfailingly brilliant Nigerian-American scholar L. Amede Obiora concludes the book with an afterword ostensibly reviewing and integrating the volume's contributions. Much as I enjoy Obiora's writing and her commitment to FGC scholarship that is free of groupthink and committed to balancing culture and rights, I was disappointed by her failure to even mention Sami Aldeeb's contribution to *Female Circumcision*. Despite the engaging and varying grappling with MGC in which several contributors participated, Obiora focuses exclusively on FGC.

Female Circumcision: Multicultural Perspectives ends up as bit of a mixed bag, but a reasonably-priced book whose opening and concluding chapters amply repay the reader's attention and financial outlay. Recommended.

ICGI Press Release: The truth about circumcision and HIV

www.icgi.org
March 14, 2009

There has been a lot of reporting in the media about using circumcision to prevent the spread of HIV in the world. Experts are divided on whether or not circumcision will be successful in populations that have no access to HIV testing, where 90% of cases are the result of men having sex with women, and have very high infection rates, such as in Africa.

What is clear is that circumcision has little or no protective benefit in the developed world in populations where HIV testing is readily available, where only 9% of cases are from men having sex with women, and the HIV infection rate is very low. The fact that the HIV rate is as low in the US, despite 75% of the sexually active men being circumcised, as it is in Europe is a good indicator that circumcision is ineffective.

The media hasn't been communicating this in their articles on HIV. This misleads parents into thinking that circumcision might be beneficial for their children. Insider information says the CDC and AAP are falling into this trap, too. While parents are understandably confused by the science, the CDC and AAP have no excuse.

What follows is an excerpt from an op/ed by John Murray, National Centre in HIV Epidemiology and Clinical Research, Australia:

"Benefits of circumcision in the developed world have been observed to occur only in approximately one-third of homosexual men who were predominantly the insertive partner. This equates to about 0.05% of the male population who might be at lower risk of HIV infection due to being circumcised.

"Obviously new parents don't know at the outset whether their sons will grow up to be one of the 0.05% of the population at risk of HIV who will be gay and predominantly the insertive partner. The decision about circumcision as protection against HIV in this regard can therefore be left to the son at a later time, especially since the benefits of circumcision have to be weighed against complications arising from the procedure, which is over 8%.

"Moreover, circumcision does not protect a man from HIV infection even if they are heterosexual or homosexual but insertive: it only reduces the risk (by approximately 60 per cent). In that case, you have to ask yourself whether the prospective benefits against HIV, virtually only for babies who will grow up to be gay and always insertive, outweigh the risks of the circumcision procedure for all newborn male babies."

MGM Bill Press Release: Health Group Calls for a Change in Circumcision Policy

www.MBMBill.org

Lawmakers are urged to pass legislation protecting boys from forced circumcision

San Diego, CA (PRWEB) January 13, 2009 --

In a country where change is on

everyone's mind, a bill proposal that would require patients to be eighteen years old to consent to circumcision is making its way through Congress and more than a dozen state legislatures. The proposed legislation was drafted by MGMBill.org, a California based health and human rights group.

Matthew Hess, the group's president, argues that boys are being treated unfairly when it comes to circumcision.

"We need to stop discriminating against male infants," said Hess. "When girls are born, they are welcomed into the world peacefully. But for more than half of our nation's boys, life begins with painful and irreversible cosmetic surgery. While I support every man's right to undergo circumcision if he chooses to do so, no child should be forced to have this unnecessary surgery. Ten out of ten babies oppose circumcision - and for good reason."

That's why the Pandians in Clay, New York, refused to circumcise their son, even after being pressured by their former pediatrician.

"When our son was born my wife Anne and I chose to keep him intact," said Murugan Pandian, director of MGMBill.org's New York state office. "We did the research and knew that there would be those who would oppose our decision. But in the end, we came to the conclusion that circumcision is an unnecessary and irreversible surgery that should not be legal to perform on any child, regardless of whether that child is a boy or a girl."

Circumcision is the surgical removal of the foreskin, a protective zone of skin and tissue covering the glans of the penis. Thousands of erogenous nerve endings including the ridged band and some or all of the frenulum are destroyed after circumcision, leaving behind a diminished penis capable of sending fewer nerve impulses to the pleasure centers of the brain. After a circumcision is performed, the body tries to replace the protective function of the foreskin by forming keratin around the exposed glans and remaining inner foreskin, causing further in-

terference with sexual sensation.

Trisha Darner, director of MGMbill.org's Oregon state office, is optimistic that U.S. laws will eventually treat boys and girls equally when it comes to circumcision.

"I'm encouraged by what's happening in the courts, and some of the responses that I've received from lawmakers over the past year have been very supportive of our effort," said Darner. "The judiciary is slowly inching toward making forced circumcision a crime, but unfortunately it's not happening quickly enough. That is why I feel it's so important that legislators enact the MGM Bill now, so that boys don't have to keep waiting for the protection they are entitled to under the Equal Protection Clause of the Fourteenth Amendment to the U.S. Constitution."

The legality of forced circumcision is being challenged now more than ever before. In 2008, the Oregon Supreme Court and the U.S. Supreme Court both let stand a lower court decision that blocked a Jewish convert from having his 12-year old son circumcised until the boy's own wishes are determined, helping to establish a legal precedent. In North Carolina, a Gaston County father was charged with child abuse for circumcising two of his sons with a utility knife. And across the Atlantic in Denmark, lawmakers are now considering a ban on circumcision of male children. The ban is supported by the Ethics Council, the National Council for Children, Social Democrats, the Red-Green Alliance, and the Liberal Alliance.

State legislatures that received MGM Bill proposals yesterday included California, Florida, Illinois, Iowa, Louisiana, Maryland, Michigan, Minnesota, New York, Oklahoma, Oregon, Texas, and West Virginia. A federal version was also submitted to President-elect Barack Obama and to each member of the 111th U.S. Congress.

Press Release:

Tasmania Law Reform Institute

June 2, 2009

Today, the Tasmania Law Reform Institute released issues paper no 14, *Non-therapeutic male circumcision*. In the paper, the Institute identifies uncertainty about when and under what circumstances a non-therapeutic circumcision can be performed legally on an infant male. Given that circumcision has not previously been the subject of thorough legal analysis in Australia, the lack of clarity in the application of the existing law to circumcision is the primary problem that the paper seeks to overcome. The crux of the uncertainty is whether the consent of the parent of a male infant being circumcised can provide protection from criminal and civil actions brought against a person for performing a circumcision. Doctors and those who perform circumcision in a traditional way need to know the circumstances in which they will be protected from the law.

The Institute received the reference from the Commissioner for Children who is a member of the Council of Obstetric and Paediatric Mortality and Morbidity. The Commissioner asked the Institute to investigate the legal issues relating to the circumcision of males under the age of majority. The Commissioner was concerned that some procedures, when performed without medical indication and without the competent consent of the child, may traverse the rights of children.

The Institute has released the paper to provide information to encourage public deliberation and feedback on an appropriate legal framework for non-therapeutic male circumcision in Tasmania. Further, any reforms to clarify the uncertainty in the existing legal framework might also present an opportunity to set or clarify the standards that those who perform circumcision have to meet.

Any group or person is invited to respond to this issues paper. Following consideration of all responses it is intended that a final report will be published, containing recommendations. The Institute invites responses to this

Issues Paper by 28 August 2009. Following consideration of responses a final report will be published, containing recommendations to the Attorney-General.

The paper can be downloaded from www.law.utas.edu.au/reform/

While we know our readers have a wide range of views on the meaning and importance of the recent HIV vaccine news, we wanted to include it due to its timeliness and potential relevance to inactivism-Editor

HIV Vaccine News

By Sarah Boseley and Haroon Siddique
www.guardian.co.uk
September 24, 2009

HIV breakthrough as scientists discover new vaccine to prevent infection: First evidence of possible vaccine as US military-backed medical trial in Thailand cuts HIV infection rate by a third

A medical trial in Thailand has raised hopes of a major breakthrough in the fight against AIDS after scientists said an experimental vaccine had reduced the risk of HIV infection by a third: The world's largest HIV/AIDS vaccine trial of more than 16,000 volunteers was the first in which infection has been prevented, according to the US army, which sponsored the trial with the National Institute of Allergy and Infectious Diseases.

A combination of two vaccines was tested on HIV-negative Thai men and women aged 18 to 30 at average risk of becoming infected. All the volunteers were given counseling and condoms to help them avoid HIV. Then half were randomly picked to receive the vaccine, while the other half got dummy shots. Until the trial ended, nobody knew who had been given the genuine vaccine and who had not.

A relatively small number of people became infected with HIV – 51 of the 8,197 people given the vaccine, and 74 of the 8,198 who received dummy shots – but the difference was statisti-

cally significant, which means scientists believe it could not have happened by chance. It worked out at a 31% lower risk of infection for the vaccine group.

Colonel Jerome Kim, who helped to lead the \$105m (£64m) study for the US army, said it was "the first evidence that we could have a safe and effective preventive vaccine".

Recent failures had led many scientists to believe that such a vaccine might not be achievable. In 2007, the drug company Merck abandoned what had looked at the time like the most promising avenue of research after disappointing trial results. Today the National Institute's director, Dr Anthony Fauci, warned it was "not the end of the road", but said he was surprised and very pleased by the outcome.

"It gives me cautious optimism about the possibility of improving this result," he said. "This is something that we can do."

Every day, 7,000 people worldwide are newly infected with HIV; 2 million died of AIDS in 2007, the UN agency UNAIDS estimates.

The AIDS Vaccine Advocacy Coalition, an international group that has worked towards developing a vaccine, welcomed the results of the trial – the third major study since 1983, when HIV was identified as the cause of AIDS – as "a historic milestone". The executive director, Mitchell Warren, said: "There is little doubt that this finding will energize and redirect the AIDS vaccine field."

Frances Gotch, professor of immunology at Imperial College London, said the results appeared to be statistically significant and may have been the effect of the two different vaccines working in tandem to more powerful effect.

"The fact that they have seen a response with people with such a low incidence of infection is impressive," Gotch, who is also the principal investigator for the International AIDS Vaccine Initiative, told the Guardian.

"Of course it's not 100% of people [protected] but 31% could make an

enormous difference in the world. I think this is something we can work with."

Thailand's ministry of public health conducted the study, which used strains of HIV common in Thailand.

Scientists stressed it was not known whether such a vaccine would work against other strains elsewhere in the world. The study was done in Thailand because US army scientists carried out pivotal research in that country when the AIDS epidemic emerged there, isolating virus strains and providing genetic information on them to vaccine makers.

The study tested a two-vaccine combination in a "prime-boost" approach, where the first one primes the immune system to attack the HIV virus, and the second one strengthens the response. Alvac uses canarypox, a bird virus, altered so it can't cause human disease, to ferry synthetic versions of three HIV genes into the body. AIDSVAX contains a genetically engineered version of a protein on HIV's surface.

It is unclear whether vaccine makers will seek to license the two-vaccine combination in Thailand. Before the trial began, the US Food and Drug Administration said other studies would be needed before the vaccine could be considered for US licensing. The full results of the trial will be presented at an international AIDS vaccine conference in Paris in October.

The executive director of the Global HIV Vaccine Enterprise, an alliance of research bodies and funders like the Gates Foundation, said the results showed a vaccine was an achievable goal. "This is a historic day in the 26-year quest to develop an AIDS vaccine," said Dr Alan Bernstein. "This trial is the first demonstration in humans that, with more research, it will be possible to develop a vaccine that is fully protective against HIV."

Deborah Jack, chief executive of the National AIDS Trust in the UK, said a vaccine, by far the most effective way of tackling serious infectious diseases, was desperately needed. More work was needed, but the promising findings "justify the continuing investments and

efforts of the international community, including the UK government, to develop a vaccine."

The Terrence Higgins Trust said it was treating the results with "cautious optimism".

"This is the first step on a very long road," said the policy manager, Vicky Sheard.

"There's a lot of research needed into how a vaccine can be rolled out, how costly it's going to be, whether it's going to be effective against different strains."

Circumcision doesn't protect gays from AIDS virus

By Mike Stobbe
Associated Press
August 25, 2009
www.ap.org

ATLANTA - Circumcision, which has helped prevent AIDS among heterosexual men in Africa, doesn't help protect gay men from the virus, according to the largest U.S. study to look at the question.

The research, presented at a conference Tuesday [August 25, 2009], is expected to influence the government's first guidance on circumcision.

Circumcision "is not considered beneficial" in stopping the spread of HIV through gay sex, said Dr. Peter Kilmarx, of the U.S. Centers for Disease Control and Prevention.

However, the CDC is still considering recommending it for other groups, including baby boys and high-risk heterosexual men.

UNAIDS and other international health organizations promote circumcision, the cutting away of the foreskin, as an important strategy for reducing the spread of the AIDS virus. There hasn't been the same kind of push for circumcision in the United States.

For one thing, nearly 80 percent of American men are already circumcised — a much higher proportion than most other countries. Worldwide, the male circumcision rate is estimated at about 30 percent.

Also, while HIV spreads primarily

through heterosexual sex in Africa and some other parts of the world, in the United States it has mainly infected gay men. Only about 4 percent of U.S. men are gay, according to preliminary CDC estimates released at the conference this week. But they account for more than half of the new HIV infections each year.

Previous research has suggested circumcision doesn't make a difference when anal sex is involved. The latest study, by CDC researchers, looked at nearly 4,900 men who had anal sex with an HIV-infected partner and found the infection rate, about 3.5 percent, was approximately the same whether the men were circumcised or not.

Government recommendations on circumcision are still being written and may not be final until next year, following public comment. CDC doctors and many experts believe there is a good argument for recommending that baby boys and heterosexual men at a higher risk for HIV be circumcised. The definition of "high risk" is still being discussed, said Kilmarx, chief of the epidemiology branch in the CDC's HIV division.

Circumcision is a sensitive issue laden with cultural and religious meaning, particularly when babies are involved, Kilmarx acknowledged.

"It's seen by many as more than just a medical procedure," he said. It's possible the government would just recommend better education for doctors and parents about the procedure's benefits and risks, he added.

The prospect of the government promoting circumcision of infants has already drawn fire from an advocacy group called Intact America. The organization, based in Tarrytown, N.Y., parked a motorized billboard this week outside the hotel hosting the HIV conference, displaying the message: "Tell the CDC that circumcising babies doesn't prevent HIV."

"It's removing healthy, functioning, sexual and protective tissue from a person who cannot consent. You're mutilating a child," said Georganne Chapin, the group's executive director.

Verdicts & Settlements SPOTLIGHT: MEDICAL MALPRACTICE

The Recorder
August 12, 2009

A Jury awarded \$429,484 to an infant whose penis was allegedly disfigured for life by surgery. (Aren't ALL penises disfigured for life by surgery? -Editor) On Nov. 12, 2006, Evan Tank was circumcised by pediatrician [and mohel] Ralph Berberich, who accidentally cut the tip of Evan's penis. Plaintiff's counsel claimed that Berberich failed to remove adhesions tethering the foreskin to the glans, causing the glans to be pulled into the clamp along with the foreskin. Hence the glans was cut off along with the foreskin.

Berberich countered that penis trauma is a recognized complication of the procedure and that Evan's parents had accepted the risk. The doctor argued that, rather than an error on his part, Evan probably had an unusual penile anatomy that caused his penis to be pulled into the clamp.

Case: Tank v. Berberich RG07314573

Court: Alameda County Superior Court, Hayward

Counsel for the plaintiff: Martin Blake, Baum & Blake, San Francisco

Counsel for the defendant: D. Stuart Candland, Craddick, Candland & Conti, Danville

Parents sue over baby's death after circumcision

By Josh Verges
Argus [South Dakota] Leader
September 18, 2009
www.argusleader.com

The parents of a 6-week-old boy who bled to death after a circumcision at Rosebud's Indian Health Service Hospital last year are suing the government for wrongful death.

According to documents filed Wednesday in federal court, Eric Keefe underwent a circumcision on June 13, 2008. His mother gave him Motrin and Tylenol for pain and he suffered massive blood loss at home that night, dying at the hospital the next morning.

His parents, Forrest and Mary Keefe of Wood, say Dr. Douglas Lehmann failed to inform them of the type of pain medication they should have used.

The Keefes are seeking \$2 million for personal injury and wrongful death.

Sturgis lawyer Mick Strain, who represents the plaintiffs, said he and the parents wouldn't talk about the case until it is tried or settled. The file lists no attorney for the government.

\$2.3M awarded in suit over botched circumcision

By Ty Tagami

The Atlanta Journal-Constitution
www.ajc.com
Monday, March 30, 2009

A Fulton County jury has awarded \$1.8 million in damages to a boy whose penis was severed in a botched circumcision.

The state court jury gave another \$500,000 to the boy's mother in the decision rendered Friday.

The case involves a child, identified only as D.P. Jr., who was born at South Fulton Medical Center in 2004. In a suit filed two years later, his mother contended that the doctor who circumcised him removed too much tissue and that his pediatrician failed to respond when a nurse complained of excessive bleeding.

The tip of the penis was placed in a biohazard bag and might have been reattached if a urologist had attended to the boy within eight hours, one of the mother's lawyers, David J. Llewellyn of Atlanta [and ARC] said.

The jury found that both the pediatrician, Dr. Cheryl Kendall, and the physician who performed the circumcision, Dr. Haiba Sonyika, were negligent. South Fulton Medical Center was absolved of liability.

The pediatrician's lawyer, Roger Harris, said he disagreed that the jury's decision indicated that Dr. Kendall was negligent because she didn't go to the hospital. He hinted at an appeal. "We believe there was error committed during the course of the trial," he said.

Dr. Sonyika's lawyer could not be reached for comment.

Llewellyn said the money awarded by the jury is to cover the cost of medical treatments and psychiatric counseling for the boy and his family. The jury did not award punitive damages. The Atlanta Journal-Constitution is not naming the mother to avoid identifying the child.

"This case does point out one of the dangers of circumcision that every parent must seriously consider when having the procedure done," Llewellyn said. He contended that parents are not told of the risks of the procedure.

The 'cruellest cut' may also be illegal

By Andrew Darby

June 3, 2009

The [Sydney, Australia] Age
www.theage.com.au

Once routine, now often thought unkind, the cut may also be illegal. Parental consent might not be enough to protect the circumcisers of baby boys from later legal action.

In a rare legal analysis of the medical procedure, the Tasmanian Law Reform Institute found that criminal and civil law lacked certainty, and that circumcision might abuse the rights of a child. No specific laws currently regulate the removal of the penile foreskin in Australia, and there are few clear answers in general law, according to an institute researcher, Warwick Marshall.

"What is clear is that the current laws were not framed with male circumcision in mind," he said in an issues paper released yesterday.

About 12 per cent of newborn boys are believed to be circumcised in Australia, down from 90 per cent in the 1950s.

Routine circumcision is no longer performed in most Australian public hospitals. But, according to the institute, most practising Jews still consider circumcision to be a requirement of their faith, while Muslims are the largest identifiable group who practice circumcision today.

Concerns about the circumciser's

legal position were first raised by the Tasmanian Children's Commissioner, Paul Mason, who referred the issue to the institute, based at the University of Tasmania's Law School.

"The whole subject of non therapeutic circumcision on boys is so fraught with emotion and unreasonable assumption that it is hard to find answers to the most basic legal questions," Mr Mason concluded.

He found that the risks of circumcision included pain, surgical mishap or complications and decreased sexual pleasure. Among the claimed benefits were reduced chance of infections, and cultural or religious conformity.

The paper said the consequences of an ill-advised procedure could be horrendous: "Even if a court considers the physical loss following circumcision negligible, the social and psychological effects of a wrong decision can be devastating."

It said there were cases of suicide and attempted suicide by men forced to live with lasting complications of a circumcision performed on them as a child.

But for other men, the operation became an important part of their identity.

The institute said in law, circumcision might be considered an assault or a wounding. "There is uncertainty as to whether the consent of a parent for the circumcision of their child is sufficient to allow a circumciser to legally perform the procedure," it said.

Parents in court over circumcision

By Biënne Huisman

[South Africa] Times

August 8, 2009

www.thetimes.co.za

Bhisho case could set important precedent for young men facing Xhosa initiation rite

Bonani Yamani is caught in a dilemma. He is crossing swords with his parents, who he respects and loves dearly, over a ritual intrinsic to their beliefs — but which clashes with his Christian convictions.

The 21-year-old has become embroiled in a clash between constitutional rights and Xhosa tradition — and is set to take on his parents' beliefs on circumcision in court on Tuesday.

The second-year microbiology student at the University of the Free State will face his father, Lindile, and Eastern Cape traditional leaders in the Bhisho Equality Court in a legal fight that could give Xhosa boys a say in the way they are circumcised.

Yamani claims that, shortly after he turned 18, his father and 10 other men abducted him from his home in Masele township near King William's Town and subjected him to circumcision against his will — then forced him to eat the skin cut from his penis.

This, he said in a court affidavit, happened three months after he tried to compromise with local chiefs by having the procedure done at the Frere hospital in East London.

This week he told the Sunday Times: "After that experience I decided to do something about it so no other child is put through that."

But while he wants justice, he does not want his parents to suffer.

"I don't want my parents to be arrested and I don't want them to pay money," said Yamani, who is being helped by the Justice Alliance of South Africa, a non-profit legal organisation. "This is not revenge; I don't want to get back at them. I just want my dad to admit that what he did was unconstitutional.

"They do everything for me; I mean they're paying for me to go to university."

But tension is inevitable.

The court case was not mentioned during the June university holidays — which Yamani spent at home with his parents and three younger brothers. Circumcision is an important part of Xhosa initiation, and marks a young man's passage from ubukhwenkwe (boyhood) to ubudoda (manhood). Henderson Dweba, an official of the Eastern Cape Health Department, said: "Initiation is about the passing of knowledge that is essential to becoming

a responsible man. This education does not happen in hospitals.”

The tradition has claimed many lives over the years.

John Smyth, the director of Jasa, is pushing for forced circumcision to be declared illegal.

“Under the Children’s Act of 2005 it is illegal for any circumcision to be done on a boy over 16 without his written consent. Jasa wants a declaration making this clear, even when the circumcision is done as a traditional rite,” he said.

“We also want an order forbidding the chiefs from encouraging ostracism of a youth who refuses circumcision.” The chairman of the Human Rights Commission, Jody Kollapen, said Yamani’s case should not be seen as an attack on Xhosa tradition and culture. “It should be an examination of aspects thereof that may be harmful. From the commission’s point of view this is a very significant matter; in terms of ensuring that children’s voices are heard in matters affecting them,” said Kollapen.

Yamani — a member of the Burning Bush Ministries in Braelynn, East London — also has the support of the senior pastor of his congregation, Ndiwiwe Mcoteli.

“We are pro-circumcision for health reasons, but we encourage members of the congregation to have their children circumcised at hospitals,” Mcoteli said this week.

“Our argument is that there is so much murder and blood flowing in South Africa. Then why are some young men forced to eat their own flesh in the bush? This teaches them cannibalism and violence.”

Mcoteli described Yamani — an usher in the church — as responsible, committed and respectful. “I believe this is what we need from young men,” he said.

But Yamani is not finding his burden easy. “It’s just something I have to do.”

Uganda Health News: Research Says Implementing Male Circumcision Challenging

By Ultimate Media
Uganda Pulse
www.ugpulse.com
March 4, 2009

A new research conducted in Kenya has indicated that high complication rates challenge the implementation of male circumcision for HIV prevention in Africa.

Between 2005 and 2007, three African randomized controlled trials were published that showed that adult male circumcision could reduce the risk of HIV incidence by 60%.

In these three well-publicized trials, including one conducted in Uganda, the complication rates of the procedure ranged from 1.7% to 8%; however, other studies comparing clinical and traditional circumcisions in the developing world have reported higher complication rates than these trials.

In light of the recent interest in the role of adult male circumcision for HIV prevention, Bailey et al have conducted a prospective study in Bungoma, Kenya to assess the safety of male circumcision practices in both clinical and traditional settings.

In this study, 1,007 males underwent circumcision and were interviewed after surgery to determine complication rates and satisfaction levels.

In total, 562 circumcisions were performed in a clinical setting (i.e., in hospitals, health centers, dispensaries or private clinics), and 445 circumcisions were performed by traditional practitioners in villages or household compounds.

A sample of 21 traditional and 20 clinical circumcisers were interviewed to assess their circumcision training and experience. The first 24 procedures (12 clinical and 12 traditional procedures) were directly observed by the investigators.

Overall complication rates were high in both groups: 35.2% among the traditional circumcisions and 17.7% among the clinical circumcisions (P <0.001).

Complications included excessive bleeding, infection, excessive pain, pain upon urination, incomplete circumcision requiring additional surgery, and lacerations of the glans, scrotum and thighs.

Wounds had not healed by postoperative day 60 in 24% of the traditional and 19% of the clinical cases. The consequences of adverse effects were exacerbated by limited access to health facilities for postoperative care.

Medical groups may recommend procedure on boys, but opponents say benefits exaggerated

Circumcision: Change in Medical Opinion Possible

By Deborah Shelton

Chicago Tribune
August 27, 2009
www.chicagotribune.com

For years the medical establishment in the U.S. has avoided advising parents on whether to circumcise their newborn sons, saying the benefits do not outweigh the risks. Now, however, new research suggests the procedure could be used to combat a major health problem.

Evidence that the surgery can help prevent the transmission of HIV has led both the Centers for Disease Control and Prevention and the American Academy of Pediatrics to consider issuing first-ever recommendations on routine circumcision of boys.

The groups are expected to make their decisions late this year or early in 2010, but already their actions are sparking debate over the medical ethics associated with a long-standing cultural practice. The U.S. has one of the highest circumcision rates in the world, though rates have fallen over the last several decades.

Vocal anti-circumcision groups, who refer to themselves as "intactivists," applaud that trend and oppose any changes in medical policy. They say male circumcision -- the surgical removal of some or all of the foreskin from the penis -- is an unnec-

essary mutilation performed without consent.

Until now, mainstream medical groups have said circumcision should be decided by cultural, religious and personal preferences. Potential benefits include lower rates of urinary tract infection and cancer of the penis, which already is rare; the surgery carries risks of bleeding, infections and removal of too much skin.

"Since medical evidence doesn't push us one way or another, we should leave it up to the parents," said Dr. Douglas Diekema, a University of Washington pediatrician and member of the pediatric academy's committee on bioethics.

Potentially changing that equation are clinical trials in Africa that have concluded male circumcision could reduce female-to-male transmission of HIV by at least 50 percent.

Still, the studies do not settle the question. It's not clear, for example, how well research in Africa that focused on heterosexual sex translates to the U.S., where gays account for the majority of cases. The largest U.S. study to look at the issue concluded that circumcision doesn't protect gay men who have anal sex from the virus, it was announced this week at a national HIV prevention conference.

CDC spokeswoman Nikki Kay said the agency's recommendations on male circumcision for HIV prevention are expected to address male infants, men at high risk for HIV infection from heterosexual sex and men who have sex with men.

The federal agency also is planning a study in the U.S. to study the use of adult circumcision to prevent the spread of sexually transmitted diseases. Scientists think circumcision can protect against HIV because the tissue of the foreskin has a high number of target cells for HIV infection and is susceptible to tearing during intercourse, providing an entry point for the virus. The higher rates of certain sexually transmitted diseases, such as syphilis, observed in uncircumcised men also may increase susceptibility to HIV infection, studies suggest.

Intactivists say claims that circumcision prevents various diseases are exaggerated, at best. The majority of American men are circumcised, but STD rates are as high or higher than those in countries where circumcision is rare, said Georganne Chapin, executive director of Intact.

Her organization views male circumcision as akin to female genital mutilation, a practice widely condemned by physicians and human rights advocates. It is illegal to perform female circumcision, which involves partial or total removal of the genitalia or other genital injury, in the U.S. on girls younger than 18.

"There's no ethical justification for differentiating male genital alteration from female genital alteration," Chapin said.

An estimated 79 percent of adult males in the U.S. are circumcised, according to government polling conducted from 1999 to 2004 as part of the National Health and Nutrition Examination Survey. Rates are lower for minority populations who also are more affected by HIV/AIDS.

Infant circumcision rates have fallen over the last several decades, and in 2006, the most recent year for which the government had data, just more than half of baby boys were circumcised. Since 1999, 16 states have eliminated Medicaid payments for circumcisions not deemed medically necessary. Illinois is not among them.

Regional circumcision rates vary widely, from 34 percent in the West to 78 percent in the Midwest. Rates also differ at Chicago-area hospitals, ranging from zero at Roseland Community Hospital in 2007 to 88 percent at Palos Community Hospital.

Dan Strandjord, who said he underwent a botched circumcision as an infant in Maryland, has protested at the University of Chicago Medical Center over the last five years. At 81 percent, the medical center's circumcision rate ranks among the area's highest.

Strandjord, whose late father was once a physician at the hospital, lives nearby. To protest, he stations himself at the corner of South Ellis Avenue and

58th Street, passing out fliers and toting a sign with an eye-catching message that plays on the center's slogan: "The forefront of medicine should know the foreskin is not a birth defect."

Intact America recently launched a national campaign aimed at persuading parents not to circumcise, but Strandjord said his protest is aimed at doctors. "Why are they doing something that no medical organization in the world recommends?" he asked.

Dr. Joel Schwab, a University of Chicago general pediatrician who has witnessed Strandjord's demonstrations, said he tries to be neutral when discussing the issue with parents.

"If they ask, 'Is it necessary?' most of us would say no," he said. "If they say, 'We are thinking about it,' I say, 'That's fine.' If they say, 'We're thinking about not having it,' I say, 'Fine.'"

His advice to parents who don't have strong feelings one way or another: "If you have no opinion about it, I wouldn't circumcise my kid."

Texas businessman Dean Pisani recently pledged \$1 million to Intact America because, he said, he and his wife were pressured in 1999 by a physician at Northwestern Memorial Hospital to circumcise their first child, a boy. They refused.

"She made us feel very guilty about our decision," said Pisani, who at the time was living in Chicago's Lakeview neighborhood. "She said some things that were inappropriate at the time, really putting on pressure."

During his wife's 48-hour hospital stay, three other doctors asked why the baby was still intact, he said.

Hospital officials declined to comment on the particulars of the case but said that, in general, they regard circumcision as a decision ultimately made by parents.

"It is the physician's responsibility to provide parents with the information to help them make a decision based on the risks and benefits and what they believe to be best for their own child," hospital spokeswoman Amy Dobrozsi said in a statement.

Neither the pediatrics academy nor the American College of Obstetricians and Gynecologists currently recommend routine neonatal circumcision.

"Male circumcision is an elective procedure to be performed, at the request of the parents, on newborn boys who are physiologically and clinically stable," according to a joint policy statement issued by the two groups.

But Dr. Edgar Schoen, chairman of the pediatrics academy's 1989 task force on circumcision, thinks the doctors group should abandon its middle-of-the-road approach. If all the benefits are added up, he said, it is clear the procedure is worthwhile.

"If there is a 10 percent benefit for urinary tract infections and 60 percent for HIV and 50 percent for [human papillomavirus], you are protecting yourself against all of these diseases," he said.

Crystal Seals, who lives less than a mile from where Strandjord conducts his frequent protests, said she decided to have both of her sons, now 3 and 4, circumcised at the medical center because she considered it an insurance policy against future medical problems.

Neither boy suffered complications, but one had to undergo the procedure a second time because not enough foreskin was removed.

"[Circumcision] would have been more painful for them when they were older, and I thought it could become a medical issue," she said. "I think it was a choice they would want me to make."

Uganda to Outlaw Female Circumcision

[Uganda] Mail & Guardian
July 3, 2009
www.mg.co.za

Uganda will pass a law banning female genital mutilation, which is rampant among pastoralist tribes in the country's eastern region, the president said in a statement on Friday.

"The way God made it, there is no part of a human body that is useless," President Yoweri Museveni told a gathering in the eastern Karamoja district.

"Now you people interfere with God's work. Some say it is culture. Yes, I support culture but you must support culture that is useful and based on scientific information," he added.

Last year, the United Nations passed a resolution that called female genital mutilation a violation of the rights of women and said it constituted "irreparable, irreversible abuse".

The resolution also said female circumcision increases the risk of HIV transmission, as well as maternal and infant mortality. The UN estimates that between 100-million and 140-million worldwide have undergone the practice.

Officials Weigh Circumcision to Fight H.I.V. Risk

By Roni Caryn Rabin
The New York Times
August 24, 2009
www.nytimes.com

Public health officials are considering promoting routine circumcision for all baby boys born in the United States to reduce the spread of H.I.V., the virus that causes AIDS.

The topic is a delicate one that has already generated controversy, even though a formal draft of the proposed recommendations, due out from the Centers for Disease Control and Prevention by the end of the year, has yet to be released.

Experts are also considering whether the surgery should be offered to adult heterosexual men whose sexual practices put them at high risk of infection. But they acknowledge that a circumcision drive in the United States would be unlikely to have a drastic impact: the procedure does not seem to protect those at greatest risk here, men who have sex with men.

Recently, studies showed that in African countries hit hard by AIDS, men who were circumcised reduced their infection risk by half. But the clinical trials in Africa focused on heterosexual men who are at risk of getting H.I.V. from infected female partners.

For now, the focus of public health

officials in this country appears to be on making recommendations for newborns, a prevention strategy that would only pay off many years from now. Critics say it subjects baby boys to medically unnecessary surgery without their consent.

But Dr. Peter Kilmarx, chief of epidemiology for the division of H.I.V./AIDS prevention at the C.D.C., said that any step that could thwart the spread of H.I.V. must be given serious consideration.

"We have a significant H.I.V. epidemic in this country, and we really need to look carefully at any potential intervention that could be another tool in the toolbox we use to address the epidemic," Dr. Kilmarx said. "What we've heard from our consultants is that there would be a benefit for infants from infant circumcision, and that the benefits outweigh the risks."

He and other experts acknowledged that although the clinical trials of circumcision in Africa had dramatic results, the effects of circumcision in the United States were likely to be more muted because the disease is less prevalent here, because it spreads through different routes and because the health systems are so disparate as to be incomparable.

Clinical trials in Kenya, South Africa and Uganda found that heterosexual men who were circumcised were up to 60 percent less likely to become infected with H.I.V. over the course of the trials than those who were not circumcised.

There is little to no evidence that circumcision protects men who have sex with men from infection.

Another reason circumcision would have less of an impact in the United States is that some 79 percent of adult American men are already circumcised, public health officials say.

But newborn circumcision rates have dropped in recent decades, to about 65 percent of newborns in 1999 from a high of about 80 percent after World War II, according to C.D.C. figures. And blacks and Hispanics, who have been affected disproportionately by AIDS, are less likely than whites to

circumcise their baby boys, according to the agency.

Circumcision rates have fallen in part because the American Academy of Pediatrics, which sets the guidelines for infant care, does not endorse routine circumcision. Its policy says that circumcision is "not essential to the child's current well-being," and as a result, many state Medicaid programs do not cover the operation.

The academy is revising its guidelines, however, and is likely to do away with the neutral tone in favor of a more encouraging policy stating that circumcision has health benefits even beyond H.I.V. prevention, like reducing urinary tract infections for baby boys, said Dr. Michael Brady, a consultant to the American Academy of Pediatrics.

He said the academy would probably stop short of recommending routine surgery, however. "We do have evidence to suggest there are health benefits, and families should be given an opportunity to know what they are," he said. But, he said, the value of circumcision for H.I.V. protection in the United States is difficult to assess, adding, "Our biggest struggle is trying to figure out how to understand the true value for Americans."

Circumcision will be discussed this week at the C.D.C.'s National H.I.V. Prevention Conference in Atlanta, which will be attended by thousands of health professionals and H.I.V. service providers.

Among the speakers is a physician from Operation Abraham, an organization based in Israel and named after the biblical figure who was circumcised at an advanced age, according to the book of Genesis. The group trains doctors in Africa to perform circumcisions on adult men to reduce the spread of H.I.V.

Members of Intact America, a group that opposes newborn circumcision, have rented mobile billboards that will drive around Atlanta carrying their message that "circumcising babies doesn't prevent H.I.V.," said Georganne Chapin, who leads the organization.

Although the group's members op-

pose circumcision on broad philosophical and medical grounds, Ms. Chapin argued that the studies in Africa found only that circumcision reduces H.I.V. infection risk, not that it prevents infection. "Men still need to use condoms," Ms. Chapin said.

In fact, while the clinical trials in Africa found that circumcision reduced the risk of a man's acquiring H.I.V., it was not clear whether it would reduce the risk to women from an infected man, several experts said.

"There's mixed data on that," Dr. Kilmarx said. But, he said, "If we have a partially successful intervention for men, it will ultimately lower the prevalence of H.I.V. in the population, and ultimately lower the risk to women."

Circumcision is believed to protect men from infection with H.I.V. because the mucosal tissue of the foreskin is more susceptible to H.I.V. and can be an entry portal for the virus. Observational studies have found that uncircumcised men have higher rates of other sexually transmitted diseases like herpes and syphilis, and a recent study in Baltimore found that heterosexual men were less likely to have become infected with H.I.V. from infected partners if they were circumcised.

Circumcision – above the law?

By Rosa Freedman

The [Manchester, UK] Guardian
October 1, 2009
www.guardian.co.uk

In anything other than a religious context, male circumcision would be regarded as a crime. The law must be made clearer.

Dan Rickman recently stated the case for circumcision by setting out its central importance to Judaism and Jewish identity. These are the arguments that convinced me to circumcise my own son. However, in dealing with some of the issues raised, he failed to engage with the most cogent argument against circumcision – the fact that it is fundamentally at odds with English law.

The term "genital mutilation" sounds far less civilised than the com-

monly used term "circumcision". Yet the former is only ever used in relation to the removal of parts of female reproductive organs, and the latter, generally, for the removal of the foreskin from a male's penis. Make no mistake, a circumcision is the mutilation of genitals regardless of the terminology.

Male children from the Jewish and Muslim faiths have their foreskins removed at a young age under as part of religious practice. This is an irreversible procedure that would otherwise be classed as grievous bodily harm, contrary to section 18 of the Offences Against the Persons Act 1861. The fact that it is performed with parental consent has been deemed sufficient in allowing this procedure to be performed under English law.

The argument that parental consent suffices to override the law falls flat when compared with the act of tattooing. The Tattooing of Minors Act prohibits the tattooing of any person under 18, regardless of whether a parent consents on their behalf. A tattoo is arguably less permanent than a circumcision. If a person must reach the age of 18 before being deemed able to understand and consent to the permanence of a tattoo, then why should this not apply to a male child being circumcised?

Religious grounds have long been cited as the reason for this anomaly. Britain prides itself, rightly so, on its freedom of religion. Why then is male circumcision allowed at any age, and female circumcision proscribed even after a woman turns 18? Surely religious freedom cannot be given solely to males.

Furthermore, if circumcision of males is allowed on religious grounds, then the ruling in the case of *Adesanya* must have been erroneous. The court here decided that a Nigerian woman could be prosecuted for cutting her teenaged sons' faces according to her cultural norms. It seems that freedom to commit GBH only extends to males, and only then of particular faiths or cultural backgrounds.

The final spin of the dice for the pro-circumcision group is the health argument. Circumcised males have

been proven to have a lower incidence of a number of diseases, and even a lower chance of contracting HIV. Yet religious circumcisions are not performed on the grounds of health, and are often performed by religious practitioners who are not medically qualified to do so. The health argument is merely a coincidental, although happy, one. Were this to be the decisive factor, then surely circumcision should be extended to all male children at birth as has recently occurred in some American states. Moreover, according to this line of reasoning, circumcisions should all be performed by doctors, or medical practitioners, and at a time that is optimum for the health of the child rather than at a religiously prescribed point in his life.

I am not advocating the abolition of male circumcision. However, the law needs to create guidelines that are applicable to all persons regardless of creed, gender, or religion. The existence of different sets of rules for different groups can only be seen as placing some people on a pedestal, elevated above the laws that the rest of us must follow.

Helsinki Convention Article Published

An article by Robert Van Howe, M.D. and myself was published in February addressing--for the first time, we believe--the ethical requirements imposed by the Helsinki Convention on medical studies addressing the efficacy of anesthetic for neonatal circumcision. It is entitled, "Neonatal Pain Relief and the Helsinki Declaration" and it appears on pp. 803-823 of the Winter 2008 issue of the *Journal of Law, Medicine and Ethics*.



Mum to sue GP over son's botched circumcision operation

The [Staffordshire, UK] Sentinel
June 5, 2009
www.thisisstaffordshire.co.uk

A Muslim mother is planning legal action against a GP [general practitioner] after her baby son's circumcision went wrong.

Faiqa Akram paid £80 for three-month-old Naveed to be circumcised at a private clinic because she could not have the treatment on the NHS.

But Naveed is one of four boys who have needed treatment at the University Hospital of North Staffordshire after suffering complications following private circumcisions.

Naveed, now 18 months, required a full operation under general anaesthetic and still needs more surgery to put things right.

Now, Mrs Akram and husband Nadeem are preparing a claim for potential clinical negligence against Dr Munir Butt, who runs the clinic, in Manchester.

The move comes as Mrs Akram launches a campaign to make NHS Stoke-on-Trent pay for religious non-medical circumcisions.

Mrs Akram, of Knight Street, Tunstall, said: "I couldn't believe what we saw. It was like a circumcision factory.

"There were 12 other babies waiting to be seen. When it was Naveed's turn, we had to leave him on a wooden table with just a changing mat."

Days later, Mrs Akram took Naveed to a doctor. He referred him to a surgeon at the University Hospital, who tried to correct the damage.

The General Medical Council and Kirklees Primary Care Trust, which covers Dr Butt's surgery, have confirmed they are investigating medical issues relating to Naveed's treatment.

The Sentinel made a number of attempts to contact Dr Butt, but a spokesman for his clinic said: "He isn't here, but I'm sure we will not comment."

The Healthcare Commission has investigated the four cases at the University Hospital after concerns were raised by a consultant there.

It is not clear which private clinics the other boys were referred from.

Hospital medical director Robert Courteney-Harris said: "The Commission asked us how these had been managed. Evidence was provided and the issue is now closed."



Steven Svoboda, Genital Awareness Week, Washington, D.C., March 29, 2009