



Attorneys for the Rights of the Child

Protecting Children's Bodily Integrity

Newsletter

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"The Morality of Circumcision"

The Question Box (column) by *Father John Dietzen, jjdietzen@aol.com 30 October 2004, page 33, of The Tablet, the official paper of the R.C. Diocese of Brooklyn*

Q. What is the morality of circumcision?

A. The Catechism of the Catholic Church teaches that amputations and mutilations performed on innocent people without strictly therapeutic reasons are against the moral law. Pope Pius XII taught that circumcision is morally permissible if it prevents a disease that cannot be countered any other way. In spite of these and other church statements against circumcision through the centuries, I'm told there is no strict Catholic rule against the practice today. Why not? No medical association in the world today any longer says circumcision is therapeutic. (Ohio)

I'm not sure why not, but the fact is male circumcision generally just doesn't appear very much on the "radar screen" of Catholic moral teaching. Many major moral theology texts don't mention it. A notable exception is "Medical Ethics," by Father Edwin Healy SJ (Loyal University Press), who holds that since routine circumcisions are not medically defensible they are morally objectionable.

A few observations may help explain. The practice of circumcision arose thousands of years ago and is prevalent in many cultures around the world. Nearly always it has religious or social significance, signifying full membership in the group and establishing one in the society.

The first *(continued on page 4)*

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Excerpts from *Myth, Magic & Birth: Immaculate Deception II* by *Suzanne Arms*

The Eighth International Symposium on Circumcision and Human Rights, or Why Intactivists Went to Padua

by *Georganne Chapin*

Nearly a year before the September 2004 Symposium, I met John Geisheker and George Denniston in Seattle. At one point in the conversation, George ruminated: "Why are we having the next conference in Padua? They don't circumcise in Italy." John answered, "Marilyn wants to go to Padua, so we're going to Padua." The answer seemed perfectly satisfactory at the time, but no one – not even Marilyn (I asked her) – really understood the spiritual force that was drawing us all to Padua.

Three months have passed since we congregated in a modern building at the College of Engineering, part of one of the oldest universities in Europe. Without having taken an official poll of the approximately 80 attendees, I think it's safe to say that everyone was exceedingly pleased with the conference. What struck me – a first-timer at a genital integrity symposium, but a well-worn patron of professional conferences in health, social sciences and law – was the utter lack of tedium, the seeming absence of negative competitiveness among experts, and the eclectic content and format of the material presented.

Certainly, the Italians (who could forget the utterly upright Franco and the utterly irrepressed Pia?) who shared the work they are doing with African women immigrants in *(continued on page 5)*

Success in Maine

By *Jordan Parkhurst*

The State of Maine recently set itself on a refreshingly positive course after removing the shameful practice of circumcision from its MaineCare healthcare coverage. Circumcision was first covered under government healthcare programs in part because of the procedure's popularity, widespread if mistaken belief in its preventive nature and because of misplaced concern over not offering circumcision to parents of boys of all socio-economic categories. However, the supposed preventive and protective effects of circumcision have long since been demonstrated as less than negligible. The procedure's popularity has greatly decreased nationwide and socio-economic status has long since ceased to determine whether or not a child will be circumcised in the United States. Thus, my decision to encourage Maine state legislators to discontinue this coverage was a response to the realities of circumcision and was based on my belief in bipartisan respect for human dignity.

Surveys indicate that circumcision is most often done under social pressure rather than as a medically indicated surgery. Since MaineCare very rarely covers cosmetic surgeries, its coverage of circumcision seemed suspect. This is a point I brought up with the few legislators I met with on the Health and Human Services and Appropriations Committees, most of whom seemed aware that the policy was preferential to *(continued on page 6)*

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Executive Director's Message

As I move more in the direction of old fugeyhood, having last month passed my 45th birthday and entered into undeniable middle age, it becomes less fearsome to say things that could sound trite. Like: How time flies! During the past year, the months have certainly flown by for me personally and for Attorneys for the Rights of the Child, as we have been involved in two circumcision-related legal cases, have traveled to Italy for the latest symposium (more on that below), and have seen our movement continue to expand and thrive. Even greater acknowledgement of the in-tactivist movement recently came, with a leading television program (Penn and Teller's "Bullshit") having filmed Marilyn Milos, Wayne Griffiths, Dr. Paul Fleiss, Dr. Mark Reiss, William Stowell, Linda Otis, and yours truly (and Edgar Schoen and a rabbi) for a half-hour commercial-free broadcast on Showtime on April 25. The episode focused exclusively on circumcision and in particular on the use of purloined foreskins in medical products and medical research. (The show went very well; I'll have more details on

this in the next newsletter issue. Hopefully you received our last-minute email regarding the broadcast [sorry we weren't able to provide more warning] or heard about it another way; if not, or if you want a permanent copy, we can send you a video copy of the show for a \$10 postpaid donation.) And my and my wife's second child was born, a girl, and no, we didn't circumcise! Sarita Claire Svoboda came to this world on January 25, 2005.

Maybe the biggest thrills of all came recently, with two "small" victories. In one case, timely intervention prevented a secular Muslim mother from caving in to family pressure to circumcise her boy. In another case, I was able to have some extended conversations with a woman whose husband wanted to circumcise their boy, which threatened to erupt into spouse-vs.-spouse litigation, but instead ended in a peaceful resolution to maintain the child's genital integrity. On a different note, we were invited by the Women's Law Association to participate in a symposium held at the University of San Francisco on International Women's Day, regarding female genital cutting. Our invitation was rescinded (politely, but firmly) after the organizers learned that we also work to protect male babies. I can't help but note the irony of these events coming to pass in the wake of my Padua presentation on genital integrity and gender equity. With the support of some friends, I have recently realized that a book is inside me on the relationship between these two issues, and over the coming years I plan to work on extracting it.

One sad aspect of growing older is friends moving out of this realm into the other one, but it was still a shock that hit me very hard to lose the esteemed Christopher Price, long a mainstay of ARC and a good friend as well. Another aspect of the passing of years is that family mat-

ters may be more likely to arise, as happened with our newsletter editor, which is the reason why our publication schedule has temporarily slowed down. We are hoping to return to the regular schedule starting with the issue that is in your hands.

No one does symposia like NO-CIRC, and the latest of the biannual bashes, held at the University of Padua, not far from Venice, Italy, may have been the greatest ever. I was strongly impressed by the range and breadth of the presentations, aided by a potent contribution from the Italian contingent. There continues to be so much creativity and knowledge and wisdom applied by those who want to protect the genital integrity of all human beings. Georgeanne Chapin (a lawyer, a medical expert, a health care executive, and now ARC's newest board member!) has graciously written an article presenting her perspectives on Padua. Suzanne Arms gave the moving, unforgettable opening presentation in Padua, and here offers us some memorable passages from one of her books.

A resounding decision in our favor regarding discovery was handed down by the judge in the case we are handling in Los Angeles involving an adult Armenian man circumcised without his consent went he saw a physician for a vasectomy. We hope to have some favorable news to report in time for the next issue. Also, a new article by Robert Van Howe, M.D. and myself has been accepted for publication by a leading British journal (more details following publication). I have submitted an abstract of a paper (Bob Van Howe is a co-author here as well) debunking current attempts to promote circumcision in developing countries as a preventive for HIV. If accepted, I will present the paper in Amsterdam in July at the sixteenth meeting of the International Society for

(continued next page)

Message

(continued from previous page)
Sexually Transmitted Diseases Research. (ARC previously presented along with Bob at the 13th meeting in Denver in 1999 and also at the 14th meeting in Berlin in 2001.)

For those of you who missed the news, last year, Maine became the 13th state to discontinue Medicaid funding of circumcision. Belated but heartfelt congratulations to Jordan Parkhurst, Amber Craig, and everyone else who helped make this landmark event occur. Thanks to Jordan for presenting us with his insider's perspective in this newsletter. Unfortunately Zenas Baer's legal case on behalf of Anita Flatt was denied on the merits. While certain aspects of the case are still under appeal, no award or settlement in favor of the child is possible at this point. Dr. Robert Van Howe has published a stunning study on the cost-effectiveness of genital integrity. We present here the press releases on this important development by both Doctors Opposing Circumcision and the International Coalition for Genital Integrity. Hanny Lightfoot-Klein is another amazing wonder of the intactivist world, and we are pleased to also be reviewing her latest book in this issue.

A major chapter in the history of the genital integrity struggle just concluded as the National Organization to Halt the Routine Mutilation of Males officially disbanded as a nonprofit 501(c)(3) organization. The NOHARMM website will continue and the legacy of the organization and of Director Tim Hammond lives on. Tim, whom I am proud to call my friend, initially inspired the founding of ARC (which eventually happened in early 1997) starting from when I first met him in early 1995 at the NOCIRC march on Marin General Hospital. Tim relentlessly encouraged

me, goaded me, and in the end convinced me and my collaborators of the need for a legal organization in the intactivist movement. I told him I didn't want to jump in as I was afraid it would be a lot of work and was afraid it would eat away at my personal boundaries. I was right on both points, but I haven't regretted a minute of it, and have to again thank Tim and NOHARMM for their unwavering support, wisdom, and advice over the years, ending with NOHARMM generously sending ARC a much appreciated check representing their closing balance. Thanks also to Dan Bollinger for agreeing to provide ARC with some invaluable support regarding updating and improving our website.

One interesting event took place back on New Year's Eve in the UK. Jeremy Paxman was invited to present a one-time men's edition of the Woman's Hour show, and tried to raise a discussion of male genital integrity. He was told this message was not welcome on the same show that had discussed female genital integrity on at least two episodes. Paxman was replaced by a "safe" man, Jon Snow, who toed the feminist line and agreed to dismiss men's rights to gender equity as a non-issue. (Gender equity and genital integrity is the topic of my paper presented in Padua last year and soon to appear in the Plenum collection of symposium papers, so this is a topic dear to my heart.)

Attorneys for the Rights of the Child remains indebted for its health and in fact our very survival to our loyal and much valued supporters and in particular to our financial contributors. All donations are fully tax-deductible. If you have received a hard copy of this newsletter in the mail, an envelope and donation form is provided for your convenience. The address is ARC, 2961 Ashby Avenue, Berkeley, CA 94705. —————

Christopher P. Price, 1944-2005

Longtime activist for genital integrity (and ARC Board Member and Secretary) Chris Price passed away on February 6, 2005, at 6.10am, after a single lung transplant had been performed four days earlier. His daughter Heulwen assures all his many friends that "he passed on after a brave struggle with all the problems that beset him. Mercifully, he was kept heavily sedated, paralysed and on painkillers throughout his battle, and so hopefully had no inkling of what was going on around him and to him."

Although Chris and I only once spent a few days together in person (in Oxford at the NOCIRC Symposium in 1998), we corresponded frequently and talked on the phone from time to time. I last spoke to him on Boxing Day (December 26), 2004. Chris enthusiastically indicated his interest in continuing to serve as Secretary and Board Member of Attorneys for the Rights of the Child. He never mentioned his health during this conversation.

Chris was a dear friend and I was shocked to receive the message from his daughter, much as I knew of his health problems over the years. Chris served from the beginning as a cheerleader for, and then after its founding, as Secretary of and Board Member of, ARC. And of course he coauthored several inter-related articles with Greg Boyle and me, some of which thanks to Greg's enthusiastic efforts made some significant impact on opinions in Australia and elsewhere. Chris also wrote a magisterial yet idiosyncratic (a most unusual combination) submission to the UK Law Commission in 1996.

Chris was trained in the law yet preferred to discuss genital integrity on the most basic and human of levels. He struck me as a person for whom life (continued on page 4)

Morality

(continued from page 1) divine command to the Jews, fsymbolizing the covenant between God and Abraham (Gn 17).

After the famous confrontation between Paul and other leaders of the early church (Acts 15 and Galatians 2), Christians pretty much rejected the necessity of circumcision for becoming a believer in Christ.

The idea didn't entirely die, however. The theory that circumcision still held some spiritual benefits even for Christians, prompted at least some of the condemnations you speak of. The Council of Vienna (1311), for example, decreed that Christians should not be lured into Judaism or be circumcised for any reason.

The following century, the Council of Florence (1438-1435) ordered "all who glory in the name of Christian not to practice circumcision either before or after baptism, since whether or not they place their hope in it, it cannot possibly be observed without loss of eternal salvation."

Today, while non therapeutic male circumcision remains common in some places, as a general practice it is forbidden in Catholic teaching for more basic reasons of respect for bodily integrity. The Catechism of the Catholic Church states, "Except when performed for strictly therapeutic medical reasons, directly intended amputations, mutilations and sterilizations performed on innocent persons are against moral law" (N. 2297).

Elective circumcision clearly violates that standard. It is an amputation and mutilation, and, to my knowledge, and as you note, no significant medical group in the world defends it as having any therapeutic value. In 1999 the Council on Scientific Affairs of the American Medical Association stated that neonatal circumcision is nonthera-

-peutic because no disease is present and no therapeutic treatment is required.

Modern Catholic Church documents do not deal explicitly with the morality of elective circumcision. The above basic principles, however, clearly render it immoral. It violates the bodily integrity of infant male children and unnecessarily deprives them of a part of their body that can protect the glans of the penis during infancy and serve at least a sexual function for adults.

My understanding from physicians is that circumcision rarely if ever arises as an ethical consideration. Usually it is requested by the parents for more social reasons such as, it's always been done in our family. In that case, the procedure might be carried out in some places rather routinely, even if it is not what the child needs and no curative or remedial reason renders it ethical.

Father Dietzen

**has founded a new organization ,
Catholics Against Circumcision.
www.catholicsagainstcircumcision.org.**

Chris Price

(continued from page 3) was not easy. Few people fit the phrase "tortured soul" more than he does, and no doubt circumcision was one of the issues that caused his torment. Yet he delved in and grappled hand-to-hand with this issue for

many years, making invaluable contributions to the field. He was a prolific correspondent by email, answering points large and small, punctiliously changing subject lines as many times as he felt were needed to keep matters in hand.

Many people cared deeply for Chris Price. I wish I had had more time with him. When I think of Chris, I remember the intensity of his emotions, and how easily ignitable his passions were. I remember him being outraged more than once by positions put forth by certain speakers in Oxford, and he was not afraid to let everyone within earshot (or in some cases, everyone attending the symposium) know his Chris Price. I wish I had had more time with him. When I think of Chris, I remember the intensity of his emotions, and how easily ignitable his passions were. I remember him being outraged more than once by positions put forth by certain speakers in Oxford, and he was not afraid to let everyone within earshot (or in some cases, everyone attending the symposium) know his views. And yet his capacity for love and empathy also seemed to me greater than usual, though I am not sure he himself was aware of this. I regret that I never got to say goodbye to him, and I dearly regret that I cannot change some of the tears that have been welling up ever since I heard the news for one more chance to hear his voice.

-J. Steven Svoboda

"Doctors Re-examine Circumcision"

by Thomas Ritter, M.D. and George C. Denniston, M.D.

In a recent review for the Townsend Letter for Doctors & Patients (August/September 2004), July Klotter wrote: "Doctors Re-examine Circumcision is a must-read for anyone uninformd about this procedure".

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or through www.amazon.com

Symposium

(continued from page 1) Europe, were welcoming hosts. Complementing much of the other work presented, which focused on male circumcision, they and their students contributed invaluable to the unifying theme of male and female circumcision as a human rights issue.

The conference agenda listed more than 40 presenters – nearly half of all attendees. This, taken together with the fact that no one in the audience hesitated to ask questions and offer perspective, meant that those of us lucky enough to attend enjoyed a three-day mind-bending conversation among the most knowledgeable, thoughtful and committed people one would ever hope to meet. Most impressive to me – and I believe most important to the cause of bodily integrity as a human right – was the willingness of conference-goers to explore new ideas, cross disciplinary and religious boundaries, and consider spiritual and emotional issues on a plane with scientific and legal concerns. It is extraordinarily exciting to see the lines between “fields” dissolve when social scientists, spiritual healers, journalists, medical professionals, artists, lawyers, and clowns – well, one clown – come together to learn, to strategize, and to build solidarity.

One perspective apparently was missing, though, from the Eighth International Symposium – that of a good Roman Catholic; and here is where I return to the mystery hinted at in the first paragraph. Most of us know – whether from a travel book or from visiting the city’s piazzas and churches – that St. Anthony (born one Ferdinand Bulhóm in Lisbon, Portugal in 1195) is Padua’s patron saint. Anthony was an itinerant friar, who traveled throughout Western Europe, and died at the age of 36 in 1231. His body is en-

tombed (and his tongue separately on display) in the center of Padua at the huge Basilica that bears Anthony’s name.

Some of us might also know that St. Anthony is one of the most popular receivers of Catholic prayer, given people’s propensity to lose or misplace their stuff, and the fact that he is the saint whose intervention helps us (believers? optimists?) to find that stuff. No one at the Symposium, though, heard about St. Anthony’s prowess in this regard (nor did we hear about the fact that Anthony appeared in two places at the same time, that as he preached fishes lifted their head above the water, and that a donkey came and knelt before him after a dare by an unbeliever). But why should we have? Except for the otherwise unlikely coincidences that we would find lost, bicultural Cubans in Padua, and eat salame de asino at the Saturday banquet, none of this has anything to do with circumcision.

However, there is something very important about St. Anthony that didn’t come up at the Symposium. Anthony is also the patron saint of amputees, and the miracle that won him this distinction was performed in Padua, where he arrived to preach around 1225. A young man named Leonardo, stricken with remorse, confessed to Anthony that he had kicked his mother in a fit of rage. Anthony told Leonardo that the foot of a man

who kicks his mother deserves to be cut off. Obliging, Leonardo returned home, took an axe, and chopped off his own foot. Shortly thereafter, Anthony appeared at Leonardo’s house, picked up the amputated foot, and restored it to Leonardo’s leg.*

Now, anyone who heard Nansi Glick’s exposition of the biblical tale of Moses, Zipporah, and the circumcision of their son, knows the symbolism in ancient Hebrew (as well as in other languages and cultures) of the “leg.” Herein lies the answer of why we went to Padua, and why our gathering was infused with such spirit and meaning.

Intactivists are making progress – there is no doubt. But we’re not there yet, and every struggle needs restorative vision, hope and inspiration – indeed, either a literal or figurative patron saint. Given the ecumenical and eclectic nature of our movement, we should have no hesitancy in claiming as our patron St. Anthony, who 800 years ago restored bodily integrity to young Leonardo, and called first Marilyn and then the rest of us to the city that commemorates his life and works.

-Georganne Chapin
-December 2004

* *This story of St. Anthony was compiled from various sources, among them *Our Lady of the Lost and Found*, a novel by Diane Schoemperlen.* —



Pittsburgh, Pennsylvania Billboard

Pittsburgh billboard sponsored by Greg Hartley. The billboard drew much attention and resulted in several media interviews.

Maine

(continued from page 1) circumcision and its defenders. Joseph Brennan of Cumberland, the former Committee Chair of the Maine Senate's HHS and now majority leader, was my only vocal critic, but unfortunately also exercised great power in determining Maine's healthcare policies. He stated that this was my opinion and that he would personally oppose any effort to drop circumcision from the budget. Perhaps due to naivety, I felt floored by Brennan's reaction. However, his opposition appeared to me more political than personal, which made the situation much easier to deal with on a substantive level. He was simply giving me the Democratic Party line, hoping that when I reported back to whomever I represented, I would have to mention that he defended the right of access for the less fortunate. He missed the meat of the argument (Editor—so to speak!), but his heart was in the right place.

Instead of reprimanding Brennan for misinterpreting me, I explained to him that he was in fact accomplishing the opposite of what he wished. By including circumcision alongside beneficial prenatal care coverage, he was actively encouraging MaineCare recipients to circumcise their children as part of normal infant care. Of course, the truth is that the procedure is an ethically, morally and medically controversial procedure that is neither needed nor recommended and as such belongs nowhere near a category called 'care.' In short, he was taking advantage of MaineCare recipients, who tend to be less educated, of lower economic status and more trusting of the state. Particularly given currently scarce health dollars, the very inclusion of circumcision in MaineCare's budget as one of the covered infant care procedures may persuade parents to have

their children circumcised.

Senator Brennan evidently did not realize that most MaineCare recipients do not choose to circumcise. In Maine, contrary to national trends, circumcision was more prevalent in the cities (particularly Portland, Maine's largest city) than in the rural towns that make up most of Maine. Although I never felt that Senator Brennan was wholly convinced of my position, this statistic seemed to soften him. Furthermore, he seemed both relieved and surprised that, should Maine drop the procedure, his state would not be alone. Overall, his concerns with dropping the procedure were political; would he be seen as slighting Maine's rural poor? Would Maine be thereby setting an unwelcome precedent?

I decided that playing on political preoccupations was the most practical route to take. I spoke with a few Republicans in an attempt to convince them to support this small amendment. In approaching them, I appealed to the traditional Republican opposition to governmental regulation of private life, a value that fortunately still enjoys admirers in the Maine legislature. I sent letters to all the Republican senators and representatives that held positions on health or appropriation committees, a process I repeated with the Democratic majority. Most legislators brushed me off in one of several ways--a polite but insubstantial response, by ignoring me, or by citing their busy schedule. Representative Kenneth Honey, who represents my hometown, shared my letter with other constituents and laughed aloud at the proposal to discontinue funding for circumcision. However, a senator from northern Maine, Republican Senator Richard Rosen, was much more receptive and took the time to meet with me in the halls of the legislature. His stated intention was to eventually hold a public hearing on

the subject. The idea was nice, but I was typically cynical as to his intentions.

Firstly, proposing such a hearing to me seemed like a great means of placating a constituent without the need to act. Secondly, a public forum would be a wonderful place for people to air their personal opinions on the subject, but would not address the real issues--legal rights for minors, medical ethics, and government coverage of cosmetic surgeries. Thus, I feared that a public hearing would be an ideal arena to obscure the fact that retaining circumcision in MaineCare conflicted with the values of his party, not to mention the majority Democratic Party.

After feeling I had gone as far as I could attempting to personally sway Maine legislators, I returned home and compiled a list of appropriate contacts in the legislature. I sent this list with a cover letter to each person listed in the database of NOCIRC-Maine. My intent was not to seek a partner in my lobbying efforts but rather to communicate what had occurred. In my letter, I encouraged those interested to write the listed legislators as well as their own and to encourage others to do the same. Then I stepped back from the process and allowed the next steps to unfold, whatever they might prove to be.

At this point, my summer had come to a close and I had to return to school across the country in Los Angeles. At that point, all I could do was hope and pray that the legislators had listened to me and that Maine's grassroots would work its collective magic for the state's sons. Although I worried that the controversial nature of the procedure would impede progress, I had a few reasons to be hopeful. A new governor, John Baldacci, had recently come into office promising healthcare reform. Like most states that year, (continued on page 7)

Maine

(continued from page 6) Maine faced fiscal problems; improving MaineCare's efficiency was one means by which the new Governor was attempting to avoid a crisis. My hope was that if my visit and others' letters had made any sort of impact, circumcision might be easily included in a group of old, needless procedures that could be deleted from MaineCare coverage. The downside of this strategy was that the annual cost to the state of the circumcisions was estimated at less than \$10,000 and legislators could just as easily leave the procedure on the rolls to avoid any controversy, while creating little fiscal impact.

In the end, routine circumcision was removed from MaineCare coverage. The procedure is now only permissible with prior authorization based on medical necessity. Some lobbyists such as the ironically titled Maine Equal Justice Partners tried to spin this qualifier back into full coverage, but fortunately for Maine residents truly seeking equal justice, MEJP was unsuccessful. Maine's cessation of Medicare coverage of male circumcision alleviated any implied governmental endorsement of or pressure to perform the practice. This good news means that Maine's state government has officially accepted the responsibility of assuring protection of the genital integrity of all its children, male and female alike.

-Jordan Parkhurst



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Press Release

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"Fear, pain, crippling, disfigurement and humiliation are the classic ways to break the human spirit. Circumcision includes them all."

Sunday, November 14, 2004

Contact: George Hill

Phone: 225-383-8067

Email: iconbuster@earthlink.net

PRESS RELEASE

FOR IMMEDIATE RELEASE

New Study Slams Neonatal Circumcision

Doctors Opposing Circumcision (DOC) announces publication of "A Cost-Utility Analysis of Neonatal Circumcision" by Professor Robert S. Van Howe, M.D., M.S., F.A.A.P., of the Michigan College of Human Medicine at Marquette in the November-December issue of Medical Decision Making.

The study computes the costs of performing neonatal circumcision, hospital costs, and treating complications and weighs the benefits of circumcisions against its adverse effects. The practice of male circumcision has a net adverse effect on health, and there are no conditions under which male neonatal circumcision can be beneficial or cost-effective.

Van Howe suggests that health insurance companies would benefit if they paid doctors to not perform circumcisions because of the reduction in overall costs, child morbidity and mortality.

DOC has long maintained that male neonatal circumcisions do not contribute to health and are not in the best interests of children. This study confirms that position. George C. Denniston, MD, MPH,

president and founder of DOC, noted, "We have felt for a long time that we ought to stop doing circumcisions. Now, we have the proof."

General counsel for DOC, John V. Geisheker, J.D., LL.M., observed, "A medical doctor, who performs a circumcision after the publication of this study, puts himself at risk of a suit for negligence."

The study is available at: <http://mdm.sagepub.com/cgi/content/abstract/24/6/584>

xxx

Press Release

http://news.yahoo.com/news?tmpl=story&u=/prweb/20041120/bs_prweb/prweb180294_2

Circumcision Not Cost-Effective Says Study

Press Release—PRWEB

Saturday, November 20, 2004 7

PM ET

(PRWEB) November 20, 2004 -- Circumcision increases health-care costs and decreases wellness according to a cost-utility analysis by Robert S. Van Howe, MD, MS, FAAP, Department of Pediatrics, Michigan State University College of Human Medicine, Marquette, Michigan, in the latest edition of Medical Decision Making journal.

"If neonatal circumcision was cost-free, pain-free, and had no immediate complications, it was still more costly than not circumcising," says Van Howe. "Neonatal circumcision is not good health policy, and support for it as a medical procedure cannot be justified financially or medically."

Over the past century, some doctors have said circumcision benefits the boy later in life and is therefore justifiable as a prophylactic procedure. According to the findings of this study that isn't true. Wellness decreases as a result and with that goes an increase in health-care related expenses. (continued page 12)

Excerpts from Myth, Magic & Birth: Immaculate Deception II by Suzanne Arms, pub. 1997 by Celestial Arts, CA

The Paradox of Being Human: Resilient Yet Vulnerable

One of the basic paradoxes of human existence is that we are both resilient and vulnerable. This fact remains true throughout our lives, though at any given time we are either more resilient or more vulnerable. Nowhere do we see this more clearly than when looking at the newborn baby.

Resiliency is a special kind of strength that comes from flexibility. If all is going well in our life, if our body is in good shape, and if we are getting enough rest and sleep, then we are more likely to be resilient. Our capacity to rebound from an accident or shock of any kind is probably strong. We are like a willow tree, which can bend any direction in a strong wind but is unbreakable. One the other hand, if we have been under a lot of stress, if issues of survival are in the forefront, if we are feeling along and unloved, then any kind of stress is likely to put us over the edge. We are then more like a dead tree, brittle and easily broken. If we understood this basic fact we would not continue to treat women and babies the way we do. We would certainly begin to question our dependency on machines and tests, and the data they give when it comes to matters of well-being, especially in pregnancy, childbirth, and recovery.

In 1972, U.S. pediatrician-researchers John Kennell and Marshall Klaus published the results of a series of studies on newborns and their mothers at Stanford University that brought the concept of bonding to the general public. Although there has since been some controversy over their findings, they did a lot toward liberalizing hospital policies with regard to newborns.

Kennell and Klaus observed the behavior of mothers who were given unstructured private time with their newborns in the first days after birth, and followed these mothers and babies in order to determine the quality of their later relationships. As they reported in the *New England Journal of Medicine*, they found that the first hours and days following birth are the optimal time for a mother and her baby to bond. Mothers who, for any reason, miss out on the first days of intimate contact with their babies can go on to create a healthy attachment with them. However, it may require extra effort on the mother's part.

The Kennell and Klaus research was conducted at a time when all mothers and newborns were being routinely separated in hospitals across North America. In their study one group of mothers had unbroken contact with their babies for one hour during the first three hours after birth and for five hours during each of the next three days. The other group of mothers had standard contact, holding their babies for the first time six to twelve hours after birth. Not only did the researchers find that separating a mother and a baby during the first days can make their relationship more difficult for a while, but that the effects could sometimes be seen a year or two later.

Kennell and Klaus also studied premature born babies in intensive care nurseries whose mothers were allowed to visit and touch their babies. Even minimal contact between mothers and babies made a great difference in their relationship. The standard practice at the time was not to permit mothers to see or touch their premature babies until the day they were to leave the hospital, which was often weeks after birth.

The developing field of prenatal and perinatal psychology has drawn

together researchers, physicians, nurses, psychotherapists, teachers, and parents for the first time in history in an international effort to focus attention on the processes of gestation, birth, and the first months of life. Their research shows that the entire time around birth, perhaps even beginning with conception and going right through the first eighteen months after birth, is a sensitive period for a human being and meant to be a time of heightened awareness and learning. This is a crucial time of great change and possible transformation for a woman becoming a mother, a man becoming a father, and the beginning of life for a child and for a family together. If any of the relationships within the family are damaged, the dynamics of the entire family system are affected.

It is important to know that if damage does occur at this crucial early time in an individual or family's life, it can be healed. Sometimes healing occurs spontaneously. Because human beings are so naturally resilient, often the mere process of living and having positive experiences heals psychological wounds. The human body is organized for health and recuperation from injury. A baby or mother who has had a very difficult time in pregnancy, during the birth, or shortly afterward can get a lot of healing simply from the process of breastfeeding. But because healing does not always occur spontaneously, we need to become much more aware of the possibility of psychic as well as physical trauma for both mother and child. There are therapies specifically effective for healing perinatal trauma. For children and adults, these include psychotherapy, hypnosis, regression work, and art and other expressive therapies. There are also physical therapies, notably various kinds of massage or *(continued on page 9)*

Paradox

(continued from page 8) touch. Infant massage is currently being taught to nurses and parents in many communities.

The Sensitivity and Awareness of Babies

A newborn baby takes in the world primarily through what it sees and what it touches, since the largest sensory organ is the skin. Being human is all about the basic need for contact and relationship. A baby first grasps the world through its eyes and ears. But its mouth is its most sensitive part, and as soon as a baby is able to, it attempts to put anything with which it comes into contact into its mouth. That is how we first explore our world.

A newborn baby that senses some threat in its environment will begin by crying loudly to alert someone to come and help. If no help comes and the baby still feels threatened, it may attempt to block out the unwanted stimulus by withdrawing. Since it cannot physically escape, it will withdraw within itself. In the early 1960s researcher-physicians began noticing that some babies in hospital newborn nurseries who looked as if they were asleep or at rest were actually in a state of great anxiety, with a rapid pulse and other bodily signs of distress that could be documented. It was discovered that when babies cannot escape an overly stressful environment or situation, such as brightly lit, constantly noisy nurseries, being stuck with needles for tests, or being harmed in their own homes, they will try to protect themselves in any way they can. If crying doesn't produce the right response in the adults around it, the baby may then block awareness by shutting down, physically withdrawing, even though it cannot run and hide.

There is now a large body of

evidence showing that hospital nurseries, especially intensive care nurseries, are particularly stressful environments even for a healthy baby. Babies do have the ability to cope with noxious environments, but it taxes them to do it. A newborn, or a baby of any age, subjected to continual stress from which there is no relief, may over time develop a pattern of responding to new situations in a fearful way, either by fighting or withdrawing. These are the roots of aggression and despair.

Today we have advanced to the point where there is little disagreement, in theory, that newborn babies experience discomfort, pain, and shock in the same way that adults do. There is still disagreement as to whether babies are also capable of giving meaning to physical sensations such as being taken away from the mother. But researchers and physicians now admit that babies have the same range of emotions as adults. This ought to affect the way we treat newborns.

Because babies receive everything through their mothers while in the womb and in labor, we should begin transforming the way we care for pregnant women and women in labor, since so much of what we do heightens anxiety. And every hospital intensive care nursery and every pediatric unit ought to be designed so that there is a parent's or a surrogate parent's bed right next to the baby's. It is not only humane for the baby, but keeping sick babies with a parent and providing care that the parent can observe and participate in will help parents feel more secure about their ability to care for their baby when it leaves the hospital.

Reputable studies done on babies within a few weeks after birth show that babies can be made angry and even depressed by what happens to them. If babies are known

to be able to feel sadness, fear, or confusion, just as we can, then we must acknowledge that much of current maternity and newborn care is likely to cause trauma to many babies, and that hospital maternal-newborn care should be reorganized to serve the whole family system.

There is not yet agreement in the culture, or in the medical world, that trauma experienced in the prenatal or perinatal period can have lasting effects on people. Yet it is known that early experiences leave their traces on the neural pathways of our brain. You could rightly say that we have been imprinted with our perinatal experiences—negative or positive—whether we ever remember the or not. Furthermore, you can see how these very early experiences can become the basis of many of our behavioral patterns as adults.

We live in denial about what babies do experience for two reasons. If we were to look at babies and allow ourselves to feel what they are feeling when they appear to be in distress from things we do to them, then we would not be able to continue doing what we do. Second, if we stopped denying a baby's capacity to suffer, we would then have to face the feelings we carry deep within ourselves of the trauma we experienced during our own birth and infancy. Because of the routine obstetric practices of the past century, few individuals today are free of psychic wounds dating from the prenatal and perinatal periods.

BABIES FEEL AND BABIES REMEMBER

The period just before, during, and soon after birth may prove to be as influential in the course of our lives as genetics or later environmental factors. Because most parents and health workers often are not yet aware of this, or of what they can do to prevent or heal trauma (continued on page 10)

Paradox

(Continued from page 9) early in babies' lives, we need to reexamine everything done to and for women in maternity care, and to remember that the treatment of mothers always directly affects the treatment of babies.

In the early 1970s, pediatrician-researcher T. Berry Brazelton conducted several important studies of newborns to learn whether babies could feel depressed or hopeless. In one study he filmed a series of babies and their mothers. Each baby was placed in an infant seat so that the only thing it could see was its mother's face directly in front of it. The mother was instructed to maintain a completely blank expression on her face and, no matter what her baby did, not show any emotion or response.

In a heartrending series of videotaped sessions, each baby can be seen trying to elicit a response from its mother and, failing to do so, working even harder. After a number of minutes of making all kinds of faces and trying to make eye contact, each baby finally reaches its level of tolerance and begins to look away from the mother, finding it too difficult to continue making an effort with no response. The baby eventually turns its face away from its mother's face. Then it turns toward the mother again and tries to rouse a response. Each time it turns

Is Circumcision Necessary?

Today the world's pediatric associations unanimously agree that there is no medical reason to circumcise and many insurance companies now refuse to pay for the procedure, yet circumcision is still performed on 60 percent of newborn males in the United States each year. Some babies are circumcised for religious reasons, some for the culture belief that it makes the body more attractive sexually, and many others are put through this

unnecessary surgery because it is erroneously claimed to promote hygiene and prevent infection.

In circumcision, the delicate covering of the head of the penis is pulled away, crushed, and cut off. For many years people believed that babies-especially newborns-did not feel or remember pain. Because of the known risks of giving babies anesthesia, all kinds of surgery used to be performed on conscious babies. Today, it is understood that a newborn baby does feel pain and is traumatized by undergoing surgery without anesthesia; circumcision is the only surgery that continues to be done without it.

I recall the first circumcision I saw. The parents had gone to great lengths to birth their baby without drugs or other interventions so that he might have a peaceful beginning. He had spent his first week at home, breast-fed and cuddled, before arriving at the pediatrician's to be circumcised. The couple had argued over whether it should be done at all, but the boy's father prevailed. He felt his son's penis should look like his.

Both parents were present, and the mother held the baby down. The moment the doctor put the clamp on the foreskin, the boy began to scream. His father went pale, turned away, and left the room. Holding her son's legs apart, the mother bent over him and tried to calm him as the doctor cut quickly. The baby, awake and helpless, continued to scream. It took less than a minute, yet during that time, the baby had arched his back, grabbed his mother's collar in both hands, and tried in vain to pull himself away from the source of pain. Afterward, his mother picked him up and put him to her breast. He suckled frantically, crying and gulping air between swallows of warm milk. Turning to me, the mother said, "I'd never have allowed it if I'd known it would hurt him."

"We were told it was a simple procedure, that a few babies find painful, and that if they do, they get over it," the father later said.

I've since witnessed a number of circumcisions. In each case, the baby obviously feels pain and makes a strong effort to escape. Parents trying to decide whether to have their infant son circumcised need to know that the foreskin is a normal, healthy, protective tissue, and that the circumcision procedure carries the serious threat of hemorrhage and unintentional mutilation. Even if the procedure is successful, the wound is raw for ten to fifteen days. Circumcision is painful and potentially traumatic, and the imprint of that trauma can be lasting.

Any approach toward improving childbirth would have to eliminate the routine use of numerous painful and frightening just-in-case tests, procedures, and treatments that are currently used on newborns. We would have to find gentler alternative approaches to treating babies who actually require intervention, and we would have to be willing to follow up babies who we think may have been traumatized, whether spontaneously or as a result of medical intervention.

Swiss psychiatrist Alice Miller, whose provocative books *The Drama of the Gifted Child* and *Thou Shalt Not Be Aware* are the results of decades of clinical research with patients, has attempted to awaken therapists, physicians, educators, and the general public to the widespread injury and abuse of children done in the name of helping them. Miller is a pioneer in the understanding of how certain cultural values promote abuse and blind people to the fact that many common behaviors toward children are in fact abusive. She does not extend her observations to the newborn. It is time we do that.

Book Review

Secret Wounds. By Hanny Lightfoot-Klein. Bloomington, Indiana: 1stBooks, 2002. www.1stbooks.com. 212 pages. \$16.50 (paperback) \$4.95 (download). Review by Steven Svoboda.

Hanny Lightfoot-Klein is one of the seven wonders of the genital integrity world. Having previously written two unique, valuable books published by Harrington Park Press, *Prisoners of Ritual* (1989) and *A Woman's Odyssey into Africa: Tracks Across a Life* (1992), she has recently completed her trilogy with the self-published book *Secret Wounds*.

Some readers who do not know Hanny's previous work may be wondering what could be left to say in a third book on the same topic. Yet *Secret Wounds* offers its own uniquely panoramic, idiosyncratic perspective. *Prisoners of Ritual* focused primarily on female genital cutting in the Sudan; *A Woman's Odyssey into Africa* both narrowed the focus to the author's voyage of self-discovery and broadened it to encompass gender topics and issues specific to Hanny's personal growth and development. While never departing from being a book about genital cutting, *Secret Wounds* may contain the broadest overview ever presented of the complex larger social context underlying and overlaying the pervasive set of human rights violations represented by genital cutting.

Hanny adroitly points to the parallel between the 150-year male circumcision craze in the US and our unique belief in simple and direct solutions to problems. She points out that as a country our perverse uniqueness may be even more starkly typified by the fact that clitoridectomy remained in vogue here for over fifty years while only enjoying brief popularity in every other Western country that tried it.

There is plenty here of extreme

relevance that I have never heard about before, at least not in such detail. Care for a "vulvular massage" from your physician, ladies? Vibrator-assisted ecstasy was routinely available from select doctors for a period of at least forty years that bracketed the beginning of the 20th Century. Many of us know that popular articles appeared in *Cosmopolitan* magazine favoring "female circumcision" as late as 1976 (and medical articles appeared as recently as 1973 in favor of the same procedure). But Hanny reminds us that no lesser institutions than Boston Children's Hospital and Harvard Medical School were advocating for complete clitoridectomies and simultaneously concealing data not supporting their position as recently as 1966.

One complaint some readers may have is the strength and repetition of the author's conviction that female genital cutting is substantially more damaging relative to male genital cutting. And yet Hanny Lightfoot-Klein is also a ferocious, tireless, and longtime opponent of male genital cutting, wryly noting, "In defining the severity of male circumcision, one might liken it to the crushing and ripping away of the eyelids, a procedure for which it would be most unlikely to find many volunteers among those male circumcision proponents wishing to prove its harmlessness."

Her section providing some firsthand accounts of genital cutting are difficult to read but inspire awe at the endurance and understated eloquence of their subjects, not to mention anger that these horrors still remain. A later pair of contributions by intersex speakers also resonate in our minds long after we have turned the page, with Intersex Society of North America founder Cheryl Chase proving particularly indelible. One further unique, utterly unforgettable component of

this book is the extended excerpt from a statement in favor of female circumcision, concluding with the assurance: "It will do her good and she will thank you for it."

The author pegs the recent debate over outsiders' attacks on FGC just right, emphasizing that first world critics have an important role to play in ending FGC, but "the West must first discard any illusions it may yet harbor that it will lead the Children of Africa out of their wilderness." Hanny acerbically notes the frequency with which Western critics pick this particular practice to pile onto while overlooking problems viewed by Africans as even more essential such as obtaining safe water, reducing infant mortality, and improving health care. Lightfoot-Klein was an early, outspoken gadfly to those who would overly simplify the sexuality of genitally cut women, showing with her groundbreaking research and activism that even many infibulated women "manage to enjoy a healthy sexual and emotional life." As a result of her objectivity and search for the truth, she was maligned and unsuccessful attempts were made to silence her in order to further certain political agendas.

The author is a woman of passion and careful observation, unafraid to speak the truth yet not particularly seeking the limelight herself. Hanny contextualizes genital cutting within an interrelated skein of perspectives, while at the same time offering hope through her nearly forty-page section collecting many different examples of positive change evolving due to activism by folks like (and unlike) you and me. Best of all, you can download this book for less than five dollars. At that price, you can't afford not to accept the author's offer to travel with us on the complicated, grim, inspiring journey she offers us.

- J. Steven Svoboda

Press Release

(continued from page 7) Circumcision costs everyone since both Medicaid and Medicare cover infant circumcision and its complications later in life. Medicaid pays for 28% of all infant circumcisions in the United States. Thirteen states do not cover circumcision in their Medicaid programs.

The analysis is based on published data from multiple observational studies, comparing boys circumcised at birth and those not circumcised, using the Quality of Well-being Scale, a Markov analysis, the standard reference case, and a societal perspective. Neonatal circumcision increased incremental costs by \$828.42 per patient and resulted in an incremental 15.30 well-years lost per 1000 males. The only ones to gain from this unnecessary and harmful surgery are the attending physicians and hospitals.

ICGI has created a task force to discuss calling for a nationwide moratorium on the routine circumcision of baby boys based on this article's conclusion, and other bioethical concerns.

No experiment or random control trial has ever proven any of the alleged benefits to routinely circumcising baby boys. Circumcision of girls is considered a human rights violation and is illegal in the United States. Prophylactic tonsillectomy is no longer practiced, but was equally popular as circumcision in the United States medical community.

Dr. Robert Van Howe may be contacted at 906-228-7454. Contact ICGI for his email address.

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International Coalition for Genital Integrity
Dan Bollinger
765-427-7012

www.icgi.org

Letter published

The following letter was published by the Kansas City Star regarding the circumcision of Ethan Azar.

Attorneys for the Rights of the Child

2961 Ashby Avenue
Berkeley, CA 94705
510-595-5550

August 16, 2004

Kansas City Star
letters@kstar.com

Dear Sir or Madam:

Our international attorneys' organization is alarmed by the recent non-therapeutic circumcision of toddler Ethan Azar at the request of his father. The psychological risks and harm of unnecessary genital surgery to a toddler are well documented and well understood by American urologists. No less an authority than the McGill University Centre for Medicine, Ethics and Law calls non-therapeutic circumcision a 'criminal assault' under An-

glo-American law.

Conformist 'cultural' surgeries, with known risks but no benefit to the child, intended only to comfort one or the other parent, have no place in a civilized society. US law has protected female children from unnecessary genital surgeries since 1996 and we must protect males as well.

The Missouri Supreme Court should order the physician to produce pathology and histology tests proving the child had a (rare) condition that required circumcision.

Failing a showing that the child was in immediate need of surgery to correct a diagnosed condition which could not wait for the child's consent, (and that all other conservative medical care had failed), the proper charge here is: assault and battery.

Sincerely yours,

J. Steven Svoboda
Executive Director



Len Glick, Eighth International Symposium on Circumcision and Human Rights, Padua, Italy, October, 2004



Nansi Glick, Eighth International Symposium on Circumcision and Human Rights, Padua, Italy, October, 2004

We Need Your Email Address!

If you would like to continue (or begin) your complimentary subscription to our emailed events update (which is different from this newsletter), please send your email address to us at arc@orel.ws. (We are using this address because the Harvard email server is not very reliable of late.) We recently had a hard drive failure and lost our entire email address list. If you did not receive an emailed events update from us in early April, announcing this newsletter, you are not on our list and need to send us your address to get back on the list. We are very sorry for any inconvenience.

The ARC Staff

Father Arrested

Legally speaking, in the current reigning paradigm, a father who circumcises his son is liable for prosecution and mohels/doctors are not. The idea is that the latter are qualified to perform the procedure and the father was not qualified. Obviously there are some big holes in this setup. In a just world it wouldn't be legal for anyone to do medically unnecessary and harmful amputations.

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Police, Fire Report: Father arrested; son in hospital

Sunday, September 5, 2004
KELLY ADAMS and JOHN BRANTON
Columbian staff writers

A Ridgefield man was arrested on suspicion of first-degree assault of a child after he allegedly attempted to circumcise his 8-year-old son.

Clark County sheriff's Sgt. Tony Barnes said the man, whose name is being withheld to protect the victim's privacy, claimed reading the Bible led him to try to circumcise his child Friday night.

The man, believed to be in his 30s, took the boy into the bathroom and used a hunting knife for the procedure, Barnes said.

"When he couldn't stop the bleeding, he called 911," Barnes said.

Firefighters arrived to begin treatment while deputies took the man into custody. He remained in the Clark County Jail on Saturday night.

The child was taken to Southwest Washington Medical Center, where he received several stitches. Barnes said the case will be referred to Child Protective Services. CPS has been the family's home before to check on the nine children living there.

The victim's mother was home at

the time of the assault, Barnes said, but it was not clear if she knew what the father was doing. She rode with the boy to the hospital.

"Just when you think you've seen everything," said Barnes, a 20-year law enforcement veteran. "This is just bizarre."

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http://www.columbian.com/09052004/clark_co/185734.html

Father charged with assault for attempted circumcision

<http://kptv.com/Global/story.asp?S=2269397>
09-07-04

RIDGEFIELD, Wash. - A Ridgefield, Washington, man faces assault charges after trying to circumcise his eight-year-old son with a kitchen knife.

Edward Baxter is being held in the Clark County jail on \$50,000 bail.

Baxter told police that he numbed the boy's penis with ice before attempting the circumcision at home. The eight-year-old has only minor injuries.

Baxter was arrested and charged with assault.

Prosecutor Kim Farr says the Ridgefield man was inspired by the Bible, which says that all men should be circumcised. Baxter and his wife have nine children.

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THE COLUMBIAN, Vancouver, Washington, Saturday, September 11, 2004. <http://www.cirp.org/news/thecolumbian09-11-04/>

No bail drop in circumcision case

Saturday, September 11, 2004
By KEN OLSEN, Columbian staff writer

A Ridgefield man accused in the botched circumcision of his 8-year-old son will continue to be held on \$50,000 bail because his family,

including the alleged victim, can't be located, Clark County Superior Court Judge Diane Woolard ruled Friday.

An attorney for 33-year-old Edwin B. Baxter asked that the bail be reduced after prosecutors filed a second-degree child assault charge in connection with the Sept. 3 incident.

Baxter was arrested on suspicion of first-degree child assault, resulting in the \$50,000 bail. Prosecutors then decided there wasn't sufficient evidence to prove he intended to harm his son. The lesser charge reduces the maximum possible prison term from 10 years to approximately three years.

That justifies a lower bail, defense attorney Tony Lowe said.

Baxter wants to return to work as a truck driver to support his family.

But senior deputy prosecutor Kim Farr told the judge that Baxter is likely to flee if freed before trial. That concern is heightened by the disappearance of Baxter's pregnant wife and nine children after the victim was released after treatment at Southwest Washington Medical Center.

"We can't find where they are and nobody knows where they are," Farr told the judge. "This appears to be a pattern of the Baxters," including the family's longstanding refusal to cooperate when state workers attempted to check on the children.

The children are not enrolled in school. Investigators from the state Department of Children and Family Services found the fence surrounding the family's rental home padlocked Tuesday.

There also are unanswered questions about Baxter's criminal record. He may have as many as three misdemeanor convictions for fourth-degree assault in connection with

(continued on page 14)

Father Arrested

(continued from page 13) domestic violence incidents dating back to the 1980s, Farr said. Bail reduction "is an opportunity for him to pick up and flee."

Baxter, who is tall, bearded, and wears his dark hair in a crew cut, offered no information on the whereabouts of his family. However, a woman who said she was Baxter's grandmother assured the judge he wouldn't flee.

"He wants to get out and support his children," she told the judge Friday. "I'm positive he won't flee. I'd stake my life on it."

Woolard was unmoved. "It's not your life I'm worried about," the judge said. "It's the lives of the children I'm worried about."

The woman, who was accompanied by an entourage of six other people, refused to comment after the court hearing.

Baxter allegedly told Clark County Sheriff's deputies he tried to circumcise his son with a knife in the bathroom of the family's home after reading about the procedure in the Bible. He then called 911 to report his son was bleeding.

Baxter returns to court Sept. 17 for arraignment.

Ken Olsen is a projects reporter for The Columbian. He can be reached at 360-759-8010 or ken.olsen@columbian.com

Citation: Ken Olsen. No bail drop in circumcision case. The Columbian, Saturday, September 11, 2004.

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THE COLUMBIAN, Vancouver, Washington, December 8, 2004.

Father convicted in circumcision attempt

Wednesday, December 8, 2004
By STEPHANIE RICE,
Columbian staff writer

A jury deliberated 40 minutes Tuesday before convicting a Ridgefield man of assault for attempting

to circumcise his 8-year-old.

Edwin B. Baxter, 33, was polite after the verdict as he was handcuffed to be taken back to the Clark County Jail. He thanked his attorney and the prosecutor, who last week offered Baxter a plea deal that would've given the father of nine credit for the three months spent in custody and released him from jail. He declined.

Now, Baxter faces up to three years and five months in prison.

A truck driver and fundamentalist Christian who wears a long beard, Baxter dressed in flannel shirts and work boots during his two-day trial and had a Bible with him in court. He did not testify before the jury of seven men and five women.

He did, however, make a statement to Judge James Rulli for the purpose of preserving his right to appeal on the grounds Rulli did not allow him to use his faith as a defense.

Baxter said he decided to circumcise his 8-year-old, the eldest of his four boys, on Sept. 3 after he read in the Old Testament that males should undergo the procedure.

"I had no reason to think I would be in violation of any of God's laws," Baxter said.

"I felt it was an act of obedience."

He said he was only following in the footsteps of Abraham, Isaac and "every other godly man."

He had his son lay on towels in what was described by witnesses as a dirty bathtub. He used a hunting knife to attempt the procedure, but called 911 when his son began

bleeding profusely.

"It breaks my heart to think that this state would think of me as a child abuser," Baxter said.

Senior Deputy Prosecutor Kim Farr asked whether the circumcision would have been equally symbolic if it had been performed by a doctor in a sterile environment.

"I have no reason to think otherwise," Baxter said.

Farr said after the trial that Baxter's son was not circumcised at birth because none of the Baxter children have been born in hospitals. He said the family used a van outside their Ridgefield home as a birthing place.

Baxter's 30-year-old wife, Tammy, is said to be pregnant with her 10th child.

She and the children have not been found by law enforcement or investigators from the state Department of Children and Family Services, who had been seeking them in connection with the trial.

After the verdict, Judge Rulli dismissed arrest warrants for Tammy Baxter and the victim.

A urologist who treated the victim said he has not seen the boy to know if his wound has healed.

Dr. Douglas Masson said he closed the boy's wound, rather than complete the circumcision, to let it heal and to minimize the chance of infection.

However, scar tissue could require that the boy be circumcised in the future, he said.

Stephanie Rice covers the courts. She can be reached at 360-759-8004 or stephanie.rice@columbian.com. _____

Florida Billboard



Kathy Howard, NOCIRC-FL, spearheaded the Florida billboard project. Here is the photo she took of it in its first location, near the exit ramp on the way to Disney World. Tens of thousands of Floridians saw the billboard as they left the state to escape the hurricanes. The billboard has moved to mile marker 288 of the Florida turnpike tollbooth.