



Attorneys for the Rights of the Child

Newsletter

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Protecting Children's Bodily Integrity

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Genital Integrity Awareness Week

by
 Tony Gross

Discussing with family, friends and acquaintances the logical, obvious case for leaving all children intact is useful to undertake. It's rewarding to know that a child could be saved from unnecessary surgery. It's an essential task, yet even on the not-frequent-enough occasions where my efforts are successful, the task can frustrate and confound. I've heard every unconvincing argument before. So every year, I look forward to the arrival of Genital Integrity Awareness Week (GIAW), when activists from throughout the US converge on Washington, DC for the annual event that David Wilson and Sic-society have been organizing for a decade and a half. The chance to meet new people, exchange stories and share knowledge always re-energizes my activism.

This year marked my third GIAW in a row. Of course, I heard the predictable recitations from people about studies purportedly supporting circumcision based on concerns about HIV. Others proclaimed a right to voluntary, adult male circumcision. Then there are the claims that male circumcision is a parental right. Despite these short-term problems, I've noticed an encouraging progression over the last three years in the receptiveness and knowledge of the public regarding infant male circumcision. This year's GIAW offered a little perspective and reason for long-term hope.

This year, I spoke with many people of all ages. Some had made the decision to circumcise without questioning the procedure, while some planned to decide in the future. Others hadn't yet decided. But almost everyone was receptive to new information. Almost everyone listened to counter-arguments to their thinking (or non-thinking, in some cases). Almost everyone accepted the literature we offered.

One particularly interesting interaction stood out. Late on the first day, two men approached to ask what we were doing. After giving a bit of my normal inquiring opening, it became clear that they knew a little more than the average person we encounter. It turned out they were medical students. They knew all about the foreskin. Not surprisingly their focus when they first approached centered exclusively on the risks associated with the normal, healthy foreskin. Nor was it surprising that they didn't much question whether or not the child attached to the foreskin might object to its removal. But it was surprising how readily they let me build a rights-based case against allowing parents to make their healthy son's



David Wilson in front of US Capitol, GIAW, March 31, 2008

decision. They were intellectually engaged in the discussion and willing to consider more than just their medical training.

We started with the recent HIV research, followed by mention of UTI's. "But he's healthy when the doctor circumcises him" became my mantra. I

reminded them that any evaluation of the foreskin's risks is subjective. There are risks, but how do they weigh against the benefits of being intact? Who should decide? For every well-intentioned-but-out-of-context scientific fact, I brought the discussion back to the fundamental principle of each child's inherent rights. We don't perform any other elective surgery on healthy children. What is the basis for this exception? What is the proper rule for respecting every patient? It can't be

parents. But it's easier to get there when we remember that we might agree on more than we initially assume. For me, it was important not to indulge in a pre-conceived notion that the two men in front of me would be unreceptive to the rights of children.

Also, it was essential to our conversation that I did not pretend that the findings were not what they were. I was able to discuss the possibility that the methodology was not ideal. I was able to point out that "voluntary" and

relevant permits, making signs to market our cause to passersby, or engaging even the most hardened Capitol visitor, David and Jeff are two of the most dedicated individuals I've met in my life. That they commit so fully to this important cause is a testament to both of them and a signal that we're going to win full protection for boys.

**Genital Integrity Awareness Week
March 29 - April 3, 2008**

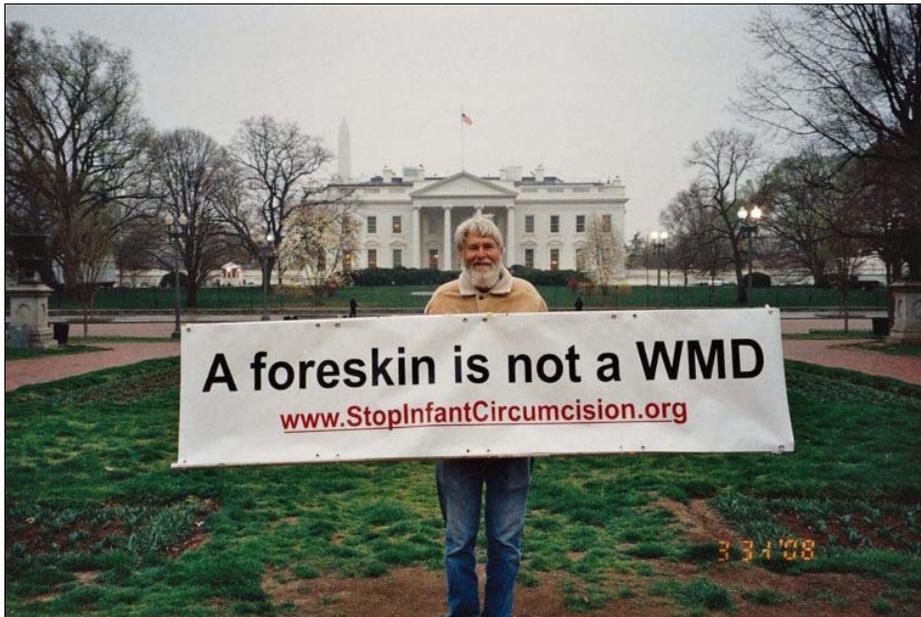
By
Steve Bown

During the last week of March and the first week of April intactivists from around the country gathered in Washington D.C. to participate in the 15th Annual Demonstration Against Infant Circumcision. The activities included displaying large banners and handheld placards, distributing literature, and talking with people about genital integrity and human rights on the West Lawn of the U.S. Capitol.

The most photographed sign was the handheld placard with a photo of a baby with a surprised expression asking "You wanna cut off WHAT?" The large banners included: "The foreskin is NOT a birth defect!", "Circumcision is unnecessary and harmful", "Circumcision Decreases Sensation", and "Whose penis? Whose body? Whose rights?"

Young people and foreign tourists were most open to the message about genital integrity and human rights. Students seem to understand the issue of permanent body modification and consent more than adults. Generally the Europeans were shocked to learn that more than half of the boys born in the United States are circumcised by physicians, because in Europe only Muslims and Jewish parents circumcise their sons.

David Wilson of the Stop Infant Circumcision Society organized the demonstration. This is the fifteenth consecutive year that David has demonstrated against infant circumcision in Washington, D.C. during the first week of April. This year he was joined by intactivists from California, Florida, Maryland, New York, Pennsylvania,



Van Lewis in front of White House, GIAW, March 31, 2008

some iteration of medical need unless the parents can see a benefit. We wouldn't allow other surgeries that clearly would reduce certain risks for the child. Why not? Finally, one of the students said "I think you're right." I don't know if he'll carry that agreement over into his future practice, but the concept clicked for him. Rather than just knowing that we exist, he knows why we exist.

Ultimately, this conversation helped remind me that doctors are not the enemy. They are men and women of science, and the science can overwhelm other, stronger considerations when dealing with healthy children. But they are intelligent people. They have concern for their patients. Sometimes, they just need to be reminded that the (healthy) child is their patient, not his

"adult" are at least as important as "male circumcision" in the findings. But acknowledging that science has facts, regardless of what I want them to be, was the key. Conceding the facts, however temporarily, let them be receptive to me long enough for me to explain how those facts, evaluated in the broader perspective, are not useful to the subject of genital surgery on a healthy child. They now know that our position is intelligent and well thought-out.

Finally, it's important to recognize a couple stalwarts. The effort and commitment from David Wilson and Jeff Brown is inspiring. David and Jeff put in hour after hour in handling the details necessary to make Genital Integrity Awareness Week not only possible, but a success. Whether it's getting the

Texas, Virginia, and West Virginia.

Genital Integrity Awareness Week combines the anniversary of the national law against female genital cutting on March 30th with the beginning of Child Abuse Prevention Month on April 1st. 2008 is the 11th anniversary of the national law against female genital cutting.

Report on Recent Lawsuits

*By David Llewellyn
ARC Board Member*

David H. Cornell, M.D., a urologist who does business as The Circumcision Center in Atlanta, Georgia and who advertises extensively on the worldwide web, has been sued twice recently for allegedly negligently performed adult circumcisions resulting in serious injury. The cases pending in the State Court of Fulton County, Georgia are *Evans-Claassen v. David H. Cornell, M.D., L.L.C. d/b/a The Circumcision Center, et al., C. A. File No. 2007ev003054a* and *Newton v. David H. Cornell, M.D., L.L.C. d/b/a The Circumcision Center, et al., C. A. File No. 2007ev003723b*. David J. Llewellyn, Esq. and Michael L. Neff, Esq. of Atlanta, Georgia represent Mr. Evans-Claassen and Mr. Llewellyn represents Mr. Newton.

In North Carolina a suit has been filed against a physician who allegedly severed a significant portion of the glans penis of an infant while performing a Mogen clamp circumcision. Although the severed portion was reattached, the plaintiffs claim that the child suffered serious permanent injuries. *Glenn v. James Chaang Lin, M.D., et al., Case No. 07-CVS-417*, in the General Court of Justice, Superior Court Division, Stanly County, North Carolina. Jason E. Taylor, Esq. and William K. Goldfarb, Esq. of Charlotte, North Carolina and David J. Llewellyn, Esq. of Atlanta, Georgia represent the plaintiffs.

In Georgia an infant who permanently lost a significant portion of his glans penis in a Mogen clamp circumcision has brought suit through his mother for medical malpractice. *D. P., Jr. v. Haiba Sonyika, M.D., et al., C. A.*

File No. 2006ev001125j, State Court of Fulton County, Georgia. David J. Llewellyn, Esq., Roderick E. Edmond, Esq., and Craig T. Jones, Esq. of Atlanta represent the plaintiffs.

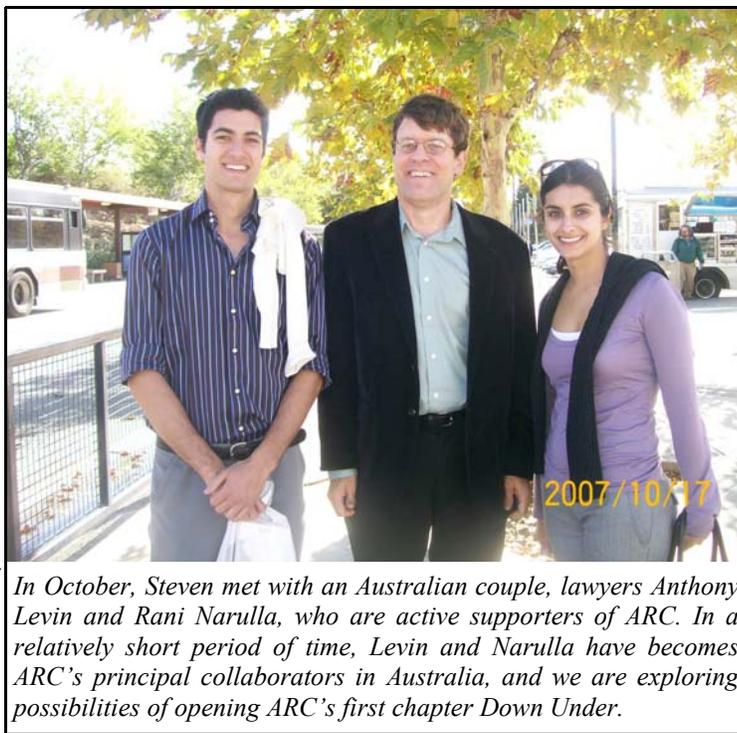
UK Speaking Engagements

I spoke on male circumcision at the "Genital Cutting in a Globalized Age" conference held in London on July 4. My talk presented an overview of male genital integrity including harm, law, human rights, ethics, history of medicalization, lack of medical justification, mythologies including the HIV craze, cultural aspects, and connections with the other forms of genital cutting. The conference brought together activists and medical practitioners working on female genital cutting, intersex surgery, transsexual surgery, cosmetic female genital surgery, and of course male genital cutting. Connecting with activists and thinkers in

other potentially aligned movements has long been one of ARC's main goals so this presented an exciting opportunity. It went very well, as I discuss in more detail in the Executive Director's Message, with one speaker forthrightly conceding that the anti-FGM supports interactivism but has only separated itself from our work for strategic reasons.

We will be back in the UK again in early September for NOCIRC's biannual symposium, presenting a paper entitled, "Three-Fourths Were Abnormal'-Misha's Case, Sick Societies, and the Law." Here is the abstract for the September paper: "Law, human rights,

and medical ethics reflect, transmit, and reinforce social norms. By creating mandates ultimately underwritten by a state's police power, certain ambiguities are eliminated, and others are introduced regarding interpretation. Genital cutting, a tragically flawed attempt to perfect a child, thrives on such ambiguities. Gender identity anchors us from the buffeting winds of social change. 150 years ago, normality was redefined, and suddenly, "three-fourths of all male babies [had] abnormal prepuces." Circumcision helped cover up male anxiety over legitimacy and father-son relations. Cultural constructions of dirt served reigning ideologies



In October, Steven met with an Australian couple, lawyers Anthony Levin and Rani Narulla, who are active supporters of ARC. In a relatively short period of time, Levin and Narulla have become ARC's principal collaborators in Australia, and we are exploring possibilities of opening ARC's first chapter Down Under.

then and now. Genital cutting presents a cluster of interwoven discriminations—racial, gender-based, age-based, and class-based—that violate law, human rights, and ethics. Parents (as in *Boldt v. Boldt*), doctors, and society seek treatment, not the infant. Thus the problem cannot be solved by a medical procedure, which circumcision never was anyway. Only human compassion can end the nightmare."

Hope to see many of you then.

Steven Svoboda
Attorneys for the Rights of the Child

Special Section: Boldt Case Commentary

Even though there are legal ages of consent for various bodily interventions, and parents are given the right to make medical decisions for their children under that legal age, in real life there are big exceptions -- and they arise from practicality. In these cases, the "mature minor" standard is often used. There was a recent case where an adolescent boy (I think he was 14; I am not recalling the details, though somebody might have discussed it on this list) was allowed to decline chemotherapy, and he eventually died.



I believe that the original "mature minor" case was also a boy who, every time the doctors approached him to administer chemotherapy, literally fought them off. So, it was decided that the boy

was a "mature minor," capable of making his own decisions. But think of it from a practical perspective: what's a doctor going to do? Chase after the kid, knock him over the head, drug him into passivity, and then plunge a needle into his veins? Day after day? Not surprisingly, then, the mature minor standard is pretty much always invoked when a young person is REFUSING recommended medical treatment.

We know that the main reason that medicine moved from circumcising older children to circumcising babies is because babies are helpless. In the Boldt case, the father is the custodial parent and has a well-recognized right to make medical decisions regarding NECESSARY medical treatment. (He's claiming religion, but circumcision of an adolescent in the US is a medical procedure.) I agree with those who say that even if the child says he wants to be circumcised, because the surgery is not necessary, the father's proxy consent should not be valid; further, the possibility of the boy's "consent" being un-coerced is so slim as to preclude such consent as justification for the circumcision -- mature minor standard notwithstanding. But what the Court is

really going to be looking for here is evidence that the boy isn't sold on losing his foreskin in a bloody operation. Then the mature minor standard can be invoked. I'd say that anything less than an unequivocal, enthusiastic "YES, I very much WANT to be circumcised" from young Boldt will probably make the judge hesitate to lift the restraining order.

Now, here's something I don't think we've talked about: the Court is going to try to determine the boy's wishes, but neither the judge nor probably any "expert" the Court relies on for this is going to give the boy a true explanation of what the circumcision will entail, and what he stands to lose. So, they'll probably just ask him if he wants to be circumcised. And if he says yes, then he'll be a child again in the eyes of the law -- and the father will sign the BS consent form, and Misha will not know what he's in for until after it's too late.

*-Georganne Chapin, Esq.
ARC Board Member and Secretary*

Oregon Boy, 12, Can Tell Court Whether Circumcision Is For Him

Pity poor 12-year-old Misha Boldt. His father wants him circumcised. His mother objects. They're divorced. The father, James Boldt, converted to Judaism and has custody of the boy. The mother, Lia Boldt, is Russian Orthodox and came from Russia where non-religious circumcision is rare.

Misha is 12 years old -- a very problematic age for anyone to be told to have a sensitive and personal part of his body excised. Whether his foreskin stays or goes has been fodder for a trial court in Oregon, then a state's appeal court, then the Oregon Supreme Court.

And last Friday, the state's high court opined that the issue goes back to the trial court where all parties must find out what Misha wants. Repeat: What Misha wants. Can Misha say what he wants and still have parents treating him the same?

The obvious and reasonable solution is to let Misha reach 18 years old and

make his own decision. By now, we're sure, he has learned that the foreskin is a structure with real purpose and value.

First off, boys that age aren't likely to want that part of their bodies cut off. But the boy is under the custodial care of his father, who insists he will raise the boy Jewish and believes circumcision goes with that. The mother asserts that their son does not want the procedure and that the family turmoil surrounding it and the father's pressures are harmful for their son. With all that, she says, custody should be transferred to her.

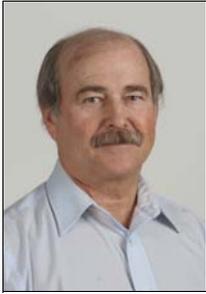
The Jan. 25 ruling of the Oregon Supreme Court said, "In our view, at age 12, M's attitude regarding circumcision ... is a fact necessary to the determination of whether mother has asserted a colorable claim of a change of circumstances sufficient to warrant a hearing concerning whether to change custody. That is so because forcing M at age 12 to undergo the circumcision against his will could seriously affect the relationship between M and father and could have a pronounced effect on father's capability to properly care for M."

In the finale paragraph of the ruling (<http://www.publications.ojd.state.or.us/supreme.htm#jan08>), the court said, "If the trial court finds that M agrees to be circumcised, the court shall enter an order denying mother's motions. If, however, the trial court finds that M opposes the circumcision, it must then determine whether M's opposition to circumcision will affect father's ability to properly care for M. And, if necessary, the trial court then can determine whether it is in M's best interest to retain the existing custody arrangement, whether other conditions should be imposed on father's continued custody of M, or change custody from father to mother."

Just think of this. This kid not only has to deal with all the conflict over the fate of his foreskin, but about its ramifications on who will care for him. That pressure is unfair. The father needs to back off and leave his son the way God

made him.

Amicus briefs were filed for both sides – Jewish forces siding with the father and human rights and genital mutilation forces with the mother. “This is the clearest case of a parent’s claimed religious beliefs trumping a child’s right to an intact body that I have seen in 26 years of practicing law,” said John Geisheker, an attorney and executive director of Seattle, Wash.-based Doctors Opposing Circumcision. With the Supreme Court decision, J. Steven Svoboda, founder of Attorneys for the Rights of the Child, was declaring it a victory because the Oregon Supreme Court did not order circumcision.



But the Anti-Defamation League was hailing the decision as “affirming the right of parents to circumcise their children.” The American Jewish Committee, the American Jewish Congress, the ADL and the Union of Orthodox Congregations of America joined in the brief supporting the father.

The Jewish case for circumcision has been weakened through the centuries, especially as it steadily abandoned many harsh laws and practices of the Hebrew Bible out of common sense and humanizing. Any reading of Jewish history shows circumcision was not always practiced and that males are Jewish through their birth from Jewish mothers, not by being clipped in a ceremony. Unless a real bris ceremony is performed, the renewing of a “covenant with God” doesn’t take place, such as in the case of Jews who have their boys cut in hospitals. Some Jewish parents hold alternative bris ceremonies (bris shalom) where nothing is cut and their sons remain whole. The Humanist Jewish movement, for example, does not embrace circumcision. Some of the most prolific writers of books, papers and newsletters opposing the practice are Jewish, for obvious reasons.

In his book, *Question Circumcision: A Jewish Perspective*, Ronald Goldman, a Jew in Boston, noted, “Jews

value human rights but have not yet addressed the issue of Jewish male infants having a right to physical integrity, a right recognized by Amnesty International as applying to all individuals.”

Goldman, whose first book on circumcision was “The Hidden Trauma: How An American Cultural Practice Affects Infants and Ultimately Us All,” states, “Those who would deny that an infant has a right to physical integrity must answer the question: Does anyone have this right? And if so, at what age does one acquire this right? What happens to fundamental principles and support for them when we make exceptions?”

Here’s hoping Misha Boldt can remain whole. Judaism will have moved one step forward in its otherwise brilliant march to the fullness of what it means to be truly human and humane.

-Lawn Griffiths

If only all the children who cannot speak for themselves or protect themselves were given the opportunity to make the circumcision decision when they became adults, then genital mutilation would become extinct.



-John Forakis

Oregon Court: Boy Has Say In Circumcision

By Sarah Skidmore

Miami Herald

January 25, 2008

www.miamiherald.com

The wishes of a 12-year-old boy should be considered in a dispute between his divorced parents about whether he should be circumcised, the Oregon Supreme Court ruled Friday. The father, James Boldt, converted to Judaism in 2004 and wants the boy to be circumcised as part of the faith. The mother, Lia Boldt, appealed to the high court, saying the operation could harm

her son physically and psychologically. The state Supreme Court ruled that earlier court decisions failed to determine whether the boy wanted the circumcision, as his father contended, or opposed it, as his mother alleged.

The Supreme Court sent the case back to the trial court to answer that question.

If the trial court finds the child agrees to be circumcised, the Supreme Court said, it should deny the mother's requests. But if the trial court finds the child opposes the circumcision, the court has to determine if it will affect the father's ability to care for the child. The custody dispute began when the child was 4 and the circumcision issue began three years ago when he was 9. James Boldt, a lawyer, is representing himself, had no comment, his office said. The attorney for both sides also declined to comment.

The case has drawn attention from Jewish groups concerned that the Oregon court might restrict the practice. A group called Doctors Opposing Circumcision backs the mother.

The courts have steered clear of religious or medical issues, focusing on the questions of custody and care of the child.

One constitutional law professor who has been following the case called it “a reasonable ruling.”

“I think what may be delicate and tricky is ... how much we can trust what the 12-year-old says, given the circumstances,” said Carl Tobias of the University of Richmond. “He likely feels some pressure from (his parents).”

More than a million U.S. infants are circumcised each year, but circumcising adults or teens remains relatively rare. A urologist who met with the boy submitted an affidavit that said the procedure would cause him minor discomfort for about three days but not interfere with his normal activities, the Supreme Court's decision said.

www.arclaw.org

In *Boldt v. Boldt*, a now 13-year-old boy faces an unwanted circumcision because his custodial father claims to have converted to Judaism. DOC filed two Amicus (friend of the Court) briefs. The Court ruled, inter alia, that the boy must be heard from on the record.

On one hand this finding is an incremental move on the way to giving children a choice. (Query: How much younger would they go?) On the other - -and recognizing the power of parents to influence a child-- that is short of recognizing the child has rights of his own under international law and bioethics.

I was most troubled, personally, by the gratuitous linkage of circumcision with custody. Ironically, this procedural point may be precisely what got



the case onto the Oregon Supreme Court docket in the first place, as family law

matters are rarely reviewed by courts of general jurisdiction. It is appalling to put the child in the position of choosing surgery to stay with dad, or freedom from surgery with his mum. (Or the very odd notion, both a warning but also a tip to the father, that if the circumcision is indeed coerced, the father could lose custody. DOC asked that the issues of custody and circumcision be bifurcated.)

This is an appalling Hobson's choice to pose to this hapless child. The father, recognizing the leverage he has and the risk he runs, will likely exert even more pressure on the child. [John prophetically wrote this prior to the father's filing in April with the US Supreme Court of a request for its review of the case, called a petition for certiorari.]

I grieve that the Court mentioned only the child's right to be heard, but did not recognize its paramount duty to protect him. As a father myself, I know this child must already be seriously damaged from this acrimonious di-

vorce.

The child has likely been so heavily lobbied by the father that it will be hard for him to determine his own desires. Certainly a child of thirteen cannot be expected to know his lifetime needs. Thus he should be able to have his cake and eat it too: express an opinion, but be protected by the Court if he sides with the custodial father.

The father has petitioned for reconsideration on the interesting grounds that the Supreme Court gave no guidance about what will occur if the child is ambivalent or reluctant to choose. (Interestingly, that argument seems to signal the child has a mind of his own and may not automatically fall in behind his father.)

*John Geisheker, Esq.
Executive Director
Doctors Opposing Circumcision*

Executive Director's Message

Hello again, friends, colleagues and supporters. Apologies for the unintended delay since our last newsletter. We have been swept up in applying for conferences, responding to the HIV furor, an unprecedented level of writing and publishing, and some exciting new projects which I hope to be able to discuss before the year is out.

As Dickens wrote in opening his *Tale of Two Cities*, it is the best of times and the worst of times. The worst, in that all of us working to protect children's right to bodily integrity have had to divert valuable resources to a battle that should have never had to be fought: the struggle to rebut absurd claims that amputating functional tissue can help stop HIV and AIDS. This has been undeniably frustrating and I think in the literal sense, at least a minor setback for the movement.

But I think the larger picture shows very good times. The anti-foreskin forces are inadvertently providing us with some new weapons. Even some of the seemingly most devoted circumcision fans have been forced to concede, as Kristine Johnson found herself compelled to admit in her recent article in *Current Infectious Disease Reports*,

that the applicability of the three randomized controlled trials (RCT's) to a general African population has not been demonstrated and certainly any relevance to developed countries remains highly speculative at best. While the inevitable ups and downs occur, the general trend continues to be higher rates of leaving children's bodies intact. Here in the West, locker room arguments cannot now, and probably never can again be invoked by those who wish to justify foreskin removal.

I just came back from presenting a paper over-viewing the history of male genital integrity and then participating on a speakers' panel at a groundbreaking conference ("Genital Cutting in a Global Age") held at the Royal Society of Medicine, which published the 2005 article by Robert Van Howe and myself on HIV and circumcision. The conference brought together activists on all types of genital cutting—transsexual surgery, intersex surgery, the recent trend of elective cosmetic surgery on female genitalia among Western women, female genital cutting, and male genital cutting. The largely European audience was extremely receptive to our message. On a subsequent panel discussion, Efua Dorkenoo, O.B.E. (Order of the British Empire, a highly prestigious distinction), forthrightly conceded that activists against female genital cutting generally support intactivism. She added that foreskin protection was separated from the agenda of the anti-FGC movement solely due to a tactical decision that including it would render the battle to protect females more problematic.

This issue includes an update on some favorable legal successes by



Sarita, Steven and Eli

David Llewellyn, as well as reports and photographs from Genital Integrity Awareness Week, held in Washington, DC the first weekend in April. Also in-

cluded are a number of perspectives on the important Oregon case, in which, as many of you will already know by now, the Oregon Supreme Court recently overturned the decisions of the lower courts and returned the case to the trial court, mandating that in the



Steven in front of Royal Society of Medicine in London prior to his presentation on genital integrity, July 4, 2008

retrial, the wishes of the boy (now thirteen years of age) be considered. Although strictly speaking, the Oregon Supreme Court did not squarely address the merits of genital integrity, nevertheless this is a highly favorable development. This represents the most important legal precedent to date relating to genital integrity and the case turned out as well as it possibly could have.

Our next issue will be out in time for the NOCIRC Symposium, to be held in Keele, England from September 4-6. It will include a wonderful autobiographical article by registered nurse and intactivist Gillian Longley, a piece on Latinos and genital integrity by California State Fullerton Chicano and Chicana Studies Professor Alexandro Gradilla, a full report on the London conference, and a review of Bettina Shell-Duncan and Ylva Hernlund's groundbreaking book on female genital cutting, in which intactivism is favorably discussed. We hope to see many old friends and new faces in Keele. If at all possible, please make plans to attend.

Until next time, my thanks to everyone for the many ways in which you help to advance the movement and protect children. Enjoy the summer!

Book Review

Children's Genitals Under the Knife. By Hanny Lightfoot-Klein. Charleston, South Carolina: BookSurge Publishing, 2007. www.booksurge.com. 201 pages. No price on book cover but website gives price as \$20.00.

Review by J. Steven Svoboda.

Hanny Lightfoot-Klein is one of the seven wonders of the 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 *Children's Genitals Under the Knife*.

Some readers who do not know Lightfoot-Klein's previous work may be wondering what could be left to say in a third book on the same topic. Yet *Children's Genitals Under the Knife* offers its own uniquely panoramic, idiosyncratic perspective.

Prisoners of Ritual primarily examined 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 Lightfoot-Klein's personal growth and development. While never departing from being a book about genital cutting, *Children's Genitals Under the Knife* 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.

Lightfoot-Klein 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 Lightfoot-Klein 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 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 blight the face of this earth. 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 to the listener: "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." The author 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. Lightfoot-Klein contextualizes genital cutting within an interrelated skein of perspectives, while at the same time offering hope through her nearly fifty-page section collecting many different examples of positive change evolving due to activism by folks like (and unlike) you and me. You can't afford *not* to accept the author's offer to travel with her on the complicated, at times grim, but ultimately inspiring journey she offers us.

ARC Letter to Sun Published

ARC's letter to the Sun Magazine was published in the June 2008 issue, without mentioning ARC and with some minor changes. Here is the version they published:

I was surprised by the normally levelheaded Krista Bremer's misleading attempt to justify her husband Ismail's circumcision of their son. Contrary to Bremer's suggestion, her son, having lost his foreskin, is by definition no longer intact.

Why did Ismail, who rejected virtually all other trappings of his Muslim

religion, nevertheless insisting on cutting his newborn son? Why forcibly mark his boy with a sign of his religion when the son may turn out to be as freethinking as his father and move even farther away from Islam?

Circumcision amputates functional tissue serving three critical functions: immunological (helps defend the body against infection), protective (safeguards the glans and the rest of the penis) and erogenous. Yet circumcision continues to be the most common surgical operation performed on males in this country, and the only procedure performed on children without medical justification.

J. Steven Svoboda
Berkeley, California

Male Circumcision Ineffective in HIV Battle

By ICGI

Yahoo News
May 6, 2008
www.yahoo.com

Promoting male circumcision in Africa is risky and dangerous and could lead to more HIV infections, warns a new paper published in the May issue of *Future HIV Therapy*.

Lead author Dr. Lawrence Green says, "Having served on both the US Preventive Services Task Force and the Community Preventive Services Task Force, which do systematic reviews of research to arrive at government-supported evidence-based guidelines for practice, I believe the African studies on the basis of which some are promoting circumcision as HIV prevention would be classified at best as 'insufficient evidence' by both panels."

"Promoting circumcision will drain millions, possibly billions, of dollars away from more effective prevention strategies," cautions co-author John Travis, MD, "and cause tens of thousands of infections and other surgical complications, further straining an already overwhelmed healthcare system and undermining the current ABC (abstinence, be faithful, and use condoms) campaigns by creating a false

sense of immunity and increasing risk-taking behaviors. African males are already lining up to be circumcised, believing that they will no longer need to wear condoms, and this is a serious concern."

Travis says, "The African studies were conducted in atypically sanitary clinics with highly skilled operators and cannot be extrapolated to the general population. The studies have been criticized for their poor science including: the men were paid to be circumcised, received free condoms and extensive education, and the studies were halted after only 21 to 24 month periods."

During the course of these studies, 77 fewer circumcised than uncircumcised males contracted HIV; however, the circumcised group needed to refrain from sex to recoup from surgery, and they were receiving extensive monitoring and counseling about sexual behavior. Also, hundreds of study participants were lost to follow-up. "There is not enough evidence to conclude circumcision would offer any real long-term benefit in the HIV battle. Even if circumcision did reduce the risk of HIV infections, condoms and safe-sex practices are still far more effective. If an individual is engaging in high-risk behavior, he and his partner are at risk, regardless of whether he is circumcised or not."

The paper also cautions against neonatal circumcision for HIV prevention, stating it is unethical to circumcise an infant for a possible benefit 15–20 years later, if at all, to reduce the risk of contracting an adult-acquired disease for which there are far more effective prevention strategies available.

Circumcision proponents, hailing from English-speaking countries, have been intensely lobbying world health agencies to adopt male circumcision as an additional HIV-prevention tool based on the release of three African randomized clinical trials reporting reduced HIV infections during their study periods.

Many sources of data contradict the claim that circumcision protects against HIV. The United States has one of the highest rates of circumcision and HIV

infection in the developed world. European nations, which rarely practice circumcision, have very low rates of HIV. Numerous regions in Africa show higher rates of HIV in circumcised populations compared to uncircumcised populations. For example, 2004 data from Lesotho show HIV infection of 15 percent for uncircumcised males and 23 percent for circumcised males. A 2007 study showed that, once commercial sex worker patterns were taken into consideration, circumcision status was irrelevant in HIV infection rates.

Is Circumcision Another Form of Genital Mutilation?

By Tim King

Salem News
January 15, 2008
www.salem-news.com

Legislation could change the future of American males.

(SAN DIEGO, Calif.) - Circumcision is flying to the front of medical and political arguments as Americans face the idea that we as a society may be gravely in error in our choice to allow doctors to complete circumcisions of young boys, particularly those just born which is the common approach in most cases.

Experts on both sides of the argument are esteemed researchers, but a closer look at what circumcision really brings us: campaigns for Viagra and a lack of sexual satisfaction in men, shows that it may be among our worst and most cruel cultural practices.

Talk about a subject that takes people out of their comfort zone. It is hard to learn that your life is not what it was really meant to be, that everything about our sexual lives is impacted by the fact that part of us was cut off and tossed when we were infants, without a voice to complain.

Now the movement is stepping forward with legislation that would curb or end the practice in our hospitals. The MGM Bill to End Male Genital Mutilation in the U.S. could change the way our society treats its young boys.

"The legislation that we are propos-

ing would give boys the same protection from genital cutting that girls have enjoyed since 1997," said Matthew Hess, the group's president. "Circumcision removes erogenous tissue in both sexes and results in a measurable loss of sexual feeling. It is a traumatic and disfiguring surgery that should not be performed on children unless there is a clear, compelling, and immediate medical need - period."

Hess says genital cutting of girls has been prohibited in the U.S. since 1997 when the Female Genital Mutilation Act took effect, requiring women to be eighteen years old before consenting to any type of genital surgery. The law has been credited with helping to keep forced female circumcision from spreading to the U.S. from Africa and the Middle East, where it is much more common.

Boys were not included in the law, however, and as a result circumcision is still performed on nearly 60% of U.S. newborn males by physicians, religious practitioners, or family members.

A Frankfurt, Germany, regional appeals court pushed circumcision further into the legal gray area recently when it found that the circumcision of an 11-year-old Muslim boy without his approval was an unlawful personal injury. And in November, the Oregon Supreme Court heard a case filed by the mother of a 12-year-old boy trying to protect him from being circumcised by his father for religious reasons. (Oregon Courts Have No Right to Force Circumcision) The court's decision on the Oregon case is pending.

Anti-circumcision advocates say the latest blow comes from a Johns Hopkins University report that suggests men who are circumcised are at less risk of contracting the AIDS virus. People who have studied the subject for years, like Marilyn Milos in San Francisco with the National Organization of Circumcision Information Resource Centers, call the information into question and believe it is a death sentence for many.

"People aren't going to stop getting AIDS because they're circumcised. This gives false hope and it isn't re-

sponsible information for medical professionals to be putting out there."

It does seem like an overly optimistic thought to suggest that a man could have unprotected sex with a person who has AIDS without protection and somehow avoid getting sick because his foreskin is removed.

The conservative press group Voices of America published the article about circumcision and AIDS yesterday, this is the opening paragraph: "*Epidemiologist Ronald Gray from the Johns Hopkins School of Public Health led the original studies looking at circumcision and HIV risk. In order to convince skeptical men, he says they needed to know if men would be willing to be circumcised and what it would do to sexual performance and satisfaction.*"

Perhaps the word "*convince*" says it all. Doctors make money from circumcising young male children.

If you jump past the Biblical origination of the story and flash forward about 1850 years, you learn that Jewish people were actually scorned for their circumcisions in most western societies. But then a belief developed in England that circumcising boys would reduce masturbation. That is all it took, along with the money the practice represents for European and American doctors and hospitals.

Marilyn Milos cites other developments over the years including locker room phobia, largely eliminated now as most west coast states are shying away from forcing young students to disrobe in front of one another.

This practice according to Milos, reduces the feeling that men experience during sex. That diminished quality has lifetime implications. She says it is that diminished feeling that leads to men seeking cures for erectile dysfunction.

She says pro-circumcision advocates also released through medical journals decades ago, a connection between uncircumcised men and penile cancer, which was proven to be false information. Instead, she says that in the case of many circumcised men who contract penile cancer, it begins at their

circumcision scar.

This is a subject just gaining momentum in this country and it isn't likely to lose steam as parents and others become increasingly aware of a number of problems associated with the practice. The online dictionary Wikipedia clearly defines the practice of circumcision as mutilation.

Wikipedia states, "Mutilation is an act or physical injury that degrades the appearance or function of the (human) body, usually without causing death." Circumcision is listed alongside burning and amputation, as a form of mutilation or maiming.

Psychology Publication

The Psychology Today "Head 2 Head" piece I wrote has been published in their June issue. The piece is titled, "Making the Cut: Infant Circumcision: Do Parents Know Best?" It is formatted with an interesting introductory blurb by Matthew Hutson that tries to straddle the fence but does end by mentioning "intactivists" and by noting that the rate in the US has dropped from "nearly 90 percent to about 50."

Following is the question, "Is infant circumcision a violation of a child's rights?" The "no" answer is provided by a man "circumcised at 25 for better hygiene" who "wished it had been at birth" and yet refused to give his real name! I wrote the "yes" answer, which was edited from the requested 150 words down to 84 words. This is the version they printed:

Circumcision is a procedure that medical associations worldwide agree is not justified. It is a culturally sanctioned cosmetic amputation. Circumcision forever excises a normal body part with several functions: protecting the penis, enhancing the body's immunological resources, and providing specialized erogenous tissue. Parents cannot really know what their son would want, so the best decision is to leave the healthy foreskin alone. For parents to take away so intimate a part of their son's body without his consent, barring true medical need, is wrong.

- Steven Svoboda is the founder of Attorneys for the Rights of the Child

Court Rejects Mother's Suit Over Son's Circumcision

By Emily Gurnon

*Pioneer Press
February 5, 2008*

www.twincities.com

A mother cannot sue Unity Hospital in Fridley and one of its doctors because she didn't like the way her baby's circumcision looked, the Minnesota Court of Appeals ruled Tuesday.

The mother indicated on a form during a prenatal appointment that the baby should be circumcised, according to the opinion.

When the boy was born Jan. 21, 2000, at Unity Hospital, the obstetrician on call, Dr. Steven Berestka, performed the surgery on the boy - removing "the most erogenous tissue," the mother contends - without consulting either parent.

Both mother and father - Dawn and David Nelson - were unhappy with the result.

Representing the mother and the child was Zenas Baer, 56, an attorney in northwestern Minnesota who "contributes substantial amounts of time to ending the barbaric practice of routine infant male circumcision worldwide, insuring genital integrity for all citizens of the world," according to his firm's Web site.

Baer said he was disappointed in the appeals court's decision and the way it characterized the issues in the case. "Federal regulations specifically state that before any surgery takes place, there has to be a signed informed consent in the patient's chart," he said.

The fact that the mother may or may not have checked off "yes" on a prenatal form regarding circumcision is beside the point, he said.

Even if she did, "isn't the mom allowed to change her mind?" her attorney asked.

The case is also about the broader issue of circumcision - a cosmetic, not a medical, procedure, Baer said.

"If you're in there for cosmetic surgery, the child or the patient ought to know what is being done," he said.

The plaintiffs initially sued the doctor, alleging assault and battery and negligence, as well as the hospital. The claim against the doctor was settled separately.

The claims against Unity Hospital and its parent company, Allina Health System, went forward. Dawn Nelson alleged the hospital had a duty to verify that the doctor had obtained informed consent for the surgery. And she claimed the hospital had been deceptive or misleading in its policy on informed consent.

At the time of the circumcision, Unity required doctors to get informed consent for all surgical procedures that modified a patient's body, the ruling said. It also required written verification of that consent.

But the hospital had decided several months earlier to exempt circumcisions from the written verification requirement.

A Hennepin County judge ruled that Unity had no duty to ensure that Berestka had obtained informed consent. The judge also ruled that the plaintiffs had not shown the hospital to be deceptive or misleading when it revised the policy.

The appellate court agreed, ruling that the lower court was correct to dismiss the case.

As for the child, another surgeon "performed a revision for cosmetic purposes" shortly after the initial circumcision, the ruling said.

Mark Whitmore, the attorney for Allina, said the company was pleased with the ruling.

South Africa: Son Takes Father To Court Over Forced Initiation

*Cape Times
January 24, 2008
www.capetimes.co.za*

JOHANNESBURG: A young Christian man is taking his father to court to demand an apology for compelling him to attend an initiation school, Dispatch Online reported yesterday.

It said Bonani Yamani, 19, wanted

the Bisho Equality Court to order his father, Lindile Yamani, traditional leaders and government to apologize to him.

He is assisted by Justice Alliance of SA, a Cape Town-based organisation describing itself as "a coalition committed to the highest moral values".

Bonani claims he was forcefully circumcised after his father and about 10 other men abducted him in the early hours of March 3 last year, three months after he had been circumcised at Frere Hospital in November 2006.

Bonani's father said he was entitled to have his son circumcised while he lived under his roof.

Male Circumcision No Aid to Women in Study

By Lawrence K. Altman

New York Times
February 4, 2008
www.nytimes.com

BOSTON — A number of studies showing that circumcision among men reduces their risk of infection from the AIDS virus has raised the hope that the procedure would also benefit their female sexual partners.

But the expectations were challenged Sunday by a new study showing that male circumcision conferred no indirect benefit to the female partners and, indeed, increased the risk if the couples resumed sex before the circumcision wound was fully healed, usually in about a month.

The study did confirm the benefit of male circumcision in lowering the incidence of herpes and other genital ulcers among men.

Findings of the study, which was conducted in an area of high incidence of H.I.V., the AIDS virus, were reported at the 15th Conference on Retroviruses and Opportunistic Infections. Although the findings did not reach statistical significance, they still underscore the need for more effective education among men who undergo circumcision and their female partners, the authors of the study said.

The study — conducted by the same team of researchers from Johns Hopkins and Uganda who had shown circumcision's benefits among men in earlier studies — is believed to be the first clinical trial to provide scientific data on the effects on women of circumcision in their male partners.

For many years, epidemiologists observed that the incidence of AIDS was higher in areas of Africa where men were not circumcised and lower in areas where men were circumcised. But many scientists were skeptical that circumcision played a role in acquiring H.I.V. Then in recent years, three scientifically controlled studies in Kenya, South Africa and Uganda convinced the skeptics by showing that male circumcision could reduce the risk of H.I.V. infection by 50 percent to 60 percent.

Although circumcision is no cure-all, the World Health Organization endorsed the procedure last year, increasing demand for it among men in many areas of Africa. When trained workers performed the procedure, the incidence of infection and mishap is much lower than when traditional ritual circumcisers perform it.

Male circumcision took on new importance because of the failure of scientists to develop a vaccine to prevent AIDS. The success rates of male circumcision were high enough for many AIDS experts to call the procedure a virtual "vaccine."

Some AIDS experts also said there were strong indications that male circumcision of infected men also protects their sexual partners.

"Some infected men inevitably will seek circumcision because it leaves a physical mark" that would remove the stigma of being infected, Dr. Maria Wawer of Johns Hopkins, a co-author of the study, said at a news conference. Also, if fewer men became infected because they got circumcised, that could provide a benefit to their sexual partners, said another author, Dr. David Serwadda of Makerere University in Kampala.

In the study reported here, all the men and women agreed in writing to

participate after they were informed about other ways to prevent H.I.V. infection, wound care and abstention from sex after the surgical circumcision. The men were offered free condoms and the couples were counseled and tested for H.I.V. There were 1,015 H.I.V.-infected men who agreed to having circumcision immediately or waiting two years for purposes of a scientific control group. The timing was chosen at random, researchers said. The 770 married men were asked to invite their spouses to participate in the study, and 566 did. Among the women, 245, or 43 percent, were not H.I.V. infected. The analysis focused on the 161 couples who enrolled at the same time and in which the men were infected but their spouses were not.

There were 93 couples in the group where the man had an immediate circumcision and 68 in the control group where the man delayed having the procedure for two years. In both groups, the incidence of infection was highest in the first six-month follow-up period, 27.3 in the immediate group and 17.8 in the delayed one.

The incidence declined for the rest of the study period, 5.7 in the immediate group compared with 4.1 in the delayed group.

The higher incidence was found among the couples who resumed sexual intercourse more than five days earlier than a trained health professional certified the circumcision wound had healed fully compared with the couples who resumed intercourse within five days of certified circumcision wound healing. Dr. Wawer said in an interview that because the numbers in the study were small and the results not statistically significant, additional studies were needed to determine more precisely potential benefits among men and women as well as ways to reduce potential risks associated with early resumption of sex.

Rates of condom use, vaginosis (a bacterial vaginal infection), vaginal discharge, painful urination and infection of the genital-urinary tract were about the same among women in each group.

Southern Australia to Ban Most Circumcisions in State Hospitals

By Jill Pengelley

News Limited [Australia]
November 12, 2007
www.news.com.au

Circumcision will be banned in the state's public hospitals unless it is for medical reasons.

Health Minister John Hill today will announce an immediate ban on "cosmetic" circumcision.

"The Health Department has a responsibility to ensure access to elective surgery is based on sound medical reasons," he said yesterday. "Cosmetic procedures such as liposuction, facelifts and male circumcision will only be provided if assessed and justified on true clinical grounds.

"This will improve the demand on beds, clinical resources and theatre time."

In the past financial year, 274 circumcisions were performed on children in the state's public hospitals. SA is the last state to take a stand against circumcision. "Both nationally and overseas, doctors agree there is no medical benefit to routine circumcision with the procedure as low as 2 per cent in the UK," Mr Hill said.

"Parents who wish to have their son circumcised can still have the procedure done in private hospitals or private day centres."

Australian Medical Association state president Peter Ford said circumcision was controversial and it was "not unreasonable" that other procedures take priority in a system under pressure.

Patients already on the waiting list will still be able to have the surgery in the public system but anyone not allocated an appointment will not be eligible.

Other procedures to be banned include breast enlargement or reduction, penile implant, hair transplant, facelift, gender re-assignment surgery and sterilisation reversal.

Queen Elizabeth Hospital surgery

director Guy Maddern said it was 30 years or more since most purely cosmetic work had been performed in public hospitals.

"It's making it clear that operations will not be offered for cosmetic reasons but only for medically indicated reasons,"

Gynecologist Accused of Mutilating, Abusing Hundreds of Women

Fox News
February 25, 2008
FoxNews.com

Australian police have launched an investigation into the rogue doctor, known as the Butcher of Bega, who is accused of mutilating and sexually abusing hundreds of women.

As ex-doctor Graeme Reeves, of Castle Hill, New South Wales, went into hiding Monday, *The Daily Telegraph* can reveal that other doctors accused of serious misconduct, including removing the wrong breast from a cancer victim, continue to practice.

Police Commissioner Andrew Scipione's office confirmed allegations made against Graeme Reeves by hundreds of women across the state was likely to be referred to the state crime command.

As many as 500 of his female patients have come forward with complaints that Reeves sexually assaulted them or mutilated their genitals during operations performed when he was illegally practicing as an obstetrician on the South Coast.

The police investigation comes 11 years after the state's medical watchdog was first told Reeves' treatment of one patient led to her death, in another case a baby died and the life of another patient was endangered.

Carolyn Dewaegeneire, a patient who broke her silence on a national TV news program last week, was admitted to Pambula Hospital on August 2002 to have a minor lesion removed from her labia.

Before she lost consciousness to a general anesthetic, she said Reeves leaned over and whispered in her ear: "I'm going to take your clitoris, too."

After the operation she discovered

all her external genitalia had been cut off her body. It is alleged Reeves later boasted of removing "all the fun bits" — and said she wouldn't need them as her husband had died.

In 1997, the Professional Standards Committee did not strike him off but banned him from being an obstetrician. When he was struck off in 2004 by the Medical Tribunal, it was still not for malpractice but for breaching orders he not work as an obstetrician.

The Health Care Complaints Commission, which investigates complaints against doctors, revealed Monday it had the power to refer doctors to the NSW Director of Public Prosecutions but decided against it in the case of Reeves.

"An assessment was made that it was appropriate a complaint be referred to the Medical Board for possible de-registration," HCCC executive officer Kim Swan said.

Bega MP Andrew Constance has called for an independent inquiry into the complaints procedures against doctors, particularly Reeves who worked at Bega and Pambula Hospitals in 2002.

Since 2003, the HCCC has referred 104 doctors to the Medical Tribunal but only six related to medical mistreatment, an investigation by *The Daily Telegraph* has revealed. Most involved over-prescription or misuse of drugs or having sex with patients.

Other cases where doctors have continued to practice include a doctor jailed for possessing child pornography, another jailed for having an arsenal of unregistered firearms and one who performed botched circumcisions on babies.

Medical Error Action Group founder Lorraine Long accused the HCCC and Medical Tribunal of taking the easy option.

"It's incredibly difficult to get a decision that will get rid of the doctor," she said.

"We advise victims not to go to the Medical Board. Go to us or go to the police. They [the Medical Board] are more worried about their reputation than the patient."