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**Section 1:  
Special Report**

**How I Became an Intactivist**

*By Karen Glennon*

I must have been in my teen years when I learned what circumcision was. I remember thinking it was odd to do that to a baby. It just seemed wrong. Why would a baby be born wrong – such that he needed something cut off to carry on in the world?



*Karen Glennon and son Carter*

Any practical knowledge I gained as a youngster about sex and anatomy came from health class in school, one conversation with my mother and personal experimentation. Our household was not one of comfortable

conversation, healthy body images and trust in my parents. Nudity never happened and sex was a forbidden topic.

When I got out into the world on my own, my inquiring mind frequently brought me to independent bookstores. It was in such a place that I found a copy of Jim Bigelow's book *The Joy of Uncircumcising*. While skimming through it, I formed my first solid understanding of the damage of circumcision and how wrong it is.

I was years away from having children and involved in finding my own path through the world. While I questioned many things at this stage in my life, circumcision was not a frequent subject of thought.

In 1998, I met my husband. On our first date, I asked him what he thought

about having children. The look on his face as he froze was priceless, the forkful of linguine suspended halfway towards his mouth. He paused a second and said "They're a great excuse to buy toys." I liked his wit! It wasn't long before I realized we shared many of the same ideas and I began to ask him questions about issues that are important to me. We talked about birth, hospitals, nursing, and co-sleeping. I will never forget the moment I asked him, "What do you think about circumcision?" His response: "Hell no, no way would I do that to a child and frankly, I'd like mine back!" It was such a remarkable moment for me because it was the issue that showed me I had found THE guy. We were married in September of 2000. I became pregnant with our first baby in the autumn of 2001.

Some bad medical experiences while I was hospitalized as a very sick 4-5-year old have left me with a lifelong skepticism and distrust of the medical community. (I had a misdiagnosed kidney infection that was properly sorted out by a small-town family doctor when I left the care of military physicians upon my father's retirement from the Navy.) While my young hospital experience was not fun, it has been one of my life blessings as it caused me to see the need to be an educated medical consumer.

I spent my whole pregnancy and the next three years researching childhood vaccinations – prompted by my nephew's adverse reaction. *Mothering Magazine* has been a leading publication discussing vaccine issues, something I knew as I had been reading it on and off since I was nineteen years old. I joined the Internet age after getting married and sought out *Mothering* as a resource and discovered their online discussion community. I ventured out of the Vaccination Forum into other areas of the site and discovered the efforts being put forth to educate parents in the forum *The Case Against*

Circumcision. I was asked to be a moderator for the community in November 2004 and did so until February 2009, when family life got too busy for me to continue. I helped with a few different forums while there, but the circumcision forum was my real home. I have to credit the existence of Mothering's online community and the work of the membership there for lighting the intactivist spark in me. I have always opposed circumcision. I just knew instinctively that it was wrong. It wasn't until I read the science and considered the human rights issues that I felt moved to move beyond disagreeing with it and knowing I'd never request it for my child to wanting to teach others.

I am immensely inspired by the efforts of David Wilson, who for 17 consecutive years, has organized the Genital Integrity Awareness Week (GIAW) demonstration in Washington, D.C. Going to D.C. to attend this event has given me an avenue to teach others. I have attended this event for the past four years. It is very interesting talking face to face with the general public! I hope to continue being present for this every year and I look forward to being able to be there for more days of the week as our children get a little older.

After the birth of our two daughters,

after seeing their perfection and their innocence, their helplessness and their vulnerability – after having the mother awakened in me – I thought I really understood the violation of circumcision. I was wrong.

In May 2008, our third child was born – a boy.

I attended the 2009 GIAW demonstration with my baby boy in arms. At this demonstration, a gathering was held to honor the work of three very dedicated and courageous people in this movement: Marilyn Milos, Hanny Lightfoot-Klein and Soraya Mire. During this event, James Loewen showed a video history of the intactivist movement that he had created. I have never wished to watch a circumcision video. I have never been able to look directly into the face of a baby experiencing circumcision violence, even a still photograph. Watching this well crafted documentary, I saw some images that caught my eye before I could look away. I was overcome with emotion and an ache in my heart! Tears of pain fell down my cheeks. What I had saved my son from became clear to me in a way that it was not back when I was the mother only of girls.

I returned to our hotel room and picked up our sleeping son from the crook of his daddy's arm because I needed to hold him. I needed to feel his breath, to see his chest rise and fall with each sleepy breath, to sniff the nape of his neck and draw in the distinctive scent of my baby. I needed to hold the boy I saved from this horror and weep for those who were not saved, especially my dear husband.

Having a boy has changed how I view this issue. I became very moved when I became a mother to girls, but nothing prepared me for how personal it became when I had my own baby boy. When I held his little body, saw his perfection and looked into his eyes, the matter of circumcision became personal in a way it had never been before, in a way it could never have been before. Knowing that I have protected him in this way is profound to me. Protecting him in this way is my obligation to him, but I see it as a gift to all humans that he will touch in his life.

He will not carry the physiological memory of the pain of circumcision. He will not grow up sexually wounded. He will not grow up experiencing the violation of his first relationship of trust – with his parents. He will not grow up and want to perpetuate this pain upon his own son. For this I am grateful.

The pain of circumcision ripples out in so many directions. First harmed is the baby boy. Next is the mother-child bond. For those of us who understand this issue, I doubt that it is ever far from our minds. I know that when I see a baby boy, my first thought is "I wonder if he's intact?" I have an acquaintance that has two circumcised boys. I never see those children without getting a visual image of them on a circumstraint. On the flip side, when I meet a man from an intact culture, I consciously think, "I bet he's intact!" While this is such a painful issue to be informed about, it also presented opportunities for me to educate and to help people. When someone "gets" the issue, it is a wonderful feeling.

Every spring, my trip to the west lawn of the nation's Capitol for Genital Integrity Awareness Week renews me. One can have a great impact via various Internet avenues, but talking to people face to face allows you to see the facial expressions and the body language and to understand the audience in a personal manner. The people we talk to are as diverse as you can imagine and so are their reactions. We see hostility and utter denial, complete support and everything in between. In general, a mother who has circumcised a son and older circumcised men have an impenetrable wall of denial. In contrast to that, it is remarkable how quickly the youth "get it." In a three-to five-minute chat covering the sexual function and impact, the lack of equal protection, bodily integrity, and the medical ethics, we can take a group of young people from ignorance to agreement. I am amazed how fast a young man who is a victim of circumcision can process this information in an understanding way. I have high hopes that the current late teens and young twenty-somethings, our future parents, will leave their children intact,

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Associates of Attorneys for Rights of the Child receive no compensation. All contributions are tax deductible and go directly towards paying the expenses of protecting children's genital integrity.

Your comments regarding the ARC  
Newsletter and its contents are welcomed.  
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regardless of their own circumcision status. In the spirit of those high hopes and for all the boys and men who were not saved, I will continue to speak out and educate.

**Section 2:  
Massachusetts MGM Bill**

ARC submitted comments to the Massachusetts Committee on the Judiciary regarding then pending Senate Bill No. 1777, which would outlaw genital mutilation of males and females. (There is no current state law in Massachusetts relating to FGM.) A copy of the legislation can be found at <http://www.mass.gov/legis/bills/senate/186/st01/st01777.htm>. The Committee's hearing took place on March 2. As discussed elsewhere in this Newsletter, the bill was unanimously rejected, even by the bill's sponsor.

Thanks to MGMBill and Matthew Hess for leading this initiative.

Steven Svoboda  
Attorneys for the Rights of the Child

**Massachusetts's Senators and  
Representatives Must Protect  
Boys and Girls**

*ARC Testimony to Massachusetts Joint Committee on the Judiciary Regarding Senate Bill No. 1777*

**Introduction**

We understand that Massachusetts's Senators are currently considering legislation, Senate Bill No. 1777, which would ban female genital mutilation (FGM) and male genital mutilation (MGM).

As a non-profit educational organization devoted to educating the American public about the importance of protecting the bodily integrity of all children, we are heartened that Massachusetts is considering passing a bill to safeguard the welfare of boys and girls.

Senate Bill No. 1777 laudably addresses both FGM and MGM, regarding both of which numerous reasons for concern exist.

**1. Reasons for Strong Concern with  
FGM and MGM**

The harm caused by FGM is well-documented and well-known. Proven sequelae of FGM include clitoral cysts, labial adhesions, urinary tract infections, kidney dysfunction, sterility, and loss of sexual feeling. "Immediate complications... include haemorrhage, infection, tetanus and trauma to adjacent tissues, septicemia, shock and death. Long-term complications include impaired urinary and menstrual function, vaginal stenosis, chronic genital pain. . . , cysts, neuromas, ulcers, infertility and incontinence. . ."

The parallel harm caused by MGM has become increasingly well-understood. The harm circumcision causes to babies by the severe levels of pain has been convincingly proven. Concrete medical evidence demonstrates that relative to an adult, the circumcision experience is significantly more traumatizing to an infant, who has not yet developed methods to cope with pain and whose neurological pathways are not yet fully developed. The level of adrenal cortisol response to the pain and stress of the procedure exceeds the response to blood sampling or injections and is not significantly reduced even by application of an anesthetic. This pain in turn causes permanent and irreversible changes in the developing brain, changing brain physiology. The psychological impacts of MGM are well documented.

In a widely noted article, three researchers found that an average circumcision removes 51% of a male's genital skin sheath and also a highly significant number of nerve endings including extremely specialized tissue unique to that part of the body and fundamental to human sexual response. Complications, which include deaths and loss of the entire penis, occur with a frequency of between 2-5% or more depending on the definition applied. An estimated 100 deaths occur annually in the United States as a result of this medically unjustified procedure.

An important study published in 2007 by the prestigious BJU International demonstrates that circumcision removes the most sensitive portions of

the penis, sentencing its victims to a lifetime of sensory deprivation. The more tissue excised, the greater the damage to the penis and the greater the effect on sexual functioning and capability. A severe circumcision will render erections painful or even impossible.

No medical association that has issued a policy on MGC, including the American Academy of Pediatrics and the American Medical Association, has found sufficient "potential benefits" to justify the procedure. Thus, the procedure causes serious harm and lacks medical justification.

In an era of sharply rising health care costs, public health care dollars are scarcer than ever before. Realistically, every dollar spent on one issue takes a dollar away from another place that money could have been spent. It is therefore imperative that no taxpayer money be squandered on procedures without a benefit significantly greater than their cost. Male circumcision clearly fails under this criterion. For that reason, in recent years, no fewer than ten states have decided to "just say no" to public Medicaid funding for the procedure, adding their number to the six other states that previously did not fund male circumcision.

**2. Proposed Legislation Properly  
Protects Boys and Girls**

Senate Bill No. 1777 properly protects both boys and girls from genital mutilation. To do otherwise would violate equal protection. Several authors have noted the necessity of addressing both practices on the same footing. Sirkuu Hellsten concludes that "both male and female genital mutilation, particularly when performed on infants or defenseless small children ... can be clearly condemned as a violation of children's rights." Fadwa El Guindi reaches a similar conclusion: "In considering circumcision, we must include male and female forms in the same discussion. . . " Sami A. Aldeeb Abu-Sahlieh agrees. "The right to physical integrity is a principle. We must accept or reject genital cutting in totality. If we accept this principle, we must refrain from cutting of children's genitals regardless of their sex, their religion, or their

culture.”

### 3. Conclusion

Massachusetts Senators should protect both male and female babies by passing Senate Bill No. 1777. Genital mutilation causes lasting and severe harm to the boys and girls who are compelled to have the procedure performed on their bodies. Important studies documenting the substantial losses circumcision produces have recently appeared. The currently proposed legislation would advance justice and conserve scarce taxpayer and government resources. Just say yes to protecting all babies!

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#### A Bird's Eye View of the Hearing On the Massachusetts Bill to Outlaw Genital Mutilation

*Peter W. Adler, MA, JD*

*Legal Analyst*

*Attorneys for the Rights of the Child*

On March 2, 2010, the Judiciary Committee of the Massachusetts legislature held a public hearing on the “Massachusetts State Prohibition of Genital Mutilation Act”. The co-Chairs of the Committee attended the full hearing, which lasted several hours, while many other legislators were absent or, in some cases, represented by assistants.

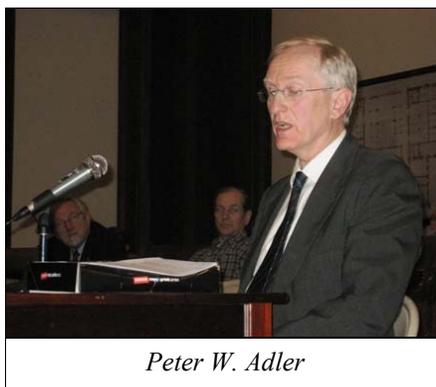
The bill proposed to make it a criminal offense to cut any part of the genitals of a minor except when medically necessary. Eighteen people spoke in favor of the bill, and an additional 500 people submitted supporting materials to the legislators. Three people testified against the bill.

#### Supporters

The national organization MGMBill.org drafted the legislation. Its representative, Matthew Hess, told the legislators that a 1996 federal law made female genital cutting illegal, and that 14 states have enacted similar statutes. He said that the pending bill, which his organization has also filed in Congress and 44 other states, is gender neutral, and thus would ban male genital cutting or circumcision as well. Mr. Hess said that it is well-documented that the circumcision of boys, like girls, is unnecessary, dangerous, and causes

physical and emotional harm. He argued that boys have a constitutional right to the same protection that the law provides to girls.

Charles Antonelli, the bill's sponsor, said that although circumcision is an uncomfortable topic, it must be discussed openly. He testified that the procedure amputates a large, healthy, erogenous body part with about 20,000 specialized nerve endings, leads to an unfulfilled sex life, and is assault and genital mutilation. He said, “It's obvious that our culture is destined to continue this immoral and unethical practice unless the government steps in to protect its most precious and delicate citizens.”



*Peter W. Adler*

An attorney and the Executive Director of Intact America, Georganne Chapin, testified that the U.S. is the only Western country to circumcise boys routinely and that no medical association in the world recommends it. She said it is “unethical at its core” for doctors to remove a healthy, functional body part from infant patients in a painful, risky procedure without their consent. She argued that we do not remove other body parts that might years later become diseased. She added that the surgery wastes \$1 billion per year. Fox News interviewed Attorney Chapin twice after the hearing.

Speaking eloquently without notes, Anthony Losquadro called circumcision medieval and barbaric, and easy money for doctors, who also sell the foreskins to biomedical companies. He argued that innocent infants, not their parents, have a fundamental human right to make their own decisions about their own bodies as adults. He called

circumcision “a cure in search of a disease”. The false belief that it protects men from sexually transmitted diseases (STD's) and AIDS, he said, will do more harm than good and may undo years of safe sex education.

Ronald Goldman, Ph. D., Executive Director of the Circumcision Resource Center, who wrote the landmark book, *Circumcision: The Hidden Trauma*, said that circumcision causes extreme pain and trauma to infants, who sometimes go into shock, and can cause long-term psychological harm similar to post-traumatic stress syndrome. He said that some doctors know that circumcision is harmful but perform it anyway due to the financial incentives or a lack of courage.

Brian O'Donnell, a physician's assistant who has lectured at Yale medical school, testified that medical and nursing schools usually teach nothing about the foreskin other than that “cutting it off is better - it's cleaner”. He testified that while trying to appear unbiased, doctors instill fear to persuade parents to circumcise their sons. Seeing 20,000 patients had taught him that circumcision can cause lasting damage. He testified, “The truth about the value of the foreskin and the harms of circumcision has been suppressed, intentionally or not, by the medical community for years.”

A Massachusetts physics teacher said that female and male genitalia look identical during development, and that both deserve equal protection. He said that the male sexual organ has evolved for a specific purpose over 65 to 100 million years; that the foreskin is 15 square inches in area in an adult, has 240 feet and tens of thousands of nerve fibers and fine touch receptors, and is the most sensitive part of the penis and an integral part of it.

Similarly, the authors of the book *Sex As Nature Intended It*, Jeffrey and Kristen O'Hara, argued that circumcision makes normal sex impossible and blunts sexual response. Mr. O'Hara said that one function of the foreskin is to cover the glans and keep it moist and sensitive. Mr. O'Hara said that the penile shaft is internal, and permits a “gliding action” that benefits both man



*Massachusetts Joint Committee Hearing, Boston, March 2, 2010  
l to r: Charles Antonelli, Georganne Chapin, Brian O'Donnell,  
Matthew Hess, Laurie Evans*

and woman, reduces friction and prevents loss of lubrication. Mr. O'Hara said that women are more likely to climax during sex with an intact man, which studies show women prefer.

Laurie Evans, the Jewish director of New York's National Organization of Circumcision Information Resource Centers (NOCIRC), told the Committee that under Jewish law, the son of a Jewish mother is Jewish, whether circumcised or not, and that despite great pressure she had kept her son intact. She said that many Jewish mothers confide to having been horrified by their boy's circumcision ceremony. She said that initially the ceremony involved removing only a small amount of foreskin, not all of it, and that several Jewish organizations recommend a peaceful birth ceremony instead. She urged the panel to watch a circumcision and raised the issue of botched circumcisions. The second Jewish mother to speak, Kathryn Mora, testified she had been devastated that her son was taken from her in the hospital and circumcised without her consent.

An attorney then argued that circumcision is already illegal, regardless of any "pros and cons" and parental beliefs. He noted that in banning female genital mutilation, Congress found that it violated federal and state statutes and constitutions; and that the same constitutional protections apply to all people and thus to boys as well as girls. He argued that circumcision is criminal assault in Massachusetts, and also constitutes child abuse, which includes impairing any organ or risking harm. He further contended it violates human rights guaranteeing children security of the person and freedom from

cruelty, and also violates the federal and state constitutional right to privacy under the Fourteenth Amendment. He argued, as did several other speakers, that protecting females from genital cutting but not males violates the Equal Protection clause. He said that the law is clear that parents can hold religious beliefs but not risk harm to their children (circumcision risks death), and that children have their own right to choose a religion. He also argued that parental consent to unnecessary surgery is invalid. He said that the legislature is sworn to uphold the federal and state constitutions and laws and to provide a speedy remedy, and urged the committee to endorse the bill.

The proponents' arguments including some videotaped testimony are available online at: [www.mgmbill.org](http://www.mgmbill.org).

### **Opponents**

Three Jewish individuals spoke against the bill. The first, Dr. Thomas Friedman, testified, without elaborating, that circumcision has health benefits, and that the bill would interfere with religious and parental rights. He expressed concern that doctors could be criminally liable for piercings. Christine Funnell of Christians and Jews United for Israel testified that circumcision is mandated by God and required by the Jewish faith. She called the bill an assault on religion and the rights of parents. Mrs. Myers said that what the Bible commands cannot be mutilation and should not be infringed upon. She added that her son showed no sign of discomfort during the procedure, and that he would not be Jewish unless circumcised on the eighth day after his birth.

### **The Decision**

The Committee certainly gave the public the time to present its views, for and against, although as stated, only a few legislators actually attended the hearing. The author found the proponents' arguments thorough and persuasive, while the opponents relied upon a claim of religious rights. During the hearing, however, the co-chair, Senator Cynthia Creem, who is Jewish, appeared plainly uncomfortable with graphic testimony about the effect of circumcision on sex. She left the hearing temporarily and was overheard telling a Jewish support not to worry, that the bill would not pass. The Boston Herald also called passage of the bill a "long shot".

Indeed, on April 20, 2010, the Senate Ethics and Rules Committee accepted the Judiciary Committee's report that S. 1777 "ought not to pass". On April 23, 2010, an online publication reported that State Senator Creem had killed the bill. Her aide reported that she had written to her constituents in Newton and Brookline, many of whom are Jewish, that she had made sure that the Committee voted on this bill with an 'ought not to pass' recommendation. "Although there are literally hundreds of bills that the Committee declines to take favorable action on each session, it is highly unusual for a bill to get this unfavorable designation; in fact, so far this session S. 1777 is the only such bill. Most recently, on Tuesday, April 20th, the full Senate accepted this adverse report. Now, nothing more can happen this session, and Sen. Creem will continue to monitor any attempt to move such a bill in the future."

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### **The Massachusetts MGM Bill Public Hearing: A Day in Intactivist History**

*By Matthew Hess  
MGMBill.Org*

On March 2, 2010, the Massachusetts Joint Committee on the Judiciary heard testimony on S. 1777, the Massachusetts Male Genital Mutilation (MGM) Bill. The bill was written by MGMBill.org and was submitted to the legislature by Charles Antonelli, our Massachusetts state office director.

Although other legislative committees around the country have debated bills to abolish female circumcision, to my knowledge this is the first time that a legislative committee debate in the U.S. has focused primarily on prohibiting forced male circumcision. All in all, it was a pretty amazing day.



Matthew Hess

Seventeen people (including myself) spoke in favor of the bill, and House Committee Chairman Eugene O’Flaherty allowed all of us to deliver our complete testimonies.

Together I think we covered the most important topics, including the ethical, medical, legal, psychological, and religious aspects of circumcision. FOX News videotaped the beginning of the hearing, and part of Georganne Chapin’s testimony was included in their news segment. Three speakers testified against the bill, arguing mainly from a Jewish and religious freedom perspective, and one other speaker did not take a position.

Despite the overwhelming number of supportive testimonies, on April 20, the Committee voted unanimously that the bill “ought not to pass.” Based on some follow-up conversations and news posts, it appears that Senator Cynthia Creem, the Chair of the Senate Judiciary Committee, who happens to be Jewish, did some pretty intense behind-the-scenes maneuvering to kill the bill. The main reasons given for defeating the bill were that it would deprive parents from “expressing their freedom of religion,” and that it would unjustly prevent parents from making “health choices” for their children.

Even though the MGM Bill was defeated, I think it was still worth the effort. Bills like this one don’t become law until they have a public hearing, so this was a necessary step in the law-making process. Also, the hearing focused significant national and even world attention on the legality of infant circumcision. House Judiciary Committee member Rep. Lewis Evangelidis was quoted as saying: “[W]hat this

proposed bill does is put the issue on the radar scope. It’s a way that the bill’s proponents can begin a dialogue.” I agree with that statement, and hopefully the intactivist movement as a whole gains some increased public support as a result.

MGMbill.org will make another formal attempt to find sponsors for our MGM Bill proposals in 2011. In the meantime, we’ll continue with our general education and lobbying efforts. More information and selected testimonies from the Massachusetts MGM Bill hearing have also been posted to: [www.mgmbill.org/hearing.htm](http://www.mgmbill.org/hearing.htm).

**Section 3: AAP Flip-Flop on FGC Position Statement**

*On May 1, the American Academy of Pediatrics issued a surprising position statement condoning minor forms of female genital cutting (FGC) and suggesting that its member pediatricians could participate in such surgeries (despite federal and state laws that forbid such actions). This set off a chain of events that we recap in Section 2A, including the AAP's retraction of its May 1 statement. Section 2B contains four commentaries on this chain of events.*

**Section 3A: Chronology of Events**

**1: ARC Letter to the AAP Committee Members**

American Academy of Pediatrics  
Committee Members  
May 25, 2010

Dear Committee Members:

We have reviewed the AAP's latest policy statement on Ritual Genital Cutting of Female Minors and we are shocked to see such an ethically and medically incoherent document issue from your Committee and from your venerable organization. What truly is paradoxical is for the nation's leading organization of doctors treating children to weaken its opposition to a practice proven to cause substantial, irreparable, lifelong harm to children.

Moreover, your proposed,

seemingly innocent "ritual nick" almost certainly violates the Federal Prohibition of Female Genital Mutilation Act, whose criminal provisions became effective in March 1997. You acknowledge in your statement the contradictory impression that may be conveyed by policies that condone male circumcision (MGC) while attempting to restrict female genital cutting (FGC). The only course that is consistent with the US Constitution (including the Fourteenth Amendment right to equal protection), statutory and case law, medical ethics, and human rights is to prohibit all genital cutting that is not medically necessary and that is performed on individuals unable to consent to the procedure, including children. Parental assent is not an adequate substitute for individual consent with regards to male circumcision as it lacks a therapeutic benefit that exceeds the harm from complications and loss of functional tissue.

We trust that lightening your opposition to female genital cutting is not being done to help set up a parallel move toward diluting your 1999 statement on MGC. Flawed as the latter statement was, it did acknowledge the lack of medical benefit to the procedure on males. It is imperative that both statements be maintained or strengthened.

The AAP has no business brokering cultural procedures, even those that may support future revenue streams for some of its members. In this time of reduced resources, more than ever, it is imperative that medical organizations such as the AAP focus on what matters most-promoting the safety of our children, and working to eradicate-not condone or justify-harmful, non-beneficial, unethical practices such as FGC and MGC.

**2:** *On June 1, the American Academy of Pediatrics (AAP) publicly retracted its May 1 policy statement condoning mild forms of female genital cutting (FGC). On June 2, the AAP sent a letter to Attorneys for the Rights of the Child (ARC) announcing this retraction. As you can see from comparing the two retractions, which are*

reproduced below, some interesting differences exist between the two.

*The public version twice attempts to shift responsibility to unnamed third parties for "misinterpreting" the AAP's statement as endorsing certain forms of FGC, but such a "misinterpretation" was actually simply a straightforward reading of what the AAP actually said. In its June 2 letter sent to ARC, however, the AAP refrains from any attempt to imply mistakes by those interpreting its policies.*

*Amusingly, even stunningly, the AAP attempts to pat itself on its back for unintended benefits of its misguided May 1 policy, concluding that, "One good thing to emerge is that the discussion has shown a bright light on this issue and raised the world's awareness about this harm to young women." In the June 1 public retraction, a version of this statement appears but in a more modest, less questionable form. (The italics appearing in the public retraction below appear in the original, which can be viewed at <http://aapnews.aapublications.org>)*

### **3: Public Retraction Issued By AAP Academy clarifies position denouncing all forms of female genital cutting**

*By Alison Sulaski Wyckoff  
Associate Editor, Pediatrics  
June 1, 2010*

*[aapnews.aapublications.org](http://aapnews.aapublications.org)*

Reaffirming its strong opposition to female genital cutting (FGC), the AAP Board of Directors retired a recent policy statement on FGC and replaced it with another statement clearly denouncing the practice.

The original version, Ritual Genital Cutting of Female Minors, from the AAP Committee on Bioethics, was published in May Pediatrics and featured in AAP News ([aapnews.aapublications.org/cgi/content/full/31/5/31](http://aapnews.aapublications.org/cgi/content/full/31/5/31)). Updated from a 1998 version, the statement detailed the health risks of FGC, provided historical perspective and urged members to counsel families not to have such procedures performed.

However, confusion ensued when a few sentences were mistakenly interpreted as endorsing a milder version of FGC for some immigrant girls who could be returned to their home countries for more severe forms of the practice.

The controversy ignited wide discussion via telephone calls, letters and blog posts from all over the map.

On May 27, after hearing from members and others, the AAP Board of Directors and leaders responded by retiring the statement and replacing it with the following:

*The American Academy of Pediatrics (AAP) reaffirms its strong opposition to female genital cutting (FGC) and counsels its members not to perform such procedures. As typically practiced, FGC can be life-threatening. Little girls who escape death are still vulnerable to sterility, infection and psychological trauma.*

*The AAP does not endorse the practice of offering a "clitoral nick." This minimal pinprick is forbidden under federal law and the AAP does not recommend it to its members.*

*The AAP is steadfast in its goal of protecting all young girls from the harms of FGC.*

AAP President Judith S. Palfrey, M.D., FAAP, emphasized that the Academy's goal is to protect the health and well-being of all children.

"The May 2010 statement aired some important controversies in the field about how to end these practices worldwide," said Dr. Palfrey.

"Unfortunately, the discussion about the controversial 'ritual nick' led to confusion and misinterpretation of our policy."

She said the Academy published the clarification to reaffirm that the Academy is "opposed to all forms of female genital cutting including the ritual nick," whether it is in the U.S. or elsewhere in the world.

The practice of FGC is widespread, with 4 to 5 million girls being subjected each year to dangerous procedures, according to Dr. Palfrey. She said the discussion has increased worldwide

awareness about this issue.

### **4: Letter of Retraction Sent by AAP to ARC**

June 2, 2010

J. Steven Svoboda  
Executive Director  
Attorneys for the Rights of the Child  
2961 Ashby Ave.  
Berkeley, CA 94705

Dear Mr. Svoboda:

The American Academy of Pediatrics (AAP) has retired its 2010 policy statement on female genital cutting (FGC). The AAP Board of Directors has approved the following as AAP policy on FGC:

"The AAP reaffirms its strong opposition to FGC and counsels its members not to perform such procedures. As typically practiced, FGC can be life-threatening. Little girls who escape death are still vulnerable to sterility, infection, and psychological trauma.

"The AAP does not endorse the practice of offering a 'clitoral nick.' This minimal pinprick is forbidden under federal law and the AAP does not recommend it to its members.

"The AAP is steadfast in its goal of protecting all young girls from the harms of FGC."

AAP President Judith S. Palfrey, MD, FAAP, said, "Our intention is not to endorse any form of female genital cutting or mutilation. We retracted the policy because it is important that the world health community understands the AAP is totally opposed to all forms of female genital cutting, both here in the U.S. and anywhere else in the world.

"The AAP's goal is to protect the health and well-being of children," Dr. Palfrey said. "One good thing to emerge is that this discussion has shone a bright light on this issue and raised the world's awareness about this harm to young women."

Regards,  
Errol R. Alden, MD  
Executive Director/CEO

**5:** The reputable UK newsmagazine *The Economist*, in its June 12 print issue, examines female genital cutting (FGC) in some detail with reference to the recent American Academy of Pediatrics (AAP) position statements, which first (on May 1) condoned and then (on June 1) rejected the permissibility of minor forms of FGC. The article is titled, "Female Genital Cutting: Ending a Brutal Practice," does not carry a byline, and appears on pp. 66-67. ([www.economist.com](http://www.economist.com))

The closing paragraph of the article paraphrases Dena Davis, the head of the AAP committee that generated the May 1 statement condoning FGC, and is worth quoting in full for its eloquent, succinct call to apply US constitutional principles of equal protection to genital cutting:

Ms. [Dena] Davis argues that in America at least, it is not acceptable to criminalise all female genital cutting while adopting a relaxed stance to the male sort. She suspects that by allowing male circumcision while forbidding even a symbolic cut on girls, Western countries show respect for only those religious and cultural practices with which they are already comfortable.

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

### Section 3B: Commentary

#### Group Backs Ritual 'Nick' as Female Circumcision Option

*By Pam Belluck*  
*New York Times*  
*May 7, 2010*  
[www.nytimes.com](http://www.nytimes.com)

In a controversial change to a long-standing policy concerning the practice of female circumcision in some African and Asian cultures, the American Academy of Pediatrics is suggesting that American doctors be given permission to perform a ceremonial pinprick or "nick" on girls from these cultures if it would keep their families from sending them overseas for the full circumcision.

The academy's committee on bioethics, in a policy statement last week,

said some pediatricians had suggested that current federal law, which "makes criminal any nonmedical procedure performed on the genitals" of a girl in the United States, has had the unintended consequence of driving some families to take their daughters to other countries to undergo mutilation.

"It might be more effective if federal and state laws enabled pediatricians to reach out to families by offering a ritual nick as a possible compromise to avoid greater harm," the group said.

But some opponents of female genital mutilation, or F.G.M., denounced the statement.

"I am sure the academy had only good intentions, but what their recommendation has done is only create confusion about whether F.G.M. is acceptable in any form, and it is the wrong step forward on how best to protect young women and girls," said Representative Joseph Crowley, Democrat of New York, who recently introduced a bill to toughen federal law by making it a crime to take a girl overseas to be circumcised. "F.G.M. serves no medical purpose, and it is rightfully banned in the U.S."

Georganne Chapin, executive director of an advocacy group called Intact America, said she was "astonished that a group of intelligent people did not see the utter slippery slope that we put physicians on" with the new policy statement. "How much blood will parents be satisfied with?"

She added: "There are countries in the world that allow wife beating, slavery and child abuse, but we don't allow people to practice those customs in this country. We don't let people have slavery a little bit because they're going to do it anyway, or beat their wives a little bit because they're going to do it anyway."

A member of the academy's bioethics committee, Dr. Lainie Friedman Ross, associate director of the MacLean Center for Clinical Medical Ethics at the University of Chicago, said the panel's intent was to issue a "statement on safety in a culturally sensitive context."

Dr. Friedman Ross said that the committee members "oppose all types of female genital cutting that impose risks or physical or psychological harm," and consider the ritual nick "a last resort," but that the nick is "supposed to be as benign as getting a girl's ears pierced. It's taking a pin and creating a drop of blood."

She said the panel had heard anecdotes from worried doctors.

"If we just told parents, 'No, this is wrong,' our concern is they may take their daughters back to their home countries, where the procedure may be more extensive cutting and may even be done without anesthesia, with unsterilized knives or even glass," she said. "A just-say-no policy may end up alienating these families, who are going to then find an alternative that will do more harm than good."

Currently, more than 130 million women and girls worldwide have undergone female genital cutting, according to the American Congress of Obstetricians and Gynecologists. It is mostly performed on girls younger than 15 in countries including Ethiopia, Sudan and Somalia. Consequences can include severe complications with pregnancy, childbirth and sexual dysfunction.

The academy's statement acknowledged that opponents of the procedure, "including women from African countries, strongly oppose any compromise that would legitimize even the most minimal procedure."

Dr. Friedman Ross said, "If you medicalize it and say it's permissible, is there a possibility that some people will misunderstand it and go beyond a nick? Yes."

But she said the risk that people denied the ceremonial procedure, usually on the clitoris, would opt for the more harmful one was much more dangerous.

And the statement said that "in some countries where FGC is common, some progress toward eradication or amelioration has been made by substituting ritual 'nicks' for more severe forms."

**AAP and FGM**

*By Dan Bollinger  
International Coalition for  
Genital Integrity*

In the May 27th issue of the New York Times, the president of the American Academy of Pediatrics (AAP) retracted its recent proposal that girls be genitally mutilated, following a firestorm of media attention and Intactivists writing to the physician's group. ICGI agrees with their retraction, but demands that they also retract their position on male genital mutilation.

Female genital mutilation, even the "nick" that the AAP suggested, is prohibited by federal law, but this didn't stop the group from stepping onto the slippery slope of promoting genital cutting. The AAP thereby raised a hornet's nest of complexities. Who will decide which girls receive a "nick?" Who will decide how large the "nick" is to be? Will "nicking" include tissue removal? Will the girl be asked if she wants to be "nicked?" What controls will be put into place to prevent "nicking" from becoming more severe? Will the AAP supply "nick" inspectors?

Sadly, the negative attention that "nicking" girls received from this new AAP policy statement was much more intense than what they have been receiving regarding their impending revised statement about male genital mutilation (MGM). MGM is much more severe than a "nick," but for some unknown reason, it is acceptable to many Americans.

It is interesting to speculate that if the Equal Rights Amendment to the

Constitution had passed the Federal Prohibition of Female Genital Mutilation Act of 1995 would have to have been written in truly gender neutral language to cover boys as well as girls. In that case, male infant circumcision would be a thing of the past by now. Or, more likely, the bill wouldn't have passed at all, and both boys and girls would be at risk today.

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**AAP Okays Some Forms of FGC,  
Then Withdraws Approval Under a  
Firestorm of Criticism**

*By David Wilton  
Circumcisionandhiv.com*

The American Academy of Pediatrics shocked the community of anti-FGC activists earlier this quarter when they announced that the United States should consider allowing female genital mutilation also known correctly and rightly as female circumcision (so as not to differentiate and distance it from



David Wilton

male circumcision) in its least severe form. Before hurriedly withdrawing the statement under a firestorm of criticism, they stated that a medicalized "ritual nick" should be made legal in deference to communities who practice this atrocity and in an effort to exercise cultural sensitivity to their way of life. They reasoned that better to allow a mild form of mutilation in order to deter parents from taking their children overseas where they would suffer more severe forms of the practice.

The objections to such a stance are many and varied. However, let's start with the most obvious. These are often US citizen children who enjoy or should enjoy the protections of US law and the Constitution said laws are founded upon. Cultural practices, save FGC's counterpart, male circumcision, have long been subject to laws governing everyone without exception. The AAP is suggesting that the law make an

exception for the most horrifying of practices in the name of harm reduction. In the view of many, it is as if the AAP were to encourage a limited amount of child beating to stave off the possibility of child murder under a theory that abusive parents will be less likely to beat too much if they are allowed to beat a little.

The reality is that one person's ritual nick is another person's mutilation. What definitions were to be used? The U.N.'s? Those written into various state, federal or foreign jurisdiction laws? Perhaps those of the ethnic community from which the girl comes? Genital cutting always takes on a life of its own and often devolves into the most invasive where perceived to be minor or cosmetic. Any examination of cosmetic surgeries generally and male circumcision particularly will reveal this truism. Medical opinion as to what a "nick" is would be ever changing just as medical opinion changes as to what a complication in male circumcision is. The conflicts of interests between the doctor, the victim, the parents, and any prosecuting authority to characterize and define would create chaos and pain and suffering only the surgery itself could rival.

Moreover, the whole concept of equality under the law is that exceptions to prohibitions against violating the rights of others are prohibited even where a whole community's cultural identity is at issue. Supposedly, we're living in the 21st Century and not the 8th. Hence, we adhere to the decidedly modern notion of equal protection. A little girl's right to genital integrity is not abridged solely due to her age and ethnic derivation. If a grown woman, whether Somali-American or farm-bred Midwesterner, wants to submit to blood-letting, let her. However, she should be thrown in jail if she does it to her daughter and so should any doctor complicit in it.

Advocates such as the AAP should be civilly held accountable for encouraging such barbarism.

So why did the AAP make this terrible policy statement? It may not be about the girls. Rather it could be about the upcoming revision to the male



**Attorneys for the Rights  
of the Child website:  
www.arclaw.org**

circumcision policy statement. The equal protection argument works just as well against infant circumcision of boys. You can't say girls deserve protection, but boys don't and hide behind a thin argument of health benefit that will never reach consensus in the medical community. Eventually, something has to break. Either boys and girls can be cut or they can't. Collectively. Either the laws of the land protect children from genital cutting. Or they don't. taken as a whole.

I wouldn't be surprised if the AAP is looking far and wide to adjust all its positions to be able to counter any argument that supports male children over doctors and parents who wish to cut them. If the AAP decides to cave in to pressure to recommend male circumcision against all reasonable assessments of the evidence, this will be exactly how it appears.

The double standard in the protections afforded boys and girls in this regard will have to be addressed eventually. It is possible that we will witness a long trajectory of dissembling positions to the logical conclusion, which is the rejection of double standards regarding genital cutting of either sex.

Ironically, Dena Davis, a law and ethics professor at Cleveland State University and the legal consultant on the AAP's policy review argued in *The Economist* "that in America at least, it is not acceptable to criminalize all female genital cutting while adopting a relaxed stance to the male sort. She suspects that by allowing male circumcision while forbidding even a symbolic cut on girls, Western countries show respect for only those religious and cultural practices with which they are already comfortable." She makes a good point. It's hard to know whether she makes this observation deliberately to be ironic or if she's some kind of stealth intactivist provocateur. We can hope for the latter.

In withdrawing the AAP statement, AAP President Judith S. Palfrey, MD, FAAP said, "The AAP's goal is to protect the health and well-being of all children." We shall see if she means it. If she does, the revised policy will be favorable to boys. If she doesn't, she

will be squarely in the center of the next campaign. As this experience has taught, until all children are safe, none are.

*On July 1, 2010, Intact America published an ad in the Washington Post to urge pediatricians to protect the human rights of all babies — boys and girls alike — from unnecessary genital surgery.*

**Open Letter to Task Force Members Says Failing to Give Same Protections to Boys and Girls Is "Extraordinary Betrayal" of Medical Ethics, Human Rights**

*By Georganne Chapin  
Intact America and ARC*

In the wake of the American Academy of Pediatrics' (AAP) short-lived call to amend the national ban on female genital cutting, Intact America — the largest organization championing all children's human right to an intact body — published an open letter to an AAP Task Force on Circumcision calling on the medical organization to extend its protection to all children, including baby boys.



*Georganne Chapin*

The AAP issued a new policy statement in April calling for a relaxation in the federal law banning all forms of female genital cutting to allow doctors to perform a "ritual nick" on the clitoris of young girls whose parents, for cultural reasons, might otherwise send them overseas for a more extensive and dangerous form of the surgery. Under pressure from Intact America and others, and in the face of proposed federal legislation (The Girls Protection Act, H.R. 5137) banning the taking of girls outside the country for the purpose of female genital cutting, the AAP withdrew its statement.

Georganne Chapin, founder and executive director of Intact America, welcomed the AAP's retraction of its policy, but she noted that the Academy recognized that "many forms of female genital cutting are less extensive than the newborn male circumcision commonly practiced in the West."

"Ultimately this is a gender equity issue — and therefore one of human rights," reads the open letter to members of the AAP Task Force published as an ad in the July 1 issue of the Washington Post.

Intact America was formed to change the way America thinks and talks about neonatal male circumcision, an unnecessary surgery performed more than a million times a year for cultural or other non-medical reasons. The open letter says it is "an extraordinary betrayal" for the AAP to limit protection from genital cutting to girls only, despite its avowed commitment to "protect the health and well-being of all children."

"At Intact America, we have focused our efforts on male circumcision, because we had felt there was consensus in law and common sense that female genital cutting was unacceptable in this country," said Chapin. "The AAP's recent flip-flop on this issue shows us we were wrong. We are grateful that the AAP rescinded its call to allow a 'ritual nick,' but what were they thinking in the first place? We now call on them to apply the same concern for human rights to baby boys."

At the same time it proposed, and then rescinded, a call to allow some forms of female genital cutting, an AAP task force is considering shifting its current neutral recommendation on neonatal male circumcision to one in favor of the surgery. This consideration comes despite the fact that no major medical authority in the world — not the AAP, not the Centers for Disease Control and not the American Medical Association, which currently describes the surgery as "non-therapeutic" — today recommends neonatal male circumcision.

The Task Force's charge apparently

arose after African studies of consenting adult men purportedly showed that circumcision may play a role in mitigating HIV transmission from women to men, but not men to women, and not men to men (still the most prevalent modality for sexual transmission of HIV in this country). Chapin noted that even if these studies' results are valid for adults in poor countries with very high HIV prevalence, this has nothing to do with babies in the United States.

Because a principle of bioethics requires medical necessity and informed consent to justify something as invasive as surgery – and because neither can be present in neonatal male circumcision – the AAP has a high hill to climb to answer a simple question; Chapin said: "If it's not right to cut the normal genitals of baby girls, how can it possibly be right to cut the normal genitals of baby boys?"

**Thank You For Denouncing FGC, But ...**

*By Peter Adler  
ARC Legal Analyst*

I commend the AAP for revoking this policy statement, and for clearly denouncing all forms of female genital cutting including a "ritual nick" or "minimal pinprick." See <http://aapnews.aapublications.org>.

The AAP gives as reasons for the revised statement that FGC is illegal under federal law, and that it is the AAP's goal to protect all young girls from the harms of FGC. Thus, the AAP does not base its revised policy on any rights of girls to personal autonomy or bodily integrity.

Relatedly, as you may know, on May 27, 2010 the Royal Dutch Medical Association (KNMG) issued a policy statement urging strong deterrence of male circumcision. The association stated, "The rule is: do not operate on healthy children." It risks complications and violates "children's [constitutional] rights to autonomy and physical integrity".

Girls and boys have the same constitutional rights, including the right to be treated equally. May I call upon the AAP to adopt the same reasoning and

policy as the Royal Dutch Medical Association? That is, to state that you denounce FGC in part because it violates girls' rights, and to denounce male circumcision because it is unnecessary surgery with a risk of complications and violates boys' rights.

**Section 4: Genital Integrity Awareness Week (GIAW)**

**Genital Integrity Awareness Week (GIAW), March 27, 2010**

*By Greg Hartley  
NOCIRC of Pennsylvania*

On Saturday afternoon, March 27, I participated in Genital Integrity Awareness Week (GIAW) on the west lawn of the US Capitol. The day was much colder than recent years, which likely contributed to fewer participants and tourists. The number of participants varied throughout the day – as I recall, the greatest number was about ten.



Greg Hartley

We encountered the usual range of reactions and feedback, from antagonistic to very supportive and everything in between. We talked to several high school groups; there was some serious questioning

among the snickering. We met some very interested tourists from Europe and South America – some knew a little about circumcision and others were shocked by the procedure. I talked with a Spanish student at Catholic University who is planning to apply to law school and was very interested – I discussed IA and ARC with him (a future colleague perhaps...). I handed out IA brochures to those who seemed interested and mentioned the importance of donating money.

An American 20-something man made an interesting observation during a discussion with a large group. He mentioned that since most people in our culture assume the foreskin is unsanitary, we must convince them other-

wise. One man I've saw at GIAW tried to draw [GIAW Founder] David Wilson and me into a comparison of the genital integrity and abortion issues. I declined to give an opinion and told him we are focused on genital integrity; we can't dilute our efforts by including other causes. David gave him a vague personal opinion and said his view did not represent any genital integrity organization. We also talked to several open-minded people willing to consider the issue, as well as some who thought we were nuts – one young woman said she would "definitely circumcise any of her sons, because that's just gross." A proudly intact Puerto Rican guy from Brooklyn with his two intact teenage sons stopped by and gave us some very encouraging words – he took an IA brochure and plans to donate.

Some of my general observations: I think one of our biggest obstacles is "denial." Most American men are simply unwilling to accept that they have been harmed in any way by being cut, even after an explanation of impact. The "important religious ritual" excuse was mentioned more often than I expected.

**GIAW, March 27 - 30, 2010**

*By Gregor Waltz*

The west lawn of the Capitol is rather expansive and the building itself is quite imposing, but the first thing that catches the eye of passersby is the word "PENIS" on a giant sign with a bunch of other giant words. Who cares about the other words when there is the word "penis" about which to giggle and with which to get photos? At least, hundreds of children on school trips



Gregor Waltz

(and even many adults) seem to be expressing that sentiment as they shriek with delight in a way that only children can. Although some run straight up to the sign in the middle of the lawn, most are a

bit apprehensive and meander more slowly up to it, testing the limits of

their freedom as their chaperones look on. By the way, the sign reads: "WHOSE PENIS? WHOSE BODY? WHOSE RIGHTS?", but who cares? It says "PENIS"!

Up close, with a beard, sunglasses, dreadlocks, a towering American flag hat, and a shirt with the word "IRCUMCISION" with a bloody C fallen below, there is a man who stands out even more than the word "PENIS" or his many signs: David Wilson. He has been demonstrating at the Capitol for seventeen years in a row, dating back to before the US federal government enacted the FGM Act into law. David listens to the onlookers for a moment then engages them with a question: "Do you know how circumcision got started in the US?" Of course, most of them have no idea, but he has an answer to his question and most of theirs. Some leave with a new outlook, others will question what they thought they knew, and the rest ask David Wilson to move his signs to which he replies, "No." He filed the permits for a demonstration and has the right to be there, and, besides, it is too much of a pain to move those signs at the whims of so many; they will just have to try to avoid photographing the signs or else take home pictures of the Capitol with the PENIS sign and post them on Facebook. Free publicity fits into the intactivist budget nicely.

Not to be outdone, there are two other large signs one of which reads: "CIRCUMCISION IS TORTURE". A mother and daughter team bring these signs out to this demonstration and others; they are standing nearby handing out their flyers. Other demonstrators are at the top of the hill nearest to the Capitol where they stand at a level below the visitors who frequent this area to rest, take photos, and see what all of the signs are about. Van Lewis of NO-CIRC of Florida can be found here and it is amazing to hear how well he and the others engage the tourists on what is for many an uncomfortable subject.

I visit all of these places on the lawn to see how others are doing and to keep my legs moving. A man asks me to explain the cause; "But isn't it cleaner?" he asks. He is from Norway and says

that he is intact, so I point out that he has not had himself circumcised and explain that that is true of most of the world's men and that, by the cleanliness "logic", women are far more in need of routine prophylactic cutting. He went away seeming to understand, then came back later for a bit more information. If an intact man from a non-circumcising country knows so little about his own whole body, what about Americans who have been intentionally hiding from the prepuce for over a century?



The Americans, who make up a bit more than half of the tourists, run the gamut from receptive to hostile. Some are borderline hysterical. A man, a teenage boy, and a younger boy begin to wend their way up a walk bordering the lawn. I am carrying an intactivist sign when the man says something to me. I tell them why we are here and the teenager wants to know more, so I present the facts about human rights and sexual loss. The man interjects, "But we're dudes!" I express that I am uncertain how being male makes up for needless violation and permanent injury to which he responds that males "get cool stuff". The teenager ignored him and took a pamphlet before leaving.

On Tuesday afternoon, March 30, about fifteen of us gathered and marched to the White House. A remarkable West Virginian man stayed behind to watch the signs and gear and to continue talking with visitors. We spoke with some people along the way, many cars and buses had a clear view of our signs, and the journey was uneventful. At the White House, we marched on the sidewalk where we spoke with some more people and an American Muslim man tried to convert some of us. He said that children of both sexes dedicate themselves to the

Muslim god through genital cutting. Fortunately, my positive experiences during this Genital Integrity Awareness Week (GIAW) illustrate to me that most people are not so exasperating.

For the most part, American or foreign, the atmosphere does not get much better for education. A large number of people visit the Capitol, most of whom we probably could not reach any other way. Many are inquisitive, while others find their minds provoked enough to learn more on their own. Foreigners take home a new view of the United States of America and the freedom for which our country is supposed to stand. Many intactivists who arrive at GIAW feeling somewhat solitary go home knowing that they are not alone and that their children are not alone in their wholeness. There is one significant problem, however: the cause needs you. Those of us who were there are too few. With more people, the demonstration would have an air of legitimacy at which nobody can scoff. Whether one stays the whole week, one day, or even one hour, each demonstrator is important to keeping children whole, healthy, and alive. Come see our nation's capitol and the cherry blossom festival, but please do come next year and every year until our country protects all children from genital cutting.

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### GIAW, March 31, 2010

By Van Lewis

*Stop Infant Circumcision Society*

The weather turned spectacularly beautiful overnight in Washington, DC and we had a full day of sunshine and warmth on Wednesday, March 31. The wind calmed down a lot and the people came out in droves.

This was the best and most intense day of the demonstration for me. I talked with many, many people from many US states and foreign nations, first at the U.S. Supreme Court, and in the afternoon at the Capitol again.

When I arrived at the Supreme Court there were what appeared to be at least a few hundred people in line waiting to go in and milling about more generally. I carried a 4' x 4' sign:

EQUAL JUSTICE



UNDER LAW?  
StopInfantCircumcision.org

“EQUAL JUSTICE UNDER LAW” is written in stone in large letters above the main entrance to the US Supreme Court.

I also put a bumper sticker on the photo that says “CIRCUMCISION KILLS”

After the US Supreme Court security people checked me out pretty thoroughly, I got down to business. An older Jewish man attacked me right off, with all kinds of verbal bullying and irrationality. He sat down after a while and later, about lunch time, a woman came out and was greeted with applause by friends and family, including her parents, two teen-aged sons and others. She had apparently been arguing a case before the Supreme Court. The man who had been trying to bully me was in this group. At one point, I could see them all look over at me and my sign and I saw the bully say something to them. It looked like they didn't exactly take to my message all that well.

A little later the father of a nice young family from Ohio came up to me and started talking. He was very friendly and he turned out to be a pediatric neurologist. His attitude seemed to be that circumcising is a foolish operation but that it would continue out of tradition. This morning I'm realizing that there is an enormous population of people who agree with us that circumcising isn't smart and shouldn't be elected, but feel that it's not all that important to stop it either. It strikes me as odd to realize that we have a lot of work to do with people who basically agree with us! Anyhow, I bet this nice pediatric neurologist \$100 that I, a

college freshman/sophomore on leave from undergraduate studies since June, 1962, was going to teach him some human neuroanatomy about which he knew nothing. He didn't take me up on the bet, but I told him about the recent scientific discovery of what I consider to be a full-blown human sense organ new to science in the early 1990s contained within and encircling the inner male foreskin, and how pitiful I thought it was that I had to teach him and other US physicians, in 2010, about this astounding human anatomical discovery. He agreed to go home and learn more and teach his colleagues.

One of the great ideas that came out of GIAW 2010 - thank you Karen Glennon! [Editor: Intactivist Glennon will be gracing our next issue as she shares her story] was to have tables next year scattered over the lawn where various aspects of the subject can be discussed. Someone wanting to have a conversation about religion goes to the religion table, conversations about medicine are held at the medicine table, anthropologists gravitate to the anthropology table, legal questions go to the law table, history buffs to the history table, activists to the political table, etc, and intactivists with expertise or interest in that area take charge there. To do this we'll need more intactivists in 2011. Please make plans to be with us in late March/early April in DC next year and let me know before then what table you want to wo/man!

**Section 5:  
Dutch Position Statement**

*The Royal Dutch Medical Association published an official statement opposing male circumcision on May 27, which they forwarded to ARC on May 28 with two attachments (the text of the statement and a press release they issued regarding the statement). They asked that we pass the good news along to our friends and colleagues.*

*Royal Dutch Medical Association viewpoint on male circumcision*

*Dear sir,*

*The Royal Dutch Medical Association yesterday published an official*

*viewpoint on male circumcision. You can find the viewpoint and the press release attached. Would you be so kind as to forward these documents to people who might be interested in the subject?*

*Thank you for your trouble!*

*Best regards,  
Gert van Dijk, KNMG  
Met vriendelijke groet,  
Drs. Gert van Dijk*

**Royal Dutch Medical Association  
Takes Important Step Forward**

*By Peter W. Adler, J.D.,  
Legal Analyst*

*Attorneys for the Rights of the Child*

On May 27, 2010, the Royal Dutch Medical Association (“RDMA”) issued a policy statement strongly condemning male circumcision (<http://knmg.artsennet.nl>). The statement urges Dutch doctors to deter and minimize circumcision by insistently informing parents that it lacks medical benefits, risks serious complications (including full and partial penile amputation), and is medically unnecessary.

The RDMA issued its policy because of an increased recognition of the risks of circumcision and of children's rights. Its chairman explained, “The rule is: do not operate on healthy children.” The RDMA also wanted to bring its policy on male genital cutting in line with its firm opposition to female genital cutting, noting that the two

have many similarities.

Most importantly, the Dutch policy states that “non-therapeutic circumcision of male minors



Peter W. Adler

is a violation of children's rights to autonomy and physical integrity” under the Dutch Constitution. Article 10 thereof states, “Everyone shall have the right to respect for his privacy”, while Article 11 provides, “Everyone shall have the right to inviolability of his person”. These rights (to be left

alone) imply a right of autonomy (i.e., to make one's own decisions about one's own body). To the writer's knowledge, even though every national medical association in the world with a policy on circumcision calls it unnecessary and does not recommend it, the RDMA is the first to do so on constitutional grounds. The Association did not call for a ban on circumcision, fearing that it would be driven underground, resulting in more complications. In calling circumcision unconstitutional, however, the Association did call it illegal, and Dutch doctors may be unwilling to perform the surgery even when fully informed parents request it.

Attorneys for the Rights of the Child commends the Dutch for strongly deterring circumcision, for stating that operating on healthy children violates their rights, and for giving boys the same protection from harm as girls. The American Academy of Pediatricians, in stark contrast, while (following its flip flop in position statements covered elsewhere in this issue—Editor) condemning female genital cutting, even a ritual nick, as harmful, encourages male circumcision by telling parents that it is their decision to make for religious, cultural, cosmetic or personal reasons. Parents, not to mention doctors, have no such rights. All unnecessary surgery on minors is unlawful. All non-therapeutic genital cutting violates child abuse statutes. Moreover, the Supreme Court has ruled that every person has a right under the U.S. Constitution to privacy, including bodily (and hence genital) integrity, to liberty or autonomy, and to equal protection of the laws. Likewise, the International Bill of Rights, which every country has adopted and agreed to enforce, recognizes every person's right to personal security and freedom from harm. (The International Bill of Rights refers to the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, and the International Covenant on Economic, Social, and Cultural Rights—Editor.) ARC encourages every medical association worldwide to adopt the Dutch policy of strongly deterring circumcision as harmful and a violation of the fundamental rights of the child.

**Section 6:  
AMSA Convention**

**American Medical Students  
Association: 2010 Convention Report**

*By John Geisheker, J.D., LLM  
Executive Director  
Doctors Opposing Circumcision*

This is my "debriefing" report based on the three days I, my wife Michaelle Wetteland, R.N., and Ron Dempsey, M.D. spent staffing an Intact America booth at the convention of the American Medical Students Association (AMSA), held in Anaheim, CA, from March 10-14, 2010.



*John Geisheker*

Oddly, other exhibitors with the more expensive booths were constrained by the rules to stay within them, whereas we, with only a table, enjoyed vague turf boundaries and seemed free to roam about into the aisle, a privilege we cheerfully exploited.

The fundamental message that circumcision inspires controversy poses an intellectual challenge for med students, in itself, even those who chose not to engage us.

AMSA is a mix of pre-med (college undergraduates) and actual medical students, so our visitors ranged the gamut from university sophomores to those about to earn an MD and become residents. They therefore spanned quite a range of age and maturity. Sadly, even those about to become doctors don't know much about circumcision as they learn essentially nothing in medical school regarding basic foreskin anatomy and pertinent bioethics. For virtually everyone, therefore all we discussed was fresh and new. The older medical students tend to be victims (or beneficiaries) of circumcision as an *idée fixe*; on the other hand, as one might expect, the undergraduates tend to be more malleable. I sense in the AMSA agenda a restless need to create a different medicine than the one the

members see around them. For example, the AMSA emphasizes universal coverage and more primary care. This could prove beneficial for our movement.



*AMSA Conference, Anaheim, CA,  
March 2010*

The good news is that we were very well-received. After many such conferences (and I have been abused at other AMSA conferences in the past) I have grown wary of the 'love-fest-factor,' whereby our allies rush in to convey a compliment to us, while our foes studiously avoid the booth and even eye contact.

The quality of our interested visitors was real enough. We encountered at least 200 of the 900 students registered for the conference, and engaged at length with more than 75 students. This includes those who agreed to take our eight-question quiz on penile anatomy and the early history of circumcision, an activity I invented at the last minute the night before the conference began. The quiz was not intended to be scientific or to trip up the students, merely to provide fodder for discussion. Many of the male students, for example, thought that the male glans is the seat of male erogenous sensation, when it clearly is not. Such is the power of myth that it erases even the evidence instantly available to an owner. The first 50 quiz-takers earned a \$5 Starbucks gift card, perhaps the best freebie at the conference. Others were willing to take the quiz even after the gift cards had run out.

**Notable encounters**

Among encounters that stuck in my mind were my discussion with the medical student daughter of a

physician-mohel who listened attentively, disagreed politely, and defended bris only with canned enthusiasm. She seemed stunned by my polite suggestion that we never know what the religious beliefs of an eight-day old might be. She gave me my quote of the conference when she said, "Wow, our seder dinner this Passover is going to be extra interesting when I challenge my dad!" (I'd like to be a fly on the wall for that one.)

A dual law student-medical student interested in bioethics and committed to a career defending children quickly saw our point and proved an easy convert to the status of conscientious objector, one of only two we had during the four days. It probably helped that she got her law degree before her medical degree.

The new Physician-Director of the Carr Center for Human Rights Policy at Harvard-Kennedy came over to engage us and wish us well in our work. We took the liberty of inviting him to join Intact America (IA).

Even some staff at the conference center, a largely Hispanic group, regularly gave a thumbs-up when they walked past our booth on some errand, and we had cheery visits from other exhibitors as well.

The medical students were amazingly receptive to our message.

A fun detail — AMSA exhibitors are given a large packet of double raffle tickets, which we were instructed to hand out to attendees coming to our booth. Every few hours the organizers drew names for donated prizes. The prizes were quite valuable -- iPods, iTouches, stethoscopes, medical reference books, lab coats. Our booth became famous the last day when FOUR of our visitors won prizes, three of them winning two prizes each with one student winning three. At that point, we had students coming over to rub our blue tablecloth at the "good-luck anti-circumcision booth," a karmic bonus.

Here are my recommendations from several AMSA conferences I have staffed:

1) The AMSA crowd is an important constituency for our movement,

more important than physicians who have settled on a position and are not about to re-examine it at our urging. Consider, for instance how well our mission fits within the aims of AMSA, found on a T-shirt they sell members:

"Reclaiming the Ethics of Medicine"  
 "Removing Conflicts of Interest"  
 "Restoring the Sanctity of the Patient/Physician relationship"

We could not have said it better—and note that they put 'patient' in front of physician.

2) Having something – anything – sensible for students to do upon arrival at the booth is important. Quizzing them makes sense; they take quizzes all the time and would not be medical students if they were not naturally competitive and proud to show what they know. I think this should be a regular tactic, as long as the quiz or activity is informational and not too demanding or likely to embarrass them.

3) These students are hungry to learn. We must remember that. They are especially impressed by medical articles and published studies. Our two best handouts were the one on normal foreskin anatomy and the one refuting the three African randomized controlled trial (RCT) studies, a topic which came up constantly.

Even the fourth-year medical students admitted they were taught nothing about the innervation of the genitalia or the normal development of the infant. We can help fill that void.

4) Considering the other costs of the conference, the Starbucks cards at \$250 total cost were the least expensive element—and the most popular with students, who will remember us at their Starbucks visit, and perhaps mention it to colleagues, potentially sparking a discussion. We could double the number of cards next time and get good mileage out of it.

5) In addition to the Starbucks cards, we also had condoms to give away. I would have thought the students would grab handfuls and we'd be at pains to restrain them. But I think maybe we only gave away 150 or so, as not every student would take them, and most took only one. They were a

source of good-natured chatter of course, itself useful. One night we left about twenty on the table as a test, and only ten were there in the morning, the others likely finding their way into the pocket of a randy (or optimistic) security guard. I recall one exhibitor saying, "I found one of your condoms on a table. What does a condom have to do with circumcision?" (Which of course for me is like putting a dollar in a jukebox.)

6) All three of us used NOCIRC Executive Director Marilyn Milos' simple demonstration of Meissner corpuscles by having students draw their fingernail across the back of their hand, and then compare that sensation with a similar test on their palm. This is an amazingly quick, engaging, and memorable way for students to learn the intense innervation of the foreskin. It never fails to educate.

Finally, I'd like to thank the staff at Intact America for their work in putting this event together and hope that you will call on me and the other members of Doctors Opposing Circumcision to cooperate in our common mission in the future.

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**Section 7:  
From the Executive Director**

*Boyhood Studies Journal  
Publishes Steven's Article*

*Thymos: Journal of Boyhood Studies has just published an article of mine based on my July 13, 2007 presentation to the interdisciplinary Boys and the Boy Crisis conference in Washington, DC. The article is titled, "Genital Integrity and Gender Equity" and discusses parallels and contrasts between two important movements--the movement for genital integrity and the movement for genuine gender equity. The article was published in Volume 4, number 1, pages 71-77, of the Spring 2010 issue of Thymos.*

*Steven Svoboda  
Attorneys for the Rights of the Child*

### Executive Director's Message

Here we are in the middle of 2010 already, on the eve of NOCIRC's eleventh symposium (and my eighth in a row). I am excited that this event will be held in my hometown of Berkeley, at the university where I studied physics over a quarter century ago!



Steven, Sarita (5.5) and Eli (8.5)

We hope this issue of the newsletter, our 23rd in all, finds you well. It is our largest, both in terms of page length and number of individual contributions. Thanks to our numerous generous contributors, we had an opportunity to explore a few timely issues in depth—the recent flurry of statements on female genital cutting (FGC) by the American Academy of Pediatrics (AAP), Genital Integrity Awareness Week 2010, and the hearing on the Massachusetts legislation to outlaw male and female genital cutting. (The Massachusetts bill was eventually rejected behind closed doors.)

Above all else, the AAP flip-flop involved a puzzling, even bizarre series of events. (In addition to several different perspectives on the AAP's reversal of its position, this issue's AAP section also includes our published letter to Pediatrics and our letter to the AAP Committee that authored the position statement.) We also look more briefly at the Royal Dutch Medical Association's outstanding statement opposing male circumcision and the American Medical Students Association convention.

Continued thanks to veteran editor Al Fields. I keep saying I couldn't do it without him (and without our financial

supporters) for the simple reason that it is true.

Two entertaining blogs are reprinted with permission, and the titles say it all—"Feminism and Male Circumcision" and (with tongue planted firmly in cheek) "The Case for Female Circumcision." We are pleased to report two pieces of good news from Scandinavia—a lawsuit ordering Finnish parents to compensate their son for a circumcision, and Swedish doctors who are refusing to perform circumcisions. The health benefits of circumcision are reported to be virtually nonexistent in a newspaper article we are reprinting.

We happily still have nothing at all to report regarding new position statements from either the AAP or the Centers for Disease Control and Prevention (CDC). At this point, it seems certain that it is primarily the movement's hard work and strenuous activism that is continuing to delay, perhaps permanently, pro-circumcision announcements from these organizations.

I am pleased to introduce experienced attorney and new ARC Legal Analyst Peter Adler, who hails from Massachusetts and who authored several of the pieces in this newsletter. Welcome aboard, Peter! ARC Webmaster Rick King continues to do a fantastic job upgrading and updating our website's organization, appearance, and content. Thanks to Georganne Chapin's and Intact America's help, the appearance on our website of two "Know Your Rights" brochures for potential litigants—a short version and a long version—is imminent.

We recently learned that the American Cancer Society has apparently retracted their previous strongly anti-circumcision statement, and are working with colleagues to undo the changes they made in their website relating to these matters.

Thanks so much to each of you for your support, be it emotional, financial, or both. We literally could not do it without you! As has always been the case since we started over thirteen years ago, no one at ARC receives any

sort of stipend, and 100% of all tax-deductible donations go directly to defraying the costs of safeguarding children. Donations can be sent to J. Steven Svoboda, ARC, 2961 Ashby Avenue, Berkeley, CA 94707, or made through paypal at our website ([www.arclaw.org/arc\\_donate](http://www.arclaw.org/arc_donate)) or using the paypal address [arc@orel.ws](mailto:arc@orel.ws).

Our next issue will be out in the Fall. Until then, I look forward to seeing many of you at the symposium.

J. Steven Svoboda  
Executive Director

*Abstract for Presentation at the  
Eleventh NOCIRC Symposium,  
Berkeley, California,  
9 A.M., July 30, 2010*

### **Tortured Doctrines, Tortured Bodies: How Legal Fictions Help Justify and Perpetuate Male Circumcision and Other Inhumane Practices**

*By J. Steven Svoboda*

Although the doctrine of informed consent functions reasonably well within its area of applicability, it dissolves into an incoherent legal fiction when applied by proxy to incompetent persons such as newborns and mentally incapacitated adults. Both leading approaches to permitting an oxymoronic "proxy consent"—substituted judgment and best interests—cloak a usurpation of agency that allows ostensibly hallowed principles of autonomy and self-determination to be violated with impunity. Because a court can never truly know what an idiot or a newborn wants, Kantian ethics and human rights are violated. History abounds with examples of tortured doctrines applied to justify human atrocities. Such legal fictions conceal our violations from ourselves and others under the pretenses of legal authorization and compliance with human rights, masking our failure to properly safeguard human dignity and autonomy.

**Program: The 11th International Symposium on Circumcision, Genital Integrity and Human Rights**

29-31 July 2010, University of California, Berkeley, California, USA

**Thursday, July 29**

9:00 – 10:00

**Looking Back and Looking Forward**Dean Edell and Marilyn Milos, with  
Georganne Chapin

10:00 – 10:30

**Circumcision and More**

Clare Puskarczyk

10:30 – 11:00

**Surgeries in Search of Disorders:  
Intersex and Circumcision in****American History**

Elizabeth Reis

11:30 – 12:00

**Intersex Genital Autonomy:****What and Why**

Paul Mason

12:00 – 12:30

**The Harmfulness of Circumcision** George

C. Denniston

12:30 – 1:00

**The Evolution of Circumcision  
Methods: Not “Just a Snip”**

Hugh Young

2:00 – 2:30

**Dangerous Myths and Tragic  
Misconceptions: The Orthodox****View of AIDS in Africa**

Charles Gesheker

2:30 – 3:00

**Stopping AIDS in Africa**

David Gisselquist

3:30 – 4:00

**Blogging Male Circumcision and HIV:****Addressing the Establishment  
with Social Media**

David Wilton

4:15 – 4:45

**So They Claim to Know the Answer: The  
Problem of Association Taken as Causality**

Ken McGrath

4:45 – 5:15

**Ten Years of Training: My Experiences  
as Residency Faculty**

Michelle Storms

5:15 – 5:45

**Video Intactivism**

James Loewen

7:30 – 9:30

**Brainstorming Session for  
Health Professionals**Gillian Longley, Dolores Sanguiliano, and  
Michelle R. Storms**Friday, July 30**

9:00 – 9:30

**Tortured Doctrines, Tortured Bodies: How  
Legal Fictions Help Justify and Perpetuate****Circumcision and Other Inhumane  
Practices**

J. Steven Svoboda

9:30 – 10:00

**Regulating Male Circumcision  
in Finland**

Heli Askola

10:00 – 10:30

**Medical Provider’s Duty of Care  
to a One-Day Old Infant**

Zenas Baer

10:30 – 11:00

**The Children We Injure: The Human  
Rights of Children vs the****Parents’ Free Exercise of Belief**

John V. Geisheker

11:30 – 12:00

**Circumcision as an Example of  
Normative Abuse**

John W. Travis

12:00 – 12:30

**Human Thanatophilia: The Psycho-  
Cultural Processes Behind****Genital Mutilations of****Children and Adolescents**

Moisés Tractenberg

12:30 – 1:00

**Male Circumcision and the Potential for  
Unexplained Male Adolescent  
Suicide in Northern Ireland**

Linda Massie

2:00 – 2:30

**The Circumcision Lobby**

David J. Llewellyn

2:30 – 3:00

**How Not to Get Published: The Top Ten  
Pro-Circumcision Journals**

Robert S. Van Howe

3:00 – 3:30

**Circumcision: Gender and Power**

Miriam Pollack

3:30 – 4:00

**Defying the Enlightenment: Jewish  
Ethnicity and Ethnic Circumcision**

Leonard B. Glick

4:15 – 5:15

**Policy Discussion: Presenting Our Posi-  
tion to Jewish Americans**

Leonard B. Glick and Mark D. Reiss

6:30 – 9:30

**Standing Up for the Rights of Children**

Soraya Mire

**Saturday, July 31**

9:00 – 9:30

**Ka-Priests and the Mastaba of Ankhma-  
hor: Setting the Record Straight about  
Ancient Egyptian Phallic Rituals**

Frederick M. Hodges

9:30 – 10:00

**NOCIRC of Arabia: A Pilot Version in  
Arabic**

Hatem Kamal Saied

10:00 – 10:30

**Reclaiming Circumcision:  
Armenian Stories**

Astrik Vardanyan

10:30 – 11:00

**The Quest for Blankness: Project  
MK-ULTRA and the CIA’s****Circumcision Research**

Frederick M. Hodges

11:30 – 12:00

**Genital Stretching Among the Venda Eth-  
nic Group in South Africa**

Erika Dionisio, Pia Grassivaro Gallo,

Franco Viviani

12:00 – 12:30

**Women from Timan Adde (Merka-  
Somalia) Pray to Allah in Order to be  
Freed from Pharaonic Circumcision/  
Infibulation**

Pia Grassivaro Gallo and

Prof. Maria Chiara Turrini

12:30 – 1:00

**Possession Ritual and Somalian  
Pharaonic Circumcision Culture** Steffania

Gazzea, Pia Grassivaro Gallo, Antonio Iaria

2:00 – 2:30

**Female Genital Mutilation and the Ame-  
lioration of Complex Trauma through Re-  
lational Attunement** Patricia D. Raya

2:30 – 3:00

**Male Circumcision Among the  
Venda of Limpopo (South Africa)**

Erika Dionisio and Franco Viviani

3:00 – 3:30

**Penile Wounding: The Spectrum of Com-  
plications of Routine Male****Circumcision as Seen in a Typical****American Family Medical Practice**

Christopher Fletcher

3:30 – 4:00

**Full-time vs Part-time****Foreskin Restoration**

Ron Low

4:15 – 4:45

**Healing the Harms of Circumcision: A  
Case Study**

B. Maurene White

4:45 – 5:15

**Status Report from Intact America** Geor-  
ganne Chapin

5:15 – 5:45

**Genital Autonomy:****A New Approach**

**Section 8:  
News Items and Blogs**

**\$10M for circum-slicing**

*By Joseph Goldstein  
New York Post  
www.nypost.com  
July 18, 2010*

It was the unkindest cut of all.

A Brooklyn federal judge has awarded \$10 million to the victim of a circumcision gone horribly wrong.

The money is to be paid by the maker of the Mogen clamp, a forceps-like device commonly used in circumcisions and shown in a medical journal to have been involved in other partial amputations.

Given that record, Magistrate Judge Marilyn Go found that a warning should have been included with each device. Instead, the instruction manual promised a risk-free procedure.

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**Circumcision Campaigns are  
Rolling Out in Africa to  
Prevent HIV Infections**

*By Thomas H. Maugh II  
Los Angeles Times  
www.latimes.com  
July 20, 2010*

*(We have deleted seven paragraphs generally praising the recently completed International AIDS Conference in Vienna--to be covered in our next issue--and the pro-circumcision, anti-intact agenda.)*

Not everyone thinks that circumcision is a good idea, however. The groups Intact America and the International Coalition for Genital Integrity urged a halt to the procedures at the Vienna meeting, calling the plans "exorbitant, dangerous and unethical." The groups argue that many recipients think they no longer need to use condoms, which actually increases the spread of HIV.

They also cite a high rate of complications from the procedures — as high as 18% under clinical conditions and up to 35% for traditional circumcisions. Increased promotion of condoms is 95 times more cost-effective than male

circumcision in preventing new HIV infections, said Dan Bollinger, director of the international group.

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**Doctors Refuse to Perform  
Circumcisions**

*April 29, 2010  
www.thelocal.se*

Doctors in western Sweden are refusing to carry out the circumcision of boys, despite clearance by elected officials to carry out the procedure for non-medical reasons.

The Västra Götaland region is obliged to procure healthcare for at least 300 operations each year among Jewish and Muslim families, according to the Göteborgs-Posten (GP) local daily.

"Now we have to go out and find someone who is willing to perform the operations. The doctors' sector council (Sektorsrådet) have said no to these procedures. We respect the doctors' position," said Lars-Göran Moberg, head of the region's healthcare committee to GP.

Paediatric surgeon John Westfelt can see no possibility for doctors within the public healthcare system to perform the operations.

"We have de-prioritized several other measures to help sick children, such as surgery on tight foreskins for medical reasons. And obviously we can not carry out these operations without sacrificing something else."

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**Parents Fined for Having Son  
Circumcised—Operating Rabbi Did  
Not Anaesthetize Child**

*Helginsin Sanomat  
June 11, 2010  
www.hs.fi*

A mother and father in Helsinki have been sentenced to a fine by the Helsinki District Court for having had their baby boy circumcised.

The parents hired a rabbi from Great Britain to perform the procedure. The rabbi circumcised the one-week-old boy in the premises of Helsinki's

Jewish Congregation in the spring of 2008. During the procedure the male child was held by his grandfather. The child's parents were also present. The parents did not think the rabbi had used any form of anaesthesia to numb the pain.

The child was hospitalised when he would not stop bleeding. On the morning following the operation the rabbi had examined the child. The rabbi had noticed the bleeding but he had assured the parents that all was well.

According to specialist doctor Harry Lindahl, who was heard as an expert witness, complications could have been avoided if the procedure had been performed in a hospital setting.

According to the parents, the rabbi who performed the operation was reputable. The parents pleaded that circumcision is a religious obligation that is not prohibited by law.

The prosecution pressed charges of aggravated assault or alternatively incitement to aggravated assault.

In the District Court's view, however, the parents could only be accused of incitement to assault, as they did not take part in performing the actual operation and the used instrument could not be regarded as a weapon defined by the Penal Code.

Both of the parents were sentenced to 40 days of public service. They were also ordered to pay their son EUR 1,500 in compensation for pain and suffering.

In its ruling the District Court applied the Supreme Court precedent, according to which a circumcision performed on a four-year-old Muslim boy was not illegal.

In that case, however, the operation was performed by a medical doctor and the child had been anaesthetised, unlike in the case determined by the District Court.

During the investigation into the case, efforts were made to get in touch with the rabbi, who had performed the operation. These efforts, which extended beyond the boundaries of Finland, proved unsuccessful, however.

### No Reason for Ultimate Unkindly Cut

By Kevin Brooker  
*Calgary Herald*  
[www.calgaryherald.com](http://www.calgaryherald.com)  
 March 29, 2010

As news stories go, this one was especially hard to digest. Last week, an unidentified B.C. man was sentenced to a year in jail for having performed -- and botched -- a circumcision on his four-year-old son.

The details of the event were deeply disturbing. In an operation undertaken for religious reasons, the man first fed the child honey wine, then went at his foreskin with a razor blade. When the bleeding wouldn't stop, the father applied something called Wonder Dust, an ash-like substance intended for racehorse injuries. More bizarre still, it came out at trial that the man had previously attempted the same operation on himself, and he botched that one too.

As depraved as all of this seems, there is a deeper subtext for many observers: Who, in this day and age, is still of the belief that it is a good idea to circumcise anyone? To say that the unkindest cut has a complex history would be the understatement of all time. Anthropologists are unsure exactly how the practice arose. At one time or another, it has acted as a tribal marker, rite of manhood, disease prevention and even a humiliating punishment. As a commandment of God in the Abrahamic tradition, circumcision has been a part of Judaism and Islam for centuries.

But the procedure only took off in English-speaking countries around 1900. In the wake of the discovery of germs, Victorian science developed a mania for rooting out the unclean. And what better place than the penis for finding that?

The attitude was summed up in the work of U.S. health crusader John Harvey Kellogg, who otherwise championed bland diets for which he invented Corn Flakes as the stable foundation. Kellogg took an enthusiastically punitive attitude toward circumcision, believing that it was the preferred method for combating the evils of

masturbation.

Kellogg wrote, "The operation should be performed by a surgeon without administering an anesthetic, as the brief pain attending the operation will have a salutary effect upon the mind, especially if it be connected with the idea of punishment, as it may well be in some cases. The soreness which continues for several weeks interrupts the practice, and if it had not previously become too firmly fixed, it may be forgotten and not resumed."

For the record, and for similar reasons, he also advised the application of carbolic acid to female genitalia. It's interesting to note that in 1949, Britain's National Health Service removed circumcision from its schedule of coverage. Thereafter, the procedure remained available, but only for pay. On this side of the pond, however, butchery remained popular. Those of us born in the 1950s didn't stand a chance. Once, in a jovial way, I asked my sweet mother how she could have consented to such a barbaric practice. But all she could offer was, "I don't remember the subject ever coming up."

When a friend of similar vintage was about to have a son of his own, there was, thankfully, a full discussion. While neither parent was a fan, mom remained on the fence. "How's he going to feel," she asked, "when he starts wondering why he doesn't look like daddy?"

"Well, he's probably not going to have my big schnozz, either," said my adamant friend. "He'll get over it."

Still, and inexplicably, Albertans haven't. Although the Canadian Paediatric Society first declared in 1975 that there is no medical necessity for neonatal circumcision — indeed, that any benefits are outweighed by harms — this province leads the nation in foisting it upon infants. According to a 2006 study by the Public Health Agency of Canada, that rate was 44.3 percent, versus a national average of 31.9.

A nurse from one of Calgary's neonatal wards explains that parents who ask about the procedure are given a list of doctors who will perform it at a

cost of around \$200. The big question is, Why?

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*Somehow, observers in other, more objective countries stubbornly refuse to acknowledge all the supposedly miraculous benefits of circumcision. Thanks to Margaret Somerville for calling our attention to this article.*

Steven Svoboda  
 Attorneys for the Rights of the Child

### Circumcision Health Benefit Virtually Nil, Study Finds

By Andre Picard  
*[Toronto] Globe and Mail*  
 January 12, 2010

<http://www.theglobeandmail.com>

While it is the most common surgical procedure in the world, there is virtually no demonstrable health benefit derived from circumcision of either newborns or adults, a new study concludes.

The sole exception seems to be using circumcision to reduce the risk of transmission of HIV-AIDS in adult males in sub-Saharan Africa, though it is unlikely that benefit carries over to other parts of the world where rates of HIV-AIDS are much lower.

The research, published in Tuesday's edition of the *Annals of Family Medicine*, shows that, despite claims, there is little evidence that circumcision can prevent sexually transmitted infections, urinary tract infections and penile cancer.

There are also risks to the surgery that, while rare, range from sexual dissatisfaction through to penile loss.

"Patients who request circumcision in the belief that it bestows clinical benefits must be made aware of the lack of consensus and robust evidence, as well as the potential medical and psychosocial harms of the procedure," said Guy Maddern, of the department of surgery at The Queen Elizabeth Hospital in Adelaide, Australia, and lead author of the study.

In newborns, he said, the surgery is "inappropriate" because it offers no therapeutic benefit.

About one-third of males worldwide

undergo circumcision, the surgical removal of the prepuce (or foreskin).

The procedure is done principally for religious, cultural and social reasons.

Religious male circumcision is practised under both Jewish and Islamic law, and it is an integral part of some aboriginal and African cultural practices.

The main social reasons the practice has continued is a widespread desire that boys resemble their fathers, and a belief that boys who undergo circumcision have fewer health problems.

The new study, a systematic review (a compilation and analysis of previously published research), looked only at the latter point.

Dr. Maddern and his research team found no evidence that uncircumcised men have higher rates of penile cancer. In fact, they noted penile cancer is extremely rare and seemingly unrelated to the presence of a prepuce.

The belief that urinary tract infections are more common in uncircumcised males is not backed up by research. Dr. Maddern noted the fewer than 2 per cent of boys suffer urinary tract infections which "makes it unlikely that preventive circumcision of normal boys would outweigh the adverse events associated with the procedure."

Finally, there was no evidence at all that there are fewer sexually-transmitted infections among circumcised males. The exception was a study in sub-Saharan Africa that showed doing the surgery on adult males reduced their risk of contracting HIV-AIDS. (However, rates of HIV-AIDS were not reduced in their female partners.)

Rather, Dr. Maddern said, the prepuce seems to act as a barrier against contamination and, by helping maintain a moist environment, enhance sexual pleasure.

According to the study, the only medical justification for circumcision is to treat boys or men with penile abnormalities.

### **Study: Adult Circumcision Minimally Effective at Controlling U.S. HIV Transmission**

*By Kilian Melloy  
EDGEBoston*

www.edgeboston.com

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Circumcision would not significantly reduce the spread of HIV in the United States, a new study suggests.

The study, carried out in San Francisco, indicated that circumcision as a tactic for reducing HIV transmission would only be minimally effective, reported an article posted at Scientific Computing.

Although studies in Africa have indicated that circumcision might help reduce the spread of HIV in straight men by removing foreskin cells that are vulnerable to the virus, the new study--which focuses on gay American men--does not arrive at the same conclusion, in part because circumcision is already so prevalent in the U.S. Moreover, only a very small minority of men surveyed for the study said that they would undergo circumcision even if it were proven to reduce their risk of contracting HIV.

"Our study indicates that any potential benefit may likely be too small to justify implementing circumcision programs as an intervention for HIV prevention," said Chongyi Wei, a post-doc with University of Pittsburgh Graduate School of Public Health, which carried out the study, and an author of the paper on the results, which was presented at this week's International AIDS Conference in Vienna.

Previous studies have also indicated that gay men do not benefit from circumcision the way heterosexuals seem to when it comes to HIV transmission. One study by the U.S. Centers of Disease Control and Prevention showed that circumcision seemed to make no difference in HIV transmission rates when it came to anal sex, an AP story from Aug. 26, 2009 reported.

That article also noted that circumcision is more than a medical procedure, freighted with religious, political, and social significance. It is part of

some religious traditions, but also excoriated by some political groups. One anti-circumcision group, Intact America, views the procedure as a violation: "It's removing healthy, functioning, sexual and protective tissue from a person who cannot consent. You're mutilating a child," Intact America's executive director, Georgeanne Chapin, told the AP.

Last year, the CDC floated the controversial idea of recommending circumcision as a standard part of neonatal care as part of an effort to combat HIV in the United States. The proposal anticipated that the next generation will include more uncircumcised males than the current generation. Moreover, more Hispanics and African Americans are choosing not to have their make babies circumcised; studies indicate that those populations are harder hit by HIV and AIDS than are Caucasians. Worldwide, only about 30% of all men are circumcised.

Although circumcision is commonplace in some parts of Africa, it is often not conducted until adulthood. A June 30 AP article reported that the traditional circumcision rite, which is not typically performed by physicians or carried out in a sterile environment, can result in potentially fatal infections.

Elsewhere in Africa, circumcision is not so commonplace, partly because there are too few qualified medical professionals to carry out the procedure. However, a new medical device, called a ShangRing, simplifies the procedure and reduces discomfort and pain to a minimum, the AP reported last Feb. 16. Use of the ShangRing reportedly involves a much lower incidence of in-



GLAW 2010



GIAW, 2010

### The Case for Female Circumcision

[www.womanuncensored.blogspot.com](http://www.womanuncensored.blogspot.com)

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I'm warning you now, if you comment on this post before reading the WHOLE thing, you WILL look like an ass. Just sayin'.

People have so many compelling arguments for male circumcision, that I can't help but wonder why girls can't enjoy the same benefits! I'm not talking about sewing up the vagina or removing the clitoris or anything, but a little snip-snip could surely tidy things up! If removing the foreskin of a boy helps keep his penis cleaner, then taking out the inner labia and clitoral hood could really do the same for girls! Girls have so much more to wash than boys do anyway, and we get way more infections. If less skin on a boy equals less infections, then it must work for girls too! Those little bits of skin don't have much feeling anyway. It would make diaper changes and baths so much easier. So much less space to get all gooey and dirty, now and for the rest of her life.

People see all that extra skin on a boy's penis, and say it looks gross. Well why don't girls get to have their extra skin tidied up?! Surely it would look much better, and I bet her future husband would appreciate how much nicer

looking and cleaner it would be too. They could both enjoy oral sex without all the gunk that gets caught in the folds! Girls can get pretty smelly down there too, so why not help out with that?

A lot of parents worry about their sons looking different in the locker rooms, or different from their fathers. What if my daughter's labia is different than her friends or mine? That would be traumatizing to a girl too, I don't want her to be freaked out and made fun of! If we get all women and girls circumcised, then we can all look the same and not worry about it anymore.

AIDS and cancer are so prevalent these days, we really need to protect our kids in every way that we can. Removing extra skin on a boy helps these things, so why not try the same for girls! Why would it work for one and not the other? It would be SO worth it. You can't get cancer on a part of the body you don't have!

My husband was with a woman once who had long inner labia, and he said it was SO gross looking and smelling, and she got infections all the time. I would hate for my daughters to grow up and experience that embarrassment. I would be doing them SUCH a favor by doing it now when they can't feel it, rather than them having all this trouble later in life and having to get trimmed! My girls would really hate me if the knew I could have prevented such a thing, and didn't take the chance. I know my girls would really thank me for making their lives so much easier, and giving them a nice clean look down there too.

There are so many benefits for circumcision, why shouldn't it be the same for girls too? Why are they left out? Boys and girls should be equal. I am the parent, and if I think it would be good for my child, I should have the right to do it! People might judge me, but so what? If I'm doing what is best for my kids, then other people can just screw off!

Why didn't anyone think of this before?! I am a mutha effin GENIUS!!! NOT. You didn't think I was that big of a dunce did you?

Seriously now, NONE of the above reasons would be good enough for a parent to allow a knife to be taken to their daughter's genitals in ANY way. Why are these same excuses allowed to pass as justification of male circumcision? As far as we have supposedly come in this society, why is this sexism and mutilation still tolerated? Why aren't more women going all mama bear on people's asses for this?! Why aren't more men standing up and demanding the rights and protection they and their sons deserve?! The public would be in an absolute uproar if a parent wanted to so much as put a paper cut in their daughter's pants! Why do baby boys have less rights? Why are they considered to be lesser beings? There should be NO gender specification on genital mutilation. Either it is wrong for ALL people, or it is okay for all people (and God help us if you agree with the latter). If a girl grows up and wants to have her genitals cosmetically altered, it can be her choice then, in adulthood, when she can make an informed decision for herself. A parent shouldn't have the right to make that choice for her, something that can't be undone, and the same should be true for boys.

You can say the penis is "dirty". I say if that is true, then the vulva is far more so, but we don't go cutting those up. Shall we remove the anus too? That sure is dirty!

You say the foreskin may become diseased or infected, so it should be removed. Let's apply this "logic" to other parts of the body. Shall we remove all girl's breasts because they MIGHT have a problem? Shall we pull all teeth because they might get cavities? Our skin can get cancer, better do away with that! Oh, and heart disease, take that thing right out! Dang ears and all those infections, just get rid of them. ANY part of the human body can have a problem, but we don't go removing them when they are perfectly fine. IF a problem arises, we treat it then, and we treat it reasonably. Amputation is a last resort when all else has failed. If we removed at birth every part of the body that might have an issue at some point in one's life, we would have no baby left.

You say an intact penis is ugly. I say you're a pervert for looking at your perfect little son that way, and having such a strong reaction that you'd want to hack him up just to please yourself. And once again, if a parent found their girl's genitals so ugly that they wanted to have them cut, they'd be thrown in prison, so it shouldn't be okay for a parent to do to their son.

You say it might prevent STDs. I say that is what condoms and responsible sex are for, and we wouldn't cut girls to reduce their risk. We'd tell them to be smart about choosing partners and protection. Boys are just as capable of those things.

You may have a ton of other reasons for cutting a boy, but none of them would hold water if the child in question were a girl, so that would either make you a raging sexist, or a moron. Perhaps both.

If you've just never THOUGHT about circumcision, I encourage you to. Many people are still uneducated about the realities of male genital mutilation masquerading as a "simple and beneficial medical procedure". I ask you to open your mind to learning and considering that what you may think you know now could be mythical. More and more parents are becoming educated, and circumcision rates have plummeted to 50% nationwide (USA), and they continue to drop! You can find out what they know that you may not. Learn before you decide. You son will THANK you someday.

As for female circumcision vs. male, YES they are comparable. Some forms are extreme, but they were not discussed here. Other forms are equal or even less severe than male circumcision. Regardless of severity, they are ALL wrong, female AND male. No need to even specify a gender. Genital mutilation is genital mutilation.

**Our next newsletter will include an overview of the Berkeley International Symposium and a fascinating, candid article by Daniel Miller entitled, "My Circumcision Story."**



### Feminism and Male Circumcision

*www.feministing.com*

*June 4, 2010*

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I recently had a baby boy (my second) and of course the topic of circumcision came up. I educated myself on circumcision and how it is totally medically unnecessary to circumcise a healthy baby's penis and felt that doing so would pretty much amount to mutilating him for no other reason than because everybody else is doing it too. Unfortunately when I made up my mind about it, it was already too late. He was getting circumcised at that doctor's appointment.

My husband reported that our son seemed fine — that although we were told they wouldn't use pain relief he believes they did because he seems a-ok. That was until the first diaper change and every diaper change after that for the next four days when my baby would shake and scream in pain. Fast forward to three weeks later and he needs to be re-circumcised, the first circumcision actually made it medically necessary to circumcise him again. I felt awful. We had no way of knowing how this child would feel about some of his most private parts being sliced and diced all in the name of conformity — something we as his parents would have to deal with for several diaper changes and cranky

nights while he'd have permanently changed genitals the rest of his life. Something he had absolutely NO say in.

When I joined Facebook, I also joined something called "circle of moms" and circumcision is a hot topic today. One mom actually posted a video of a newborn being circumcised and contrary to what many people believe it's routine to NOT give any pain relief. This baby gave a scream that made me cry. The video is about 5 minutes worth of cutting, pinching and tearing at his penis and foreskin which obviously has a motherload of nerve endings because the child is shaking and screaming in pain. That video and the comment of some of the mothers who say circumcision is best because girls preferred circumcised penises and other boys will tease him reminds me of a video I watched in college that said the SAME thing about female genital mutilation.

What if we saw a video of a little girl's clitoral hood being removed without pain relief that took 5 minutes. What if we were told by her parents that it's better to do this because it's cleaner (as if washing it isn't good enough) it looks better (as if her genitals in its natural form are ugly and need to be cut away to be more pleasing) and that she's too young to ever remember the pain so why waste money on pain relief (as if her pain is somehow negligible because it's such a wonderful trade-off that she is forced to conform.)

I am now firmly on the side against circumcision and only wish I had actually looked deeper into this before my sons were circumcised. I honestly went along with the crowd on it and thought it was just one of things you do to your sons, get them circumcised.

If one of our rallying cries is bodily autonomy and we'd raise all hell when AAP briefly decided to allow "nicking" of female newborn genitals, does being against male circumcision become a feminist issue on the grounds of bodily autonomy or is it the universal right of a parent to SONS to do with their child's genitals as they please?