Swedish Parliament Recognizes Male Circumcision as a Potential Violation of Human Rights

The Swedish Parliament has overwhelmingly passed a new law to protect the rights of children by regulating male circumcision except for legitimate medical necessity. The Parliament voted decisively, 249 to 10, in favor of the new law, which also orders the Committee on Health and Welfare to study whether male circumcision should be considered a human rights violation. The law is in the process of being enacted now. Many Swedish Members of Parliament spoke out to acknowledge that male circumcision, like female circumcision, is a violation of children's rights.

This marks the first time the circumcision of males under the age of majority has been officially accepted for study by a national government as a human rights issue. Sweden is the first law in modern times to regulate and restrict the practice of male circumcision.

All licensed practitioners of circumcision are now required by law to use anesthesia and to perform the procedure in hospitals. A temporary exception was included to allow licensed Jewish practitioners of circumcision (mohelism) to perform the procedure in hospitals using anesthesia, but only during the first two months of a child's life. Thereafter, ritual circumcisions are not allowed. Violation of the law will result in punishment of up to 6 month in prison or a fine of an individually determined amount.

Sweden has a history of pioneering human rights legislation and not one legislator claimed non-therapeutic circumcision was a legitimate medical procedure. The 10 dissenters objected only because they supported total criminalization, rather than mere regulation, of non-therapeutic circumcision of male children, and without any temporary religious exception.

In 1982, Sweden became the first developed country to outlaw female genital mutilation. This law was strengthened in 1998. Following Sweden's lead, many countries including the United States, Canada, and Australia have recently passed laws criminalizing female circumcision. Human rights organizations and legal scholars in each of these countries have pointed out that laws prohibiting only female genital cutting are discriminatory and (continued on page 5)

Washington Events Prove A Fabulous Success
By J. Steven Svoboda

I have just gotten back from Washington, DC and am truly breathless from the series of highs this week held for the movement. It started off with the two day conference sponsored by NOCIRC and organized by Amber Craig and Marilyn Milos which featured many fabulous speakers and drew well over 100 participants.

Hanny Lightfoot-Klein delivered a powerful opening talk on Saturday, March 31 entitled, "Genital Integrity: What Will It Take?" Leonard Glick contributed a very engaging analysis of circumcision and the Jewish-Christian encounter, and Soraya Mire treated the audience to her moving personal story. Stefan Iversson drew an appreciative round of applause for his discussion of current developments in Sweden. I gave a brief overview of recent legal events, a summary of the talk I delivered in Sydney (a legal analysis of five different forms of childhood body mutilation--infant cranial deformation, footbinding, female infanticide, female genital cutting, and male genital cutting), and a preview of the talk I will be giving in Berlin (continued on page 7)

J. Steven Svoboda at the ISSTD Conferece in Berlin, Germany. Story on page 5.

Exciting Marches In Washington DC — Some Thoughts About Protests and Emotions
By Amber Craig

On Sunday, March 30, and again on Monday, April 1, thousands of tourists could not avoid photographing the protesters who had traveled from all over North America and gathered on the steps of our Nation's Capitol (on Sunday) and the Supreme Court (on Monday) to demonstrate for the rights of baby boys to intact genitals. For some reason, the police did not allow banners onto the steps of the Supreme Court on Monday. Every student wanted his or her picture to be taken in front of the "Arrest Penis Butcher Doctors" banner, which was a genuine conversation piece. Not a single visitor that day could have avoided talking about circumcision. Raising the issue is exactly what we want to happen, and exactly what needs to happen. Some Americans wondered, "What's the big deal?" though quickly they would have learned why so many people want to stop male genital mutilation. Europeans would have been shocked. "What, this advanced country is still performing this barbaric act?" Unfortunately, we had to tell them that we are. A graphic slogan like this would not be appropriate in a legislative meeting or for staffing an informational booth, where more conservative approaches are necessary. But as we stood in the center of the pulsating heart of American democracy, speaking out in this way exemplified what our liberties are about as well as how far we still have to go before they are fully protected.

Americans must learn that men are angry about their genital mutilation; this does not at all hurt our cause. If these men fail to control their anger while attempting to start a dialog with legislators or persuade expectant parents, then of course there is a problem. The rage belongs on the streets where protests begin and where they belong. Anger energizes but it can never transform. Politeness, etiquette, even political correctness are tools we (continued on page 3)
Attorneys for the Rights of the Child
2961 Ashby Avenue
Berkeley, CA 94705
Fax/phone 510.595.5550
www.arclaw.org
E-mail: arc@post.harvard.edu
J. Steven Svoboda........Executive Director
Al Fields....................Associate Director
Gary Burlingame...........Web Consultant
Jeff Borg...................Graphic Designer
Richard Angell..............Research/Translation
Stan Emerson................Research

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Book Review


This ambitious, 454-page large-format aspires to do no less than to "change forever [our] way of looking at the world, [our] home culture and current events." Surveying a broad range of issues starting with Wilhelm Reich's theories of human behavior, Saharasia seeks to demonstrate a worldwide trend from woman-centered, peaceful societies to more male-centered, "armored" approaches. To support these theories, the author provides a detailed discussion of the global geography of a broad range of social institutions, including male and female genital mutilations. Surprisingly, "homosexuality" is treated as a social mal-adaptation comparable to genital mutilations, prostitution, and the like. While I retain doubts about the reliability of some of the analysis and source materials, Saharasia never fails to provoke and intrigue.

Bottom pictures:
Marilyn Milos and Jeannine Parvati Baker on the way to the Capitol.
Photos by Steven Svoboda

On Sunday, April 1, 2001, over one hundred demonstrators gather on the Capitol steps in Washington, DC.

www.sicsociety.org

From left to right: J. Steven Svoboda, Jeannine Parvati Baker, Bob Simmons and Marilyn Milos.
Thoughts/Washington

(continued from page 1) need to employ when trying to convince people in the halls of power.

The two different contexts call on us to wear different hats.

Some people find it difficult to switch hats and thus choose to concentrate on protests or on visits to legislators. But it can be so much fund and yes, empowering to combine both activities! For me, one of the best parts of this day was seeing Laurie Evans’ daughter, age 14, and Tim Shane’s son, age 15, working the crowds of teenage students. They were real troopers, pacing up and down the long lines of teenagers distributing pens and informational leaflets. Teenagers appeared thrilled to accept the counsel of fellow teenagers. Alex Harrison made a big hit with his www.uncutentertainment.org pens. Some chaperones were very cooperative, allowing the teens to mob us to their hearts’ desires, while other adults yelled at us, demanding that we stay away from their charges and physically blocking them from accepting our flyers. However, this approach is almost guaranteed to have backfired, because naturally the bigger taboo that the adults created around our subject, the more curious the students likely became about circumcision. No doubt their computer screens were lighting up in the following hours and days with the web pages of our organizations.

Activities wrapped up on Tuesday with approximately twenty intactivists lobbying legislators and distributing the report on Medicaid spending for circumcision. The report (entitled “Tax Dollar Funding of Medically Unnecessary Circumcisions Through Medicaid” and written by Jack Travis, George Denniston, Rio Cruz, Steven Svoboda, and Amber Craig) documents the estimated $35 million wasted annually by state and federal reimbursement for circumcisions. Some legislators or their assistants are intact or have children who are intact, and were delighted to receive our information. Others told me, “America is not ready for this” or asked, “Doesn’t circumcision prevent AIDS in Africa?”

We should bear in mind that we need not convince all of Congress. We only need to find one “champion” in Capitol Hill terminology, one legislator willing to attach as a rider a bill stopping Medicaid funding of circumcision. Legislators regularly attach special amendments and “pet projects” to bills which may be entirely unrelated in the issue they address. All 535 members of Congress received our Medicaid report documenting $35 million of Medicaid waste. The government is currently funding a shocking 25% of all circumcisions, so stopping this institutional mutilation needs to be our focus. Please do your part by writing a letter in support of legislation that would ban government funding of all circumcisions except those very few that may be medically necessary. The addresses needed may be found at www.senate.gov and www.house.gov. Progress may be quicker at the state level, so please also start contacting your state representatives. If you email me (amberc@attglobal.net) I will send you copies of our Medicaid report to mail to your state legislators. If you would like to receive the report and a petition to help stop government funding for circumcision please mail a 9 ½” by 12” envelope with $2 postage to NOCIRC NC, PO Box 5081, Chapel Hill, NC 27514.

Events in Washington (starting with the two-day symposium which preceded the marches) provided a series of wonderful educational and political experiences that richly benefited everyone. Marilyn Milos was so moved by the scene at the Capitol that she announced that NOCIRC would be holding the 7th International Symposium for Genital Integrity in Washington DC the last weekend in March to enable us to again march on April 1 next year. Mark your calendars and start planning now! We learned a lot this year. We also reached more people and may have had a larger impact than perhaps any of us realize yet. Next year will be even bigger and better!

Amber Craig

Michigan Bill Would Save Babies From the Waste, Fraud, and Abuse of Non-Therapeutic Circumcisions

by Norm Cohen, Director NOCIRC of Michigan

Michigan House Bill 4006 would save thousands of newborn baby boys each year from the waste, fraud, and abuse of non-therapeutic infant circuminctions by eliminating Medicaid payments for this needless surgery. For these boys, this means a much less traumatic entry into the world, free from the risks of unnecessary surgery and the inevitable pain that results. For the State of Michigan, it means more money for real medical care for those who need it.

Michigan’s Medicaid system should not continue paying for this non-therapeutic surgery when so many children lack access to basic medical care. Certainly, the Medicaid money spent on non-therapeutic circumcisions could be far better utilized for more compelling, medically-justified, and cost-effective Medicaid coverage for Michigan’s children.

This legislation will enable Medicaid to provide over $375,000 more per year in better medical care for Michigan’s children. This savings estimate does not include circumcisions that are included in fixed-fee Medicaid reimbursement for birth services. It also does not include the cost of anesthesia, related hospital charges, medical supplies, and any costs associated with complications from this needless surgery, including any additional hospital stay.

The medical facts are clearly on our side. No medical association in the world recommends routine infant circumcision. The American Academy of Pediatrics and the American Medical Association have both stated that this surgery is medically unnecessary. As a result, circumcision rates have dropped to 57% in the US, while the worldwide rate is less than 20%.

California, Mississippi, Oregon, Washington, Nevada, and North Dakota have already dropped Medicaid coverage because it is not medically-justified. It would simply be fiscally irresponsible for the State of Michigan to continue this coverage when it already faces over $500 million dollars in budget deficits for fiscal year 2001.

Parents on Medicaid would not be deprived of a beneficial choice. Any baby boy will be off to a better start in life with the normal, healthy, and functioning genital tissue he was born with. Any benefit to the child that some still speculate this surgery may provide can be easily and routinely achieved by much less drastic measures that are readily available if they are needed.

Since social, cultural, religious, and ethnic traditions are the primary factors that parents cite when making the decision to circumcise, it is reasonable to object to the State of Michigan paying for their decision.

The American Academy of Pediatrics left the decision to circumcise up to parents, based on "what is in the best interest of the child". But how can parents actually evaluate the latest published medical research and come to a rational yes-or-no decision for their child when the AAP's own committee members were unable to make a yes-or-no recommendation for children in general?

(continued on page 4)
Marilyn Milos Wins Nursing Excellence Award
May 21, 2001, Nurseweek, By Lisette Hilton

She thought she had everything planned. She was going to become a certified nurse-board and prepared for the doctor. She asked her instructor if she could comfort the baby and was told that she’d have to wait until the doctor came.

Milos persisted and asked the doctor if she could comfort the child. He agreed, and Milos tried to soothe the baby as the doctor performed the circumcision.

"The doctor started to crush and pinch the baby’s foreskin and then tear the foreskin from the glans. He crushed it again and ultimately amputated it. I’ve never heard those sounds come out of the mouth of a baby before," she said. "I started to cry. The doctor looked into my face and said, ‘There’s no medical reason for doing this.’"

From that point on, Milos’ life became a crusade to save children from what she learned caused pain and had no medical significance.

Today, Milos is executive director and co-founder of the National Organization for Circumcision Information Resource Centers (NOCIRC), headquartered in San Anselmo, Calif. She has almost single-handedly made an impact on the traditional and accepted medical practice of circumcision by significantly reducing the number of circumcisions performed.

"For the next year, while I was working nights as a nurse ... I did research and learned that the doctor was right. There is no medical reason," she said. "I learned that circumcision infiltrated Western medicine and was adopted as a way to prevent masturbation because they thought masturbation was what caused disease during the 1800s."

Milos kept working while she was learning and trying to educate others. She found that what she was preaching wasn't politically correct and, in 1985, was fired after working for five years on the OB floor at Marin General Hospital. Milos would educate patients about circumcision during their patient assessments. While most were happy to learn about the surgery, three patients complained throughout the five-year period. Milos was told to keep quiet after the first complaint. So, instead of talking, she produced videotape showing the details of the actual procedure. The hospital censored the tape and tried to censor Milos, who refused to stop talking and was eventually asked to leave. "This is a message that nobody wants to hear," Milos said. "What man wants to hear is that he was strapped down, tortured and mutilated as a child and the best part of his penis—tens of thousands of nerve endings—got lopped off and thrown into the trash can when he was so little that he couldn't consent, resist or escape?"

Milos worked nights caring for a paralyzed while she worked days starting NO-CIRC. As she gained support for the cause, Milos was able to cut back to working weekends as a nurse and devote more time to the grassroots NO-CIRC.

She held the first international symposium in Anaheim in 1989, and invited the authors of every work she had read during the first 10 years of her research. Nearly 100 people attended and a published body of work resulted from the symposium, which gave her cause credibility, she said. Two years later, she organized another meeting in San Francisco. This time, Milos invited 85,000 doctors and nurses who perform circumcisions. The meeting almost broke her financially because attendance was so low. It was then that she realized that doctors don’t want to pay money to come to a conference aimed at talking them out of a moneymaking service, she said.

Milos doesn’t stop at the challenges. Today, about 110 NO-CIRC centers have been established in 15 countries. Milos has helped to inspire groups with a similar mission of protecting children’s bodily integrity, including Doctors Opposing Circumcision, Nurses for the Rights of the Child and Attorneys for the Rights of the Child.

Milos has worked seven days a week for 22 years, she said, to educate people about the truth of circumcision. She speaks around the world, participates in marches, writes and gives interviews on the topic. She’ll champion the cause, she said, until she’s out of a job because there is no more circumcision.

"We’re changing the current medical model and that’s not easy. You turn the herd one cow at a time," she said.

Norm Cohen

Michigan

(Continued from page 3) To parents, a doctor’s offer to circumcise their child and the state’s funding for it imply an endorsement of routine circumcision by the medical establishment when no such endorsement exists. Why would an unformed parent decline to accept something offered by a physician for “free”?

Our surveys of doctors in Michigan show that they often do not obtain the informed consent of parents, relying instead on how parents want their baby boy’s penis to look. As long as parents continue to make the decision to circumcise based on the appearance of their son’s penis, any requests for Medicaid coverage of this procedure should be denied.

The lack of compelling medical evidence in favor of circumcision is demonstrated by the 43% of American parents who do not choose to have their baby boys circumcised today even though most of these parents have insurance to cover it. Although only about half of all physicians use adequate anesthesia, its gradual acceptance will increase the cost of circumcisions.

The total number of boys born under Michigan’s Medicaid program in 1999 was about 13,000. Statewide, normal and healthy tissue was needlessly removed from the genitals of an estimated 80% of these boys. However, the general trend away from routine circumcision continues.

Many taxpayers have been shocked to learn that government Medicaid Programs fund more than 25% of all non-therapeutic circumcisions performed in the United States, with direct costs of over $35 million per year. Meanwhile, children’s legitimate health care needs go unmet and they are deprived of access to local providers because Michigan continues to provide inadequate Medicaid reimbursement to doctors.

Your tax dollars spent on Medicaid gives you the opportunity to demand rational decisions about health care and to end waste, fraud, and abuse. Michigan’s children deserve better health care. You can give them a healthy start to life by demanding an end to Michigan’s Medicaid funding for needlessly circumcisions. On behalf of all the children, thanks!

Norm Cohen

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Page 4
Berlin Conference
By J. Steven Svboda

Some very generous support made it possible for me to attend the 14th Meeting of the International Society for Sexually Transmitted Diseases Research (ISSTDR), held June 24-27, 2001 in Berlin. On June 26, I presented a paper by Robert S. Van Howe, M.D. and me entitled, "Circumcision as a Preventive for HIV: Reconciling Science, Ethics, and Human Rights." The Berlin event was the successor conference to the 1999 Denver conference at which Bob and I both presented independently along with Dr. Thomas Wiswell and others.

This year, symposium organizers divided presentations relating to HIV and circumcision into two separate events. On June 25, the day preceding my talk, a panel was organized comprised of two of the most notorious circumcision advocates—Stephen Moses and Richard T. Hayes—and a third former advocate Ron H. Gray—whose recent research has questioned the connection of circumcision status and HIV. This event reportedly drew a crowd comparable to the 175-200 who saw Bob Van Howe, Wiswell, and me speak at the 1999 event in Denver. On June 26, three papers relating to HIV and circumcision were combined into a panel also including two papers on other topics. The panel was entitled, "Circumcision and Violence" and drew a more modest crowd of 35-40. I was the only outright critic of circumcision invited to speak at either of these panels. My talk received the most enthusiastic applause of any in the panel, which I am sure had nothing to do with me but rather is due to the serious human rights concerns raised by circumcision.

Naturally, given the panel title, I began by commenting that circumcision is indeed a form of violence. I noted that circumcision advocates, primarily from circumcising first world countries, have promoted circumcision as a preventive for HIV/AIDS, based on a number of observational studies that suggest an association between the foreskin and an increased risk of HIV infection. But, I argued, these studies varied significantly between themselves, and compared disparate populations that were distinguishable on other relevant independent variables. Important confounding factors are being left out of the discussion, including possible infection with other STDS, place of residence, number of sexual partners, and risk behavior. Unless you find a way to control for all relevant factors, I said, the results are worthless. HIV transmission is heavily dependent on certain sexual behaviors, not anatomy. Condom use and education have been proven effective. Medical ethics, law, and human rights all support this approach.

Moreover, the functions of the foreskin have to be weighed into the equation. Study of this organ has revealed it to be highly complex, specialized tissue. Those touting the benefits of its removal are nearly universally unaware of its immunological, pro-

Attorneys for the Rights of the Child represented at the Washington, DC conference. (1 to r, front row) Gary Burlingame, Web Consultant; Jeff Borg, Graphic Designer; Stefan Ivarsson, Board Member; (1 to r, back row) Martin Novoa, Advisory Board; David Llewellyn, Board Member; Steven Svboda, Executive Director; Rich Angell, Research/Translation. Not shown, Albert Fields, Database Manager.

operative, and erogenous functions. The surgical complications of the procedure, which are believed to be higher in developing nations, also must be considered. In Africa, circumcision can be a leading cause of tetanus, and it also commonly causes hepatitis B or tuberculosis.

Serious legal, ethical and human rights considerations surround the removal of healthy tissue from non-consenting minors to allegedly protect them from a disease that may not exist when they reach sexual maturity. Some circumcision advocates such as Szabo and Short act as promoters of circumcision in the developed world, cheerfully proposing universal circumcision as a preventive of HIV, despite the lessons of history, the evidence re American HIV rates, and the dubious applicability of results obtained on developing world adults to authorize circumcision of first world infants. Generally prophylactic interventions are only permissible in the absence of the patient's consent where there is an exigent medical emergency, or where a prophylactic procedure is sanctioned under stringently applied public health reasons which justify overriding the lack of consent. The burden of proof, I added, must lie with the circumciser who proposes to alter the intact body.

Circumcision of anyone other than an adult male who has provided fully informed consent raises grave ethical concerns as well as incurring the risks of civil and criminal liability. Every national medical association in the world that has considered the issue has declined to endorse routine circumcision. Legal bodies have also found circumcision indefensible both legally and medically. I questioned the suggestion made in the past by Bailey that physicians may act as cultural brokers for medically non-indicated procedures, and queried whether the exportation of a cultural practiced from the US to Africa might not be a form of racism or colonialism. Official acknowledgement of circumcision as a human rights concern is growing. The recent Swedish law mandates that circumcision be studied as a possible human rights violation over the coming four years.

I concluded by arguing that health and human rights can exist together. Medicine, I added, must ally itself with medical ethics, human rights, and the law. Guesses and understandable fear do not justify amputation. HIV transmission is dependent on behavior, not anatomy. Sacrificing human rights to promote health by removing healthy, functional tissue is with present knowledge—bad science, questionable ethics, and a violation of our basic entitlements as human beings. J. Steven Svboda

Sweden

(continued from page 1) violate national equal protection laws and international human rights laws. Worldwide, in the last four years every national professional medical association which has issued a recommendation regarding routine male circumcision has recommended against the practice.

J. Steven Svboda, Executive Director of Attorneys for the Rights of the Child, stated, "This historic decision by Sweden represents a turning point in history. Again Sweden has demonstrated its concern for human rights. It is regrettable that the initial version of the bill, which would have banned all circumcisions of minors, did not pass. Nevertheless, we congratulate Sweden for acknowledging that males' right to genital integrity deserves serious evaluation as a human rights concern.

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HAWAIIAN PUNCH
By Duane Jorde

What do you get when you throw together the entire Hawaii State Legislature, the Hawaii State Office of Information Practices, a Hawaii Congresswoman, the Hawaii Med-Quest office, a Hawaii Senator and two crazed children's advocates? Until we come up with an appropriate punch line, just sit back and enjoy our story.

The tale actually begins more than a year ago, when International Coalition for Genetic Integrity (ICGI) members began contacting state Medicaid agencies to determine the extent of tax dollar waste regarding circumcision coverage. Their subsequent exhaustive study, Tax Dollar Funding of Medically Unnecessary Circumcisions Through Medicaid, was distributed to every member of Congress during early April, when hundreds of children's advocates descended upon Washington DC (see related article). Unfortunately, Hawaii, one of six non-compliant states, did not submit the information requested by publication deadline.

Returning home exhilarated and motivated to continue the effort at the State level, Hawaii advocates were disappointed to discover that Hawaii Med-Quest, after an entire year of delays, had decided they would provide the information requested for the formidable amount of $2100. Contrasting this figure with the fact that most states provided the same information free (three states charged $55 or less) and by deadline, those-involved with this project found the fee ridiculous if not shocking. With the encouragement of ICGI colleagues, on April 30 Hawaii advocates unleashed the press release, Children's Rights Organizations Accuse Hawaii Medicaid of Violating Freedom of Information Act (FOIA), sending it to Hawaii news sources and State officials, the Hawaii Congressional team in Washington DC, and to the international fax network.

Meanwhile efforts to lobby elected officials on the state level began. On April 27, armed with copies of the ICGI study, Dan Skomp, RN, and Duane Jorde descended upon an unsuspecting but receptive Hawaii State Legislature. During a relentless delivery to 75 legislators, they pointed out the behavior of the Hawaii Med-Quest office.

The Hawaii team was delighted when several legislators directed them to the Hawaii Office of Information Practices (OIP). A description of that visit follows:

"It came as more than a mild surprise when two OIP lawyers dropped what they were doing on a Friday, and late afternoon at that, to usher us into their conference room. Perhaps it had something to do with the fact that, as we explained our visit with the receptionist, we referred to a letter written on Attorneys for the Rights of the Child letterhead. Nevertheless, our 'case' was immediately opened, an OIP lawyer was assigned, and we were asked to submit copies of correspondence between the Hawaii Med-Quest office and ICGI. Two major points were explained to us: 1.) it appeared that Hawaii Med-Quest had violated State guidelines on how to respond to a request for information in a timely manner, and 2.) the information requested may fall into a gray area due to the fact that the information was not already in the form of a record. One ICGI colleague suggested that we remind them that the FIOA is not the Freedom of Records Act, and that their office is not the Office of Records Practices!"

On yet another front, the Hawaii press release appeared to be bearing forth fruit. While the release was not picked up by Hawaii reporters, the unexpected occurred elsewhere. On May 3, Congresswoman Patsy T. Mink, wrote a succinct but powerful note informing the Hawaii team that she had written to the Hawaii Med-Quest office. If not the punch line you were waiting for, then her words provide, at the very least, an appropriate punch:

"...I understand that a group named Attorneys for the Rights of the Child has been trying to obtain data from Med-Quest under the Freedom of Information Act for the past year. The group was told that there would be a $2100 charge to get the information. Other state Medicaid agencies only charged them nominal fees or supplied the information at no cost. ...Please forward my office the ...information."

UPDATE:

Could it be that the expected "Punch" from Congresswoman Mink was nothing but a misguided poke? On June 8, Hawaii Med-Quest Administrator Aileen Hiramatsu finally responded to Attorneys for the Rights of the Child. In an artfully worded letter full of vagaries and most likely composed by staff lawyers, the department disclosed 148 circumcisions were funded through the fee-for-service section of Medicaid, that most infants are in the waiver managed program, and this information is processed and stored in Arizona. Plus, the price for retrieving it had suddenly risen to a whopping $2500.

On June 20, Congresswoman Patsy Mink provided her two cents, which basically was a copy of the Hiramatsu letter to ARC. Hawaii advocates followed with a response to Mink, asking her to again request all Hawaii Medicaid circumcision data, implying that the information that she asked for was basically denied and her authority had been defied.

Meanwhile, OIP Attorney Georgia Fligg wrote on July 2 that our team had one more option, that of requesting the entire underlying Med-Quest record system. Essentially the suggestion is that we obtain a full set of records from HI and go through them ourselves, something like obtaining the key to a warehouse full of filing boxes, not all that feasible, not to mention the expense.

However, the Hawaii team has not given up hope. Somewhere along the line, Hawaii Senator Daniel Akaka tuned in, informing ARC that he had sent an inquiry to the federal Health Care Financing Administration office that distributes Medicaid monies to state agencies. Meetings with Hawaii State Legislators are pending, and there's always the lingering hope that Congresswoman Mink will provide a Hawaiian Punch!

E-mail: kidsryts@pixi.com

Towards a Broad Interpretation of Harm Caused by Circumcision
By David Wilton

The facts are simple. I hated being circumcised. I felt all the well-known emotions a man experiences upon learning the truth. In sharp contrast, my cousins gave birth to a total of six boys and ignored everything I told them about this practice. I could not bear what they did to their boys and avoided them. I felt compelled to ignore the pleas of my beloved aunt for me to come see her; I was afraid that I would be forced to have contact with my cousins if I visited. Eventually, she passed away after years of missed chances.

I practice criminal law. I do not believe a consensus that would support criminal sanctions against circumcisers has yet developed. I am not sufficiently well versed in civil law to evaluate what sort of lawsuit might be possible. However, as a person and family member, I believe I have experienced an injury ultimately caused by society's tolerance of the assault known as circumcision. I think it is this kind of impact, which may or may not have redress in law, that is most damaging, being the source of so many feelings of powerlessness. I hope that eventually as anti-circumcision lawsuits gain more judicial and societal acceptance, injuries such as I have incurred may be actionable. Perhaps even if such events cannot lead to legal victories, they can inform political organizing on this issue, in rough analogy to some strategies employed by legal aid organizations fighting for equal access, housing for the poor, and other issues.

The key to success, and avoidance of sanctions for frivolous lawsuits, will be creative formulation of causes that seek either to break new ground or build on here-tofore underdeveloped areas of the law.

David Wilton
Washington Success
(continued from page 1) on HIV and circumcision.

Saturday at lunch ARC held a meeting/brainstorming session that drew about fifteen people and was a lot of fun and quite productive as well.

David Llewellyn discussed recent legal developments and Jim Price proved himself an excellent, poised speaker in discussing his successful fight to protect his son's genital integrity. Steve Scott turned in his usual excellent discussion of anatomy, and Morrie Sorrells and Tina Kimmel showed the audience the fascinating preliminary results of their penile sensitivity study. Jim Bigelow and Wayne Griffiths discussed restoration, and Jeannine Parvati Baker, Mary Conant, and Marilyn Milos helped set the mood for a wildly popular session on women's role in the movement, which turned into an event allowing everyone present to share some feelings and catch our collective breaths as Saturday drew to a close.

The Sunday March from the "Ellipse" park in Washington, DC to the Capitol drew well over 100 participants. We all had a fabulous time talking with passersby and taking over the entire steps of the Capitol with our signs, which included the huge three banners saying "Stop Infant Circumcision."

On Sunday, after the march to the Capitol and a lunch talk by author Kristen O'Hara, we were treated to talks about the SIC Society by David Wilson, international media work by Shelton Walden, and activism by renowned rabblerouser Van Lewis. George Denniston discussed the work of Doctors Opposing Circumcision, and Mary Conant and Patty Worth looked at "the impact of activism on local medical practice." Then came the event many of us were waiting for, Amber Craig's presentation (in Rio Cruz' regrettable absence due to family matters) of the findings of the International Coalition for Genital Integrity's Medicaid Project. Amber is the fireball who kept this project on track, and I personally count myself lucky to have been able to work with her. The report contained a wealth of statistical information on Medicaid support for circumcision, including the shocking conclusion that $35 million is spent annually by the federal government to pay for a procedure that the American Medical Association and the American Academy of Pediatrics agree is unnecessary.

Paul Fleiss, Laurie Evans, and Norm Cohen all presented wonderful talks which combined their own unique personal perspectives as a pediatrician, a Jewish woman.

lice stopped traffic for us both days and were, by and large, very helpful. Following the Supreme Court march on Monday, the Genital Integrity Education Fair included about eight informational tables staffed by various anti-circumcision organizations which distributed literature and discussed the issues with passersby.

On Tuesday a couple dozen of us lobbied Congress, visiting all 535 Representatives and Senators to discuss with them the issue of Medicaid funding for newborn circumcision, and distributing to them the report Amber put together. Personally, I visited the offices of 22 Senators and was able to speak with a few aides as well as Guam's delegate to the US Congress, the Honorable Robert Underwood.

The discussion with Underwood was interesting; we spoke at length and he disclosed some interesting family stories about the issue. I spent the rest of the week doing research on circumcision and related issues at the Library of Congress and the National Library of Medicine, located in Bethesda, Maryland. Later in the week, I also visited the offices of the Men's Health Network and met all the staff there. MHN has been very helpful to the movement against circumcision and has worked closely with ARC, so it was good finally to meet everyone in person.

It was wonderful to meet for the first time ARC's newest board member, Stefan Ivarsson, and to spend time with many dear friends.

Hats off to Amber Craig, David Wilson, Marilyn Milos, and everyone else who organized this great series of events.

We will be establishing a presence in Washington, DC every year during Genital Integrity Awareness Week, which is the first week in April. Mark your calendars and join us in 2002! Steven Svoboda, Executive Director, Attorneys for the Rights of the Child

Demonstrators gather on the Mall preparing for the march to the Capitol. Photo by Jeff Borg

Video Available

Copies of "The Cruelst Cut," a seven-minute television news segment featuring footage from the 2001 Genital Integrity conference in Washington, D.C., are available for $5 from Mark Sherman, 620 Roy Drive, Silver Spring, MD 20910. Or send an email with your street address to: dancepartner@juno.com and he will send you a tape along with a bill.

The tape can be used as an ice-breaker at educational events. It starts with footage from "The Full Monty" to explain how the naked male in Britain has a different appearance than here. In addition, it explains how the U.S. military forced G.I.s to get circumcised during World War II. It's a news segment, so it includes interviews with people from both sides, but the statements with which you might disagree provide a starting off point for small group discussion.

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INTACTIVISTS

These are dedicated people who defy tradition and ignorance to save innocent little boys and girls from genital mutilation in the US and worldwide.

Hear the babies scream?

Infant Circumcision is Child Abuse

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