Green Light for Home Circumcisions?
John V. Geisheker
Doctors Opposing Circumcision, Executive Director

Circumcision is surely the only surgery that parents may freely attempt at home. But since most parents only have a few boys, they do not get much practice.

Religious circumcision provides ‘cover’ for the homespun variety by lending its holy cachet and total lack of regulation. That is, because parents can allege that they had holy ...continued on p.4

Is Circumcision Quackery?
Peter W. Adler, Esquire
ARC Legal Advisor

These are preliminary and unpolished (but hopefully useful or at least provocative) thoughts as to whether non-therapeutic circumcision is quack medicine. Which is also to ask: Are physicians who circumcise healthy boys quacks?

2013 Genital Integrity Awareness Week
Karen Glennon
Tue., March 26 – Mon., April 1

Genital Integrity Awareness Week has come and gone and like each of the last eight years I have attended, I am left with lingering memories of conversations and faces that I carry with me – some inspiring and some haunting.

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Definitions. The word “quack” derives from the Dutch word “quacksalver,” meaning a boaster or hawker who applies a salve. “Quacks” also loudly promote their wares like quacking ducks. “Quack medicine” is the promotion of products for profit as having curative powers that are unproven or ineffective, or that may be harmful. According to the FDA, medicines and treatments are quack medicine if they are worthless or dangerous.

Quackery can include deceit, such as falsely portraying oneself as a doctor, or fraudulent medical practices. Ordinarily, “quack medicine” refers to false medical claims regardless of the promoter’s intent. Thus, we are not asking whether those who promote circumcision are frauds, although that will be the next question.

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Attorneys for the Rights of the Child
2961 Ashby Ave., Berkeley, CA 94705
Fax/phone: 510-464-4530
www.arclaw.org
email: arc@post.harvard.edu

J. Steven Svoboda........ Executive Director
Georganne Chapin........ Technical Advisor
David Wilton................. Legal Strategist
Peter Adler...................... Legal Analyst
Marc Angelucci.............. Gender Equity Strategist
David Miller................. Director, ARC Kentucky
David Llewellyn............. Litigation Advisor
Anthony Levin.......... Director, ARC Australia
Travis Konzelman. Networking Coordinator
Jonathan Friedman.. Web/Newsletter Editor
Jeff Borg.................... Graphic Designer

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. arc@post.harvard.edu
Executive Director's Message

Well, what a remarkable ride our work to protect children’s human rights has given us lately. A number of surprising, mostly positive events have taken place even since our last newsletter that could never have been predicted. And among the good news that we could have foretold, it continues to be the happy truth that so many folks are getting involved in intactivism that it is impossible for us to all know each other.

Fearless Newsletter Editor and Webmaster Jonathan Friedman continues to valiantly chip away at our numerous projects, including keeping our website up to date and pounding out two or three newsletters each year, whatever far-flung portion of the globe happens to be his current location. Legal Advisor Peter Adler has kicked into even higher gear, with an upcoming publication about why circumcision is illegal and two articles in this newsletter issue. Our social networking team, including Social Networking Coordinator Travis Konzelman and CircumcisionandHIV.com Curator and attorney David Wilton continues to add significant value to our efforts to keep others updated on our efforts. Anthony Levin, formerly Director of ARC-UK, has moved and is now Director of ARC-Australia.

Right now I am hard at work writing a paper on the illegality of circumcision for the medical ethics conference at Charleston’s Medical University of South Carolina in October. I am also writing a paper about developments in Germany and worldwide regarding genital autonomy for presentation at a conference at the University of Keele in the UK in September. A team of lawyers is working with me to analyze the early history of three core United Nations documents to prove human rights backing for a right to genital integrity.

The Journal of Medical Ethics (JME)—one of the world’s leading journals on medical ethics—is poised to release its hotly anticipated special issue on circumcision, which includes two of my articles—more about those in a minute—as well as an article on circumcision and the right to an open future by my longtime collaborator Robert Darby and an article on circumcision and parental rights by my regular co-author, pediatrician Robert S. Van Howe, M.D.

The JME paper by Bob Van Howe and me leads off the JME special issue, arguing that the American Academy of Pediatrics’ (AAP’s) position regarding male circumcision lacks credible support. Our paper has already led the JME to also publish a response by the AAP in what our press release calls “an ill-fated attempt to justify the medically and ethically flawed arguments in its policy statement and technical report.”

In the words of the JME’s own press release describing my other JME article, “Human rights lawyer J. Steven Svoboda goes a step further and argues that circumcision is a clear-cut human rights violation, whether it is performed on boys or girls, and whether for religious or secular reasons. Surveying the basis of human rights law in Western societies, Svoboda shows that circumcision may be considered inconsistent with the most widely accepted interpretations of key human rights documents, including the Universal Declaration of Human Rights and the United Nations Convention on the Rights of the Child.”

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Our press release about the AAP was picked up by the Orthodox Jewish publication *The Jewish Press*.

Traffic to our website appears to have quadrupled in the wake of our recently released list of all known significant legal awards and settlements in circumcision-related lawsuits.

This issue is stuffed with great contributions: 1) Legal Advisor Peter Adler provocatively argues that male circumcision is medical quackery; 2) John Geisheker contributes his usual distinctive, thought-provoking meditation on the strange legal status accorded home circumcisions; 3) Peter Adler strikes again with a trenchant response to a horrendous piece recently published in the AAP News; 4) Exclusive to the ARC Newsletter, a special section on the expected Canadian Paediatric Society position statement on male circumcision, including ARC’s recent letter to the CPS; 5) photoreports on Genital Integrity Awareness Week in Washington, DC; 6) reviews of two superlative recent books by friends of the movement, Robert Darby and R. Charli Carpenter; and 7) News reports including the Bill Clinton protest that received widespread press attention.

As always, we are more grateful than can be expressed in words for the support each of you offers us, be it financial, emotional, logistical, as colleagues, or a combination of these roles. I have said it before and will keep on saying it—we literally could not do it without you! As has always been the case since we started, 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 94705, or made through paypal at our website (www.arcarelaw.org/donate) or using the paypal address arc@orel.ws.

Steven Svoboda
Executive Director

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motives when the heat comes on, what would normally constitute child sex abuse gets a free pass.

If that were not disturbing enough, we now see a new trend: laws in California and Germany protect home circumcision from oversight or challenge. In New York, a new consent form ‘regularizes’ septic and dangerous oral-genital contact of the bleeding boy. More such laws can be expected.

Anglo-American law has always shunted children. They began as chattel and have barely progressed to actual ‘person’ in 800 years. The law has not yet focused on the legality of non-therapeutic genital cutting on male minors. But there are some case-by-case legal precedents for guidance.

Being forced to call 9-1-1 is a red flag that sloppy circumcision techniques were employed. This might embarrass the larger community, requiring a sanction for the inept, if only for simply being inept. The number of ‘successful’ home circumcisions—no 9-1-1 call needed—is completely unknown.

Bathtubs as surgical venues are not ideal, suggesting a convenient drain for hemorrhage, and thus, premeditation of the risk. Kitchen tables are problematic, with or without the dishes cleared. Kitchen tables of urologists are perfectly OK.

As for tools, linoleum cutters, hunting knives, swords, box cutters, etc., are not as tolerable as scalpels, due to the visual ‘ick’ factor.

Hemostasis is important—as the failure therein is embarrassing to hear about—and horse stypic powder, despite the suggestion of maximum effectiveness, seems an inadequate agent for controlling bleeding.

Ice is not the most convincing anesthetic, if use of anesthesia is claimed as a defense. No anesthesia is probably better than pathetic efforts—which suggest admission of pain—and are easier to defend in the courts as being similar to clinical settings. Wine as anesthetic for a minor is okay if the minor is an infant. Older children—probably not so much.

Age only sort-of matters. Infants are always fair game. Unwilling 14-year-olds? Less so. A 14-year-old boy from Oregon resisted a forced circumcision occasioned by his Dad’s dubious religious conversion. His urologist testified under oath that boy’s preferences were irrelevant, suggesting that boy would need to be drugged or restrained. The boy won on remand after five-year struggle.

Religious motivation claimed—no proof needed—will be given HUGE accommodation. For example, Old Testament motives in hands of fundamentalist Christian are frowned upon, as one mother was sentenced to home probation after botching her son’s circumcision.

Any good attorney could look at California’s AB 768 and find the language needed to suggest that California law gives a green-light to home-grown circumcisions, providing a loophole a first-year law student could drive a semi through. The 2012 German law legalizing circumcision is similarly indulgent. Circumcision opponents have begun to call such laws, accurately, “box-cutter laws.”

Were it not completely immoral for me, I would be prepared to defend a parent who claimed in good faith to understand California law as an open invitation to obey Biblical mandates using tools at hand—rocks, pot shards, sharpened sticks—biblical style (cf: Abraham and Isaac). Or, this being the bronze age, copper knives.

Yes, I’m bitter—sadly this is verifiable—but that’s because I have been do-
ing this work full-time, for nearly 14 years, during which time more than 15 million U.S. boys have been subjected to medical fraud and the whims of parents besotted by 200BCE superstition, or 19th century anti-sexual superstitions that pregerm MDs invented and refuse to ‘uninvent.’ And, of course, the prospect for easy money.

It is not much more complicated than that, I am very sorry to relate. ■

John D. Geisheker details the astonishing lack of regulation on home circumcision in an article found here: http://newmalestudies.com/OJS/index.php/nms/article/view/60

...Is Circumcision Quackery? from p.1

Quacks are often called “snake oil salesmen.” These were men who sold worthless remedies in North America during the mid-19th century.

Methods. What are the methods of quacks, and do some American physicians and their trade associations use those methods?

As depicted in Westerns, quacks would come unannounced to a new town, gather large audiences, build trust by claiming to be doctors and by having ‘plants’ in the audience, make as much money as possible selling worthless products, then get out of town quickly before people learned that what they had bought had no medicinal value. Quacks are in it solely for the money.

Circumcision, likewise, is a multi-billion-dollar, vertically-integrated business which supplements the incomes of physicians and hospitals. The American Academy of Pediatrics (AAP) is a trade association, after all. As such, it has an interest not only in promoting the health of children, but also in protecting the income of physicians.

The 2012 American Academy of Pediatrics Task Force on Circumcision (TFOC) perhaps inadvertently concedes that physicians are in it at least in part for the money. The opinion states that it is the product of a multidisciplinary task force of AAP members and other stakeholders, including other medical associations (of obstetricians, who perform most circumcisions) and medical specialists. “Stakeholder” means “a person or group that has an investment, share, or [financial] interest in something as a business or industry.” Physicians are entitled to make money, but not by performing medically unnecessary surgeries at the expense of healthy boys.

Quacks aggressively promote their products and cures. The AAP, representing all American pediatricians, has aggressively promoted circumcision since 1971, even though in none of its official statements has it ever recommended the surgery. For example, in 2012, the TFOC issued a press release to the media about the supposed medical benefits of circumcision, and its claims were published in leading newspapers.

An article in AAP News this April informs all American pediatricians that it is a good and acceptable practice to solicit consent to circumcision from all parents. Years ago, a Harvard physician asked my wife and myself whether we wanted to circumcise our newborn son, even though we had never given circumcision a thought. American physicians and their trade associations certainly promote circumcision aggressively, while the Royal Dutch Medical Association counsels its physicians to use their best efforts to deter parents from circumcision.

Quacks may claim that their product or service has been “Used for centuries!”, suggesting that this proves its effectiveness. In litigation in San Francisco, a principal argument of the proponents of circumcision was that it has long been the most common surgical procedure in America. How long a procedure has been used has nothing to do with whether or not it has medicinal value. Cave paintings depict drilling holes in the brain to release evil spirits, and it used to be commonplace to use leeches to draw blood until fairly recently. Both of these practices are now considered ineffective and harmful.

Quacks are also known as “con men,” from the word confidence. They must gain the trust or confidence of their victims. It is easy for physicians to gain the trust of laypeople. After all, they have spent years becoming M.D.’s, while the rest of us know next to nothing about medicine. We have no choice but to trust and to rely upon physicians to be honest with us about our health and the health of our children.

Quacks also may prey upon people’s incapacity, emotions, and fears, as do some American physicians in the context of circumcision. In America, where the surgery is commonplace, parents are likely to be completely ignorant about the foreskin.

For example, few Americans know that the foreskin is a moist mucous membrane, not an extraneous piece of skin, that it is fused to the glans at birth, that it protects the glans from infection, or that it has immunological properties. Physicians are unlikely to enlighten them: the 2012 AAP opinion, for example, makes no mention whatsoever of the functions of the foreskin, even though they are well known amongst the international community. Parents may never have discussed circumcision with their spouses before the birth of their child (my wife and I had not), let alone with their friends.

Physicians solicit consent from mothers when they are recovering from giving birth, usually with drugs, and are unlikely to be thinking clearly. In my case, my wife, a physician, told me, “you decide,” the only medical decision that she ever deferred to me in our thirty years of marriage. Thus, physicians who solicit consent to circumcision from mothers
take advantage of their vulnerable position, of which physicians must be aware.

In Europe, both parents must give their consent to circumcision, but in America, the consent of one parent is legally valid (if fully informed). Thus, physicians can target whichever parent seems more likely to consent. Men make especially easy targets. In 2000, approximately 79% of American men were circumcised. American physicians know that fathers who are circumcised often want their son to “to look like them.” Physicians are likely to tell parents that this is a valid reason for choosing circumcision, even though that reason has nothing to do with medicine.

In soliciting consent, physicians are also likely to frighten parents by mentioning penile cancer and HIV. The only reason to mention these diseases to parents is to frighten them into consenting, insofar as infants are not at risk of penile cancer or STDs, and circumcision does not prevent those diseases.

In hawking their wares, snake oil salesmen would pretend that supplies were limited or that time was limited, pressuring people to buy. Likewise, American physicians often ask parents shortly after the birth of a boy, “Have you decided whether or not to circumcise your son?”, pressuring them to decide, when the parents may never have thought of it beforehand. And if parents say “no,” American physicians reportedly often badger parents, pressuring and intimidating them. They may then claim, for example, that circumcision is best performed on newborns, who are best able to tolerate the pain. How many parents have said “no” only to be badgered until they said “yes”?

Quacks are not “transparent”: they may conceal the truth. For example, quacks did not disclose the ingredients of their elixirs—usually readily available fluids—until federal regulations required it.

Similarly, the 2012 AAP circumcision policy statement does not disclose conflicts of interest to the public, even though this is standard medical policy in publishing articles. A person has a conflict of interest when his activities or interests can be advanced at the expense of another person. The 2012 AAP circumcision policy statement states that conflicts, if any, have been disclosed internally, which is of no value to the public. I recently submitted a response to an AAP News article, and the AAP required me to publicly disclose conflicts of interest, yet it failed to do so itself in its 2012 opinion.

Obviously, it is important to know whether the male members of the 2012 AAP Task Force on Circumcision are circumcised themselves (in which case they are unlikely to oppose it), and whether they are Jewish and believe that circumcision is commanded by their God (in which case it furthers their interests to promote circumcision). Are they paid to circumcise? The probability is high that many members of the TFOC have conflicts of interest which they failed to disclose, so we should be suspicious about their medical claims.

The TFOC’s members did not include any European physicians—who tend to be opposed to circumcision—any European men with foreskins, any intactivists who are opposed to circumcision, any men seriously injured by circumcision, or any men angry to have been circumcised against their will. Thus, the AAP did not seek or want unbiased opinions. In a recent article in the AAP’s Pediatrics journal, a large group of European physicians stated that the AAP’s 2012 Policy Statement on Circumcision showed an obvious cultural bias and was out of step with the prevailing view on the subject in Western countries.

Even though many articles during the past decade have questioned the legality of circumcision, the AAP has simply repeated its claim that parents have the right to make the circumcision decision for religious, cultural, and personal reasons, which is to say for any reason, even on a whim, without responding to arguments to the contrary. The AAP does not engage in an open dialogue with physicians, ethicists, lawyers, and intactivists who hold opposing points of view. The AAP does not appear to be interested in finding out the answer to: What ethical and legal rules apply to circumcision?

When the AAP issued its 2012 circumcision policy statement online, it quickly stopped publishing replies. The AAP appears to be lobbying legislators behind the scenes to reinstate Medicaid coverage of circumcision in some states without giving the public an opportunity to comment, even though it has been compellingly argued that it is unlawful for physicians to use Medicaid to pay for circumcision. In short, the AAP is elusive, not transparent.

Quacks often claim that their remedy is “backed by scientific studies,” and “cited hundreds of publication, which may be misinterpreted, outdated, irrelevant, and/or based on poorly designed research.” Physicians, ethicists, and lawyers have accused the AAP of cherry-picking studies and of ignoring conflicting studies.

Some quacks added turpentine to their bottles to give them a medicinal smell and taste, which could have poisoned and killed people. The TFOC claims that the risk of harm from circumcision is low, but contradicts itself by stating that it does not know the true extent of the injuries, though it certainly should. The TFOC also does not refer to the oft-cited claim in a published article that the surgery kills over one hundred American boys per year. The AAP implies that circumcision can be fatal only when performed in unsterilized settings. Attorneys For the Rights of the Child has compiled a growing list of settlements for negligently performed circumcisions, yet there is no mention of these in the 2012 AAP opinion.

Thus, quacks act in callous disregard for the safety and welfare of people they deceive. “Nor do quacks keep count—while they fill their bank accounts—of how many people they lure away from effective medical care into disability or death.” A large part of the TFOC report discusses the supposed benefits of circumcision, with no evident regard for the feelings or bodies of helpless newborn babies and injured men. According to American medical associations, infants tolerate circumcision pain well (in fact, often no anesthetics are used), and serious injuries are “untoward events.” American medical associations
have never mentioned and thus do not seem to care that many men are angry at physicians and their parents about circumcision, or that many parents regret having made the circumcision decision.

In short, it certainly appears that the AAP and many American physicians use the methods of quacks to obtain consent to circumcision.

Quackery? Still, it remains to be asked, is circumcision quackery? Do American physicians and their trade associations make unproven and false claims about the surgery, and understate the risks? In a nutshell, American medical associations claim that circumcision is a low risk procedure that improves the health of boys and men, like immunizations, but is it?

1. Starting in the late 1800's, physicians falsely claimed that circumcision cured or prevented a long list of diseases such as epilepsy, and even claimed that it cured all diseases, when there was no scientific evidence for the claims.

2. “Parents have the right to make the circumcision decision for religious, cultural, or personal reasons,” which is to say for any reason. Parental consent to medical procedures is invalid unless it has a valid medical basis.

3. “Physicians have a right to operate on healthy boys” at the request of parents. Even if circumcision has benefits, physicians do not have the right that they claim to perform it.

4. “Circumcision prevents penile cancer and STDs including HIV.” These claims are highly contested. Penile cancer (which is extremely rare), and STDs including HIV all occur in the United States where a high percentage of men have been circumcised.

5. “Circumcision has potential benefits.” Even if it does, it still does not benefit the vast majority of boys and men.

6. “The benefits of circumcision out weigh the associated risks.” Given that few boys and men benefit at all from circumcision, and that it risks serious injury and death, the risks clearly outweigh the benefits, not the reverse as the AAP claims.

7. “Circumcision is not harmful.” Circumcision harms all boys as by invading living tissue, causing pain, increasing sensitivity to pain, possibly for life, and possibly causing post-traumatic stress disorder. It also leaves an “endless line of wounded men” by removing up to half of the penile covering, disfiguring the penis, reducing penile girth and length, and leaving a scar, itself proof of injury.

8. “Circumcision does not impair men's sex lives.” Circumcision destroys normal sexual function, whereby the highly elastic foreskin moves forward over the glans and back toward the base in a virtually frictionless “gliding action.” The TFOC does not address studies showing that circumcision removes the most sensitive part of the penis, and reduces sexual satisfaction for men and their female partners.

Conclusion. Discharging healthy boys from hospitals with their genitals intact is good for their health. Cutting off their foreskins is painful, dangerous, and bad for their health. Circumcision is quackery and physicians who circumcise are quacks.

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**Grassroots Intactivism**

**GIAW 2013**

... GIAW 2013 continued from p.1

This year marked the 20th anniversary of David Wilson’s presence in Washington DC to be a voice for children, to teach of the harms of circumcision, the benefits of a foreskin and advocate for the right of all children to have dominion over their own bodies. We had a large crowd of intactivists to mark this milestone. It was wonderful to see representatives from the major intactivist organizations present: NOCIRC, Intact America, Saving Our Sons, Peaceful Parenting, The Whole Network, and ERIC to name a few. It’s always great to hear Marilyn Milos and Georganne Chapin speak. They are so Intactivists pose in front of the Supreme Court, GIAW 2013, March 28
I gently pulled him back to the issue of religious freedom. He told me that he didn’t practice his faith. We went on to discuss hygiene and other aspects. I am thankful for his willingness to talk with me and have a dialogue. You can see the video here: http://youtube.com/watch?v=ZxfgMn9lGO0

James recorded another memorable conversation with a man in the medical field. (http://youtu.be/dFUzrQBQq8) The video does not catch the part where this man discloses that he is Afghani. Here is a man with a deep cultural bias, likely a deep religious bias (he didn’t disclose his religion) and an American medical bias. Despite this, he was willing to talk. He was ignorant of the sexual function of the foreskin. He was interested in data on HIV/AIDS. I was able to provide him with a card specifically addressing the circumcision/HIV connection (or lack thereof). While I was not successful in changing his mind on the medical aspects, he left our conversation admitting that the rights of the boy have merit and suggested we should stick to that angle. Another seed planted.

Back at the Capitol lawn, I and several other intactivists spoke with a group of 13-14-year-old school kids from Christiansburg, VA on a tour of the city. One young man stood out starkly from the group of kids. His maturity level was well beyond his age. He is originally from Cuba. He had a full understanding of the value of the foreskin and was confident to share that he was intact. He asked for an “I love my foreskin” button and immediately pinned it to his sweatshirt. His classmates were speaking the usual “Yuck, it’s dirty” myths. Their youthful disparaging comments didn’t faze him.

When speaking with minors, I have to tread carefully with sexual education and anatomy, mindful to not get into too much sexual detail that can be construed as inappropriate. I stick exclusively to anatomy and science and leave out any subjective material. Many of the kids took info cards, even though they were laughing off the issue. Many of them told us they were circumcised. One boy didn’t even know if he was or not, asking us “What is if it looks like a mushroom?” When we answered, he said somberly “I’m circumcised then.” It’s a painful reality to learn that your body was changed. A fellow intactivist told me as the kids were leaving that one of their chaperones was confiscating their info cards. I missed that censorship.

I had a confident little girl, approximately 8-10 years old, march right up to the wall and say “I don’t think you should be here.” I asked her “Why?” She responded assertively “I don’t think this is appropriate.” I looked behind her and
saw a man and a younger boy who appeared to be with her. I projected my voice a bit to make sure he was able to hear what I was saying to her. I responded by telling her that this was actually a very appropriate thing because, historically, this is THE place to voice your disapproval of legislative matters. When our Congress has enacted a law that is not in accord with our Constitution, it’s the duty of the people to protest and to speak out against it.

The man behind her changed his demeanor and began to seriously listen to me at this point. I explained that in some places in the world, they cut part off of the private parts of girls but that we protect girls in America from that by a federal law. I told her that in America, we often cut off part of a boy’s private parts when he is a baby, so we don’t give that same protection to boys! I explained that the 14th amendment to our Constitution states that we shall not enact a law biased against gender. She said “Oh, ok, I didn’t know that.” They all walked away thinking about it. I really admired her confidence to march right up and speak her mind. May she continue to confidently bring questions to those larger and more powerful that she is.

I had awesome conversations on separate occasions with two different Muslim men. One was from Syria, the other from Azerbaijan. Both were very interested in the sexual function and anatomical structure of the foreskin. Neither had ever heard any of those biological facts. I covered every aspect of circumcision that I know! They were willing to view an info card that showed close-up photos depicting the differences between the circumcised penis and the intact one. They both took information cards with links to numerous sites for further research. They shared their religious perspectives with me, both clearly stating that it was not required by their religious text. It was a great pleasure to speak to such open minds and to learn about circumcision from their perspectives. I have no doubt those men have gone on to look into the issue in greater detail using the resources I was able to provide.

This year marked the first appearance of the Bloodstained Men and Their Friends at GIAW. These intactivists, wearing white with red “bloodstains” on their genital area, present a stark image – one that makes the direct connection that every circumcised baby grows up to become a circumcised MAN. It’s provocative. They were present on the Capitol lawn and also walked around the mall area of the city interfacing with the public in many areas. They were a powerful presence, a thought provoking image and a conversation starter.

It’s a powerful personal experience to publicly protest – to speak truth to power in our nation’s Capitol – the home of Congress and our Supreme Court. I only hope to live long enough to be in front of the Supreme Court when they hear this issue, and I firmly believe they WILL hear and debate this issue! The event at GIAW that has the greatest “protest” feel to me is the march from the Capitol to the White House. I deeply appreciate the freedom to speak out. Far too many in the world don’t have this freedom. Certainly the boys strapped down, enduring forced genital cutting didn’t have their voices heard and honored. It is the least I can do to give my voice to their ignored screams.

This year, we marched on the actual anniversary of the signing of the FGM bill (March 30th). We assembled over 100 people – many of them families with children. It’s a powerful picture to see entire families and the next generation of intact and/or educated children. It was interesting watching the responses of
drivers and their passengers as we walked along the roadway. I remember turning the corner and seeing a young muscular man driving a truck with the window down and his arm resting on the door frame. I could see a tribal motif tattoo on his bicep - peeking out from the edge of his tight t-shirt sleeve. He was laughing at our signs. I made eye contact with him, smiled and called out “Body modifications are an adult decision!”. I tapped my arm, hinting at his visible tattoo and said “I love your tat!”. He smiled and I watched the reality of my first statement click in his head. He got it!

Every year I come home with the face of at least one man that haunts me for a long while. On our return to the Capitol lawn from the White House, we walked to the Washington Monument and up the Mall. I walked a while with the Bloodstained Men and Friends, engaging in educational discussion along the way as they handed out info cards. A few of these discussions got lengthy and I was soon left behind.

As I was making my way back by myself, I came upon a young man and young lady sitting on a bench that had circumcision info cards in their hands. They appeared to be boyfriend/girlfriend. I asked if they had any further questions. She quickly said “No”. His body language said yes, although he remained silent. Something told me to ignore her and not to talk with them so I began telling them the history of the medicalization of circumcision in America. We ended up having a long detailed conversation and the weight of what had happened to this young man fell upon him right before my eyes. It was devastating to watch.

I assured him that parents who circumcise their sons do so because they love them. Parents who leave their sons intact do so because they love them. The difference between these two parents is education. His face will be in my mind’s eye and his sadness will weigh on my heart for a long time. As I hand out info cards to young men, I feel like I could be saying to them “Here’s your bomb,” because I know that these young men, just beginning their sexual exploration, are eager to learn any and all information about sexual anatomy and activity. I know they will go home and do further research. I know they will be devastated and angry at what they learn. We have done a wonderful job of putting the anatomical and functional facts together. We have done an excellent job of delving into ethics, law and bodily rights. What we do not have is emotional support resources, mental health resources, grief counseling resources. I see this as a gaping hole in our work to help victims/survivors. I hope the mental health field catches up quickly on this issue so that men can know that there are support resources for them and they are not alone.
In the years that I have been doing face to face education I have found that the key to effectively getting people to think critically on this issue is to find what they know, find what they think, and start there. Most people have the willingness to talk as long as they feel heard. As Peggy O’Mara once told me “Before you can take a mother anywhere, you have to meet her where she is.” The facts are on our side. The truth has its own longevity. What we have to have is the willing audience to hear us. We have to present our message in a way that shows that it is safe to speak with us, that we will not yell and attack. What inspires me so much about GIAW is that we have so many willing to listen and ask questions and sincerely engage with us. Hundreds of them are youth – future parents – who will know the facts and who will say “HELL NO” and protect their baby boys.

Bringing a painful truth to an ignorant public is emotionally draining. Making it to GIAW can have its difficulties for us all (financial, time constraints, family and work commitments, etc). Getting there is so rewarding. One of the most recharging aspects of it is spending time with other intactivists: learning from each of our styles, sharing stories, learning about each other, seeing our smiles and the sparkle in our eyes, knowing that there are other loving and compassionate souls doing this work is so inspiring. Genital integrity advocacy can be a lonely and isolating endeavor. I am always so renewed by my time amongst fellow intactivists. May the energy of GIAW 2013 keep us going through out the year and may we meet up again next year. I look forward to the time when we can celebrate the bodily integrity of all children in America and ultimately the world.
Genital Integrity Awareness Week 2013
Jonathan Friedman
ARC Webmaster and Newsletter Editor
March 26 - April 1, 2013

The 2013 edition of Genital Integrity Awareness Week (GIAW) marked a milestone in intactivist history. GIAW 2013 represented the 20th anniversary of the event, and had the largest group of marchers yet. 120 people marched from the Capitol to the White House. GIAW 2013 also turned out the largest showing of Bloodstained Men to date. The Bloodstained Men concept – started by Richard Duncker in the UK – has been catching on worldwide. I participated in my first Bloodstained Men & Women demonstration in Berlin last December, and I was now excited to be a part of it in DC.

This was my second year at GIAW. I arrived by car on the first day, Tuesday, March 26th, together with Rob Tsvetkov and Keith Mitchell. It was great to be able to catch up with my fellow New York City intactivists on the ride to Washington, DC.

As we arrived on the west lawn of the Capitol in the early afternoon, we saw GIAW organizer David Wilson holding up his gigantic “Whose Penis? Whose Body? Whose Rights?” sign. I was pleased to have the opportunity to interview David about the history of GIAW.

After starting the Stop Infant Circumcision (SIC) Society, David held a solo protest on April 1, 1993 in front of the White House and Supreme Court. David originally chose the April 1st (April Fool’s Day) date to put a humorous spin on a touchy subject. April is also Child Abuse Prevention Month, so it made sense to start demonstrating at the beginning of April. Also, March 30th marks the date in 1997 that the US law forbidding female genital mutilation (FGM) went into effect. After three years of holding an annual protest, David moved the event to the east steps of the Capitol.

Van Lewis and Benjamin Lewis joined the protest in 1999. [Editor’s Note—Van Lewis sadly passed away in 2011 after many years of groundbreaking activism. Steven was honored to speak at his memorial service in Tallahassee in 2011.]

Afterwards GIAW became a week-long event.

NOCI was one of the GIAW organizers in 2001—the same year Steven and ARC first attended. That year marked GIAW’s first march of about one hundred intactivists up the Capitol’s east-center steps in 2001. The video is available on YouTube: www.youtube.com/watch?v=uR5jiaTTC4

On March 26, the first day of GIAW 2013, the weather was really nice and sunny and there were lots of groups of young students on school trips. Many of the students were extremely receptive to what we had to say, but their teachers and principals sometimes weren’t so open-minded. It wasn’t uncommon for principals to threaten disciplinary action if students took our informational cards, but we always managed to find a student that would take a stack to dole out later out of sight from their chaperones. It was always great when the intact young men would come over and take photos with us.

I donned my Bloodstained Men white body suit, spray-painted a red splotch on, and joined the others in making an eye-catching demonstration. Many parents were offended, saying “How could you show this to children?” I answered with, “How could you do this to children?”
Several of the Bloodstained intactivists teamed up and went to the National Mall, where many groups of students were entering and exiting the museums. I joined in on March 27, the second day of GIAW 2013, and found it to be a very powerful experience. We distributed hundreds of cards and had hundreds of photos taken of us, some with groups of students that rushed over to pose with us.

As always, many foreigners were shocked to learn that in the US, boys are commonly circumcised. I explained that circumcision can affect non-US residents because, for example, the World Health Organization and UNAIDS are spending money on mass circumcision campaigns in Africa, and that a lot of the money is coming from European countries. They often responded, “that's so crazy!” Indeed.

Raised as an Orthodox Jew myself, I also had the opportunity to speak to a lot of Orthodox Jewish men. I have noticed that many intactivists approach Jewish people and start talking about religion, which may backfire by inadvertently seeming to constitute an attack on their religion. It's better to just educate them on the functions of the foreskin, the harms of circumcision, and Jewish intactivism. I also talked to them about Metzitzah B’peh, quoting Moses Maimonides' view that circumcision is intended to harm physically and sexually. Finally, I delved into comparisons of ancient circumcision and the modern-day practice, and referred them to the Brit Shalom movement in the States and Israel. Most folks accepted the card I offered them. Hopefully the message is spreading.

I was pleased to meet intactivist documentarian James Loewen for the first time. Once in a while I meet a great individual with a big heart, a deep concern for issues and the people affected, and powerful skills and motivation to effectively work for change. James is one of those people. We spoke at length about our backgrounds and our beliefs. James works so hard and always produces outstanding photos and videos of events that represent us very well as individuals and as a movement.

I also met Brother K for the first time. [Editor’s Note: Brother K’s article about GIAW appears on p.22.] Brother K is a feisty born-again intactivist who put away the neon-colored balaclava and protest sign in the 80s only to recently pick it up again, reincarnated as a bloodstained man. Brother K enjoyed being in the spotlight at the nation's capital, but more importantly, he was really moved at how the students would flock to us to pick up informational cards and to snap photos.

The march to the White House was really inspiring. We gathered on the West
Lawn of the Capitol for a group photograph of Bloodstained Men [which appears on the bottom of this page]. Our march through the streets gained great attention from vehicular and pedestrian traffic. I felt so proud of everyone participating, even the kids in strollers. Positive reactions were numerous, as were the extremely negative ones. One man even flashed us; luckily, I missed that one. Another man yelled at us while jumping up and down.

When we reached the White House, there were lots of people passing by who saw our huge banners and stopped to talk with us. While I don’t think the White House paid much attention to us, and the cardboard cutout of Obama wearing a bloodstained suit [which appears on this page] seemingly went unacknowledged by the President, our real target audience, the people of the United States, listened to our message to protect all children from forced genital cutting.

It was great catching up with friends and meeting new folks. It was fantastic having had the opportunity to demonstrate and educate, as well as to share ideas with everyone. I will definitely be back for GIW 2014.

When passers-by see a crowd of men in bloodstained white coveralls posing on the West Lawn of the U.S. Capitol this week, they will be witnessing a provocative new tactic in the growing movement to abolish the circumcision of children.

The “Bloodstained Men” protest their circumcisions by performing political theater in white coveralls with bloody crotches symbolizing the genital wounds that were forced upon them in childhood. “Circumcision permanently amputates the most sensitive parts of the penis and diminishes sexual experience for life,” states Bloodstained Man Jonathan Conte. “Our bloodstained coveralls force people to face the reality that infant circumcision inflicts permanent physical, psychological and sexual damage upon boys and the men they become. Our mission is to make people understand that infant circumcision is sexual violence, and a serious human-rights violation.”

The Bloodstained Men concept has been embraced by activists on both sides of the Atlantic and performers come from a wide range of cultural backgrounds, including Jews such as Brooklyn resident Jonathan Friedman. “When I was eight days old, a mohel (Jewish traditional circumciser) botched my circumcision and then sucked my bleeding penis afterwards,” Friedman states. “I was sexually assaulted and mutilated by my family and religious community, and that is why I will be joining the Bloodstained Men in Washington D.C. on Saturday [March 30].

The March 30 Bloodstained Men performance is a highlight of a week of demonstrations to mark the 20th Genital Integrity Awareness Week, an annual event where activists from across the USA and around the world converge on the West Lawn of the Capitol to demonstrate for a ban on child circumcision.

This year’s event also marks the 16th anniversary of the passage of the 1997 Female Genital Mutilation Law (FGM Law), which protects females under the age of 18 from all forms of unnecessary genital surgery. As event organizer David Wilson of the Stop Infant Circumcision Society (SIC Society) notes, “the FGM Law currently discriminates against boys by leaving them unprotected. Boys deserve equal protection according to the Equal Protection Clause of the Fourteenth Amendment.” On Saturday March 30 at 2 p.m., activists will march from the Capitol West Lawn to the White House to demand that the FGM Law be extended to ban the medically-unnecessary genital cutting of all children.

In the 20 years since the debut of Genital Integrity Awareness Week, child circumcision has become more controversial than ever. “Each year our demonstrations will be bigger and bolder,” Wilson promises. “Our momentum is building, and we will not stop until all children are protected from the sexual abuse known as ‘circumcision’. ■

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‘Intactivists’ Seek Support from Gay-Marriage Supporters
Betsy Woodruff
March 27, 2013
National Review
www.nationalreview.com

At today’s colorful pro-gay-marriage protest outside of the Supreme Court, two people were the undoubted standouts: Brother K and Franny Max, anti-circumcision activists — or “intactivists,” as they call themselves — sporting white jumpsuits with bright red circles around their crotches.

They told me that it’s their National Genital Integrity Week, so intactivists from around the country are holding their 20th annual protest in Washington. The intactivists argue that, because the U.S. has laws against female genital mutilation, baby boys don’t receive the same equal protection under the law as baby girls, and they hope people who support gay marriage on equal-protection grounds will also end up supporting an infant circumcision ban.

Brother K, who says that he made his legal name in 1986 as part of a “personal journey” to shake off what he felt “was a spiritual mark of an angry, ancient god,” hoisted a large white sign with a red circle on it that said “DON’T CUT HIS PENIS!” He spent much of the rally
standing with his legs apart and both arms above his head, yelling about the crime that is circumcision. Max, who protested alongside him, held a red stop sign that said “STOP CIRCUMCISING BABIES.”

“I would say, on balance, we’re getting a lot more support here than not,” he tells me. “It is equal rights, and that’s what this rally’s all about. It’s equal rights for baby boys.”

He says he and his fellow protesters had received mostly positive feedback from the anti-DOMA protesters.

“I would say that, by and large, a lot of members of the LGBT community have been founders and major participants in our movement,” he adds.

When asked if he thought the arguments used to defend same-sex marriage could also be used to oppose circumcision, he said, “Absolutely, absolutely. And it’s going to come to that someday. It will happen. It will happen.”

Max said that between the protesters on the West Lawn of the Capitol and in front of the Supreme Court, their cause drew about 25 people today. She adds that they’re expecting around 100 to gather on Saturday for a march meant to draw attention to the issue. They’ll meet at 2 p.m. on the Capitol’s West Lawn and proceed to the White House, where they will stay until about 10 or 11 p.m.

“If I support everybody’s right to get married, then it’s only logical,” she says. “If you wouldn’t cut a baby girl, why would you cut a baby boy?” “Genital integrity for all!” she adds. “If I woke up today and I found out that I’d been circumcised at birth, I’d be hoppin’ mad.”

Karen Glennon, another intactivist, says she found signs of agreement from the anti-DOMA protesters. “I’ve actually had a great deal of positive reception,” she says. “Those people who are in support of marriage equality see it as a choice issue and as an equality issue. We came here to bring our message to this crowd because it’s very receptive,” she adds.

Jeremy Kung, who carried a sign that said “OCCUPY FORESKIN,” tells me that part of the reason he’s an intactivist is that he wasn’t circumcised.

“I’ve got a foreskin, I know what it feels like, I know how good it feels,” he says. He also believes there’s a connection between supporting same-sex marriage and opposing infant circumcision.

“It’s all about equality for everybody,” he says. “They’re both human-rights issues. Everyone should have the right to love who they want to love, marry who they want to marry, just like everybody who’s born should have the right to decide if they want to keep their healthy body parts.”

But not everyone at the rally was thrilled to share the Supreme Court’s front patio with the intactivists. “They should not be trying to co-opt our messaging here,” says Alan Eckert, who was protesting against DOMA.

“I think that they are trying to equate equality with what their vision of a human right is, and those are two completely different messages, and we need to stay on focus here,” he adds.

Another protester, who only wanted to be identified as Kurt, also told me that he thought the intactivists were detrimental to the cause. But a third pro-gay-marriage protester, Jorge Gardner, says the intactivists didn’t seem like much of a distraction.

“They seem to be pretty accepted around here, yeah,” he tells me. “I haven’t seen many people, like, argue with them or anything, so they seem pretty accepted.” I asked him if he thought it was fair to count the intactivists as part of the progressive movement, and he responded, “Part of the progressive movement? I don’t know what that is. I’m only 17 years old.”

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**Anti-Circumcision Protesters Cut Into Supreme Court Scene**

**Benjamin R. Freed**

March 27, 2013

**DCist**

www.dcist.com

While most of the thousands of demonstrators lined up outside the U.S. Supreme Court today were there to show their opposition to the Defense of Marriage Act, a handful of people were getting snippy about a completely different issue. Circumcision.

This week marks the 20th annual Demonstration Against Infant Circumcision, a yearly protest in which hundreds of “intactivists” descend upon Washington to clamor for an end to the practice of doctors removing newborn infant boys’ foreskin, whether for religious purposes or because it’s a standard practice in American medicine.

“Forcing children to participate in blood rituals is wrong,” says Jonathan Conte, a San Francisco resident holding a large sign reading “Equal Justice” above a large, graphic photo of a newborn being circumcised. “Religion of one’s parents is not a reason to abuse.”

Noting that the federal government adopted legislation in 1996 banning vaginal circumcision, Conte wants to see a similar measure adopted that protects penises. While the removal of the foreskin is an ages-old custom in Judaism, Conte says that accounts for only a fraction of circumcisions performed in the United States, where it was adopted as a standard medical procedure for newborns in the mid-19th century.

“That started 150 years ago as a way to curb masturbation,” he says. Conte also argues that the reasons for circumcision continuing as a customary operation keep changing, such as AIDS prevention, despite what he says is a lack of evidence. It’s also a practice he says is unique to American medicine.

“Most of the world’s men have their whole penises, and they’re not dropping dead,” he says.

To his very open frustration, Conte does not have his whole penis either. He was snipped at birth, and he says he resents his parents for electing to have the oper-
ation conducted, as well as the doctor who performed it.

“Every one of my sexual partners has had sex with a mutilated man,” he says.

Conte says that a circumcised man of is missing roughly 15 square inches of protective issues around the glans, or head, of his penis, an effect he displays by rolling up a small handbill preaching the ills of foreskin removal. “It permanently alters the form and function of the penis,” he says. “The glans is mucosal tissue. It’s meant to be covered.”

Then there are the effects on the most important functions of the penis. Conte wants to assure people he speaks with that circumcised men—like himself—are still capable of sex and procreation, though in his opinion it can be a bit dodgy.

“I’m not saying cut men can’t have sex,” he says. “Or that they can’t feel pleasure or get erections. Sex without a foreskin is much more abrasive and dry. It’s the mechanics of it.”

Moreover, the circumcision opponents say the practice is one more example of the U.S. medical system's fee-for-service setup, in which doctors have a natural incentive to perform as many procedures as possible. Only, in the case of circumcision, Conte says doctors are being paid to lop a body part that “years of evolution” haven't discarded.

“Can you imagine if doctors were making money cutting off other parts of healthy baby boys?” he asks.

Conte and his fellow “intactivists” will be in town through the weekend, culminating with a march from the U.S. Capitol to the White House on Saturday. The demonstration will be “extremely diverse” he says. “We have both victims and intact people.”

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**ARC Updates**

**JME**

**Contents of Special Issue on Ethics of Circumcision**

Oxford University's Practical Ethics Blog has issued an announcement (http://blog.practicalethics.ox.ac.uk/2013/03/announcement-journal-of-medical-ethics-special-issue-on-circumcision/) by the Journal of Medical Ethics (JME) providing further information on the contents of the upcoming special issue on male circumcision.

The announcement states that the JME Special Issue titled, “The Ethics of Male Circumcision” will include (in addition to the article by me and Robert Van Howe criticizing the American Academy of Pediatrics' policy statement and technical report that was published earlier today) the following:

- A defense of circumcision by political theorist Joseph Mazor based on the child's best interests. (!)
- A suggestion by Dena Davis that it may be time to re-open the conversation on the most mild forms of female genital cutting. (!)
- An article by political scientist Matthew Johnson arguing that religious circumcision should be permitted in secular, multi-cultural societies but that individuals should be able to seek damages against the community for any harm they thereby suffered.
- Medical historian Robert Darby assesses the narrow question of whether the principle of the child’s right to an open future applies to non-therapeutic, infant male circumcision. By drawing analogies with the case of “designer deafness” (in which deaf parents deliberately seek to have children with diminished sensory capacity), Darby argues that circumcision is indeed in violation of this principle, and hence is objectionable from an ethical and human rights perspective.
- An article by Israeli philosopher Hanoch Ben Yami arguing that religious circumcision is a barbaric custom but that an outright ban would be harmful, so proposing instead a series of gradual reforms.
- Pediatrician Robert Van Howe considers the normative basis of the doctrine of parental rights—sometimes used to justify circumcisions in both the secular and religious case—and argues that parental rights are a “dead dogma” that have outlived their usefulness for conceptualizing the relationship between parents and their children. Instead of rights, Van Howe suggests that parents have an obligation to preserve and protect their children’s rights, including those of bodily integrity and the preservation of an open future.
- Human rights lawyer J. Steven Svoobra goes a step further and argues that circumcision is a clear-cut human rights violation, whether it is performed on boys or girls, and whether for religious or secular reasons. Surveying the basis of human rights law in Western societies, Svoboda shows that circumcision may be considered inconsistent with the most widely accepted interpretations of key human rights documents, including the Universal Declaration of Human Rights and the United Nations Convention on the Rights of the Child.
- An analysis by German law professors Reinhold Merkel and Holm Putzke of the new German law protecting the right to circumcision and the Cologne court decision that preceded it.

The announcement says that the issue also includes editorials by Julian Savulescu and by Brian Earp. Earp presented an outstanding talk at the October 2012 Helsinki symposium that was featured in the last ARC Newsletter. The announcement also says that additional commentaries have been invited from (pro-circumcision) philosopher David Benatar and from philosopher David P. Lang.
ARC Issues Press Release
Announcing New Article Criticizing AAP and AAP’s Response

We issued a press release on March 16, 2013 announcing a new article appearing on March 18, 2013 by Steven and Robert Van Howe that criticizes the American Academy of Pediatrics’ (AAP’s) position on male circumcision. Our article, leading off the latest issue of the Journal of Medical Ethics, provoked the AAP into taking the unusual step of filing an ill-fated response in the pages of the same journal. Steven has a second article in the same issue analyzing male circumcision as a violation of human rights. The entire issue is devoted to the subject of male circumcision and also includes a solo contribution from Bob Van Howe and another from Robert Darby.

Here is the text of the press release:

New Article Finds Fault With Pediatric Organization’s Support for Circumcision, Proving a Formal Response

Berkeley, CA – Human rights attorney J. Steven Svoboda and pediatrician Robert S. Van Howe, M.D. have published a new article in one of the world’s leading journals on medical ethics arguing that the American Academy of Pediatrics’ (AAP’s) position regarding male circumcision lacks credible support. The article, titled, “Out of step: fatal flaws in the latest AAP policy report on neonatal circumcision,” is being published online today, leading off the latest issue of the Journal of Medical Ethics (JME). The US’ premier organization of pediatricians has already arranged for the JME to publish its response in what Svoboda and Van Howe view as an ill-fated attempt to justify the medically and ethically flawed arguments in its policy statement and technical report.

Svoboda and Van Howe criticize the AAP’s apparent cultural bias in favor of circumcision, which they note puts the AAP firmly out of step with world medical opinion on this issue. They argue that the AAP documents suffer from troubling deficiencies, ultimately undermining their credibility. According to the authors, these deficiencies include the omission of critical issues, biased use of the medical literature, and conclusions that are not supported by the evidence given.

Svoboda commented, “The AAP ignores so many important topics that it is hard to know where to begin. For example, the anatomy and function of the foreskin are not mentioned in their documents, even though they propose to cut it off without first considering the harm and pain that result from its removal. The AAP’s circumcision recommendations contradict its own bioethics policy statement, which requires pediatric care to be based only on the needs of the patient. Non-therapeutic circumcision is incompatible with widely accepted ground rules for surgical intervention in minors.”

Dr. Van Howe, a Clinical Professor at Michigan State University College of Human Medicine, said, “When physicians decide whether to do a procedure, they must, and normally do, exclude from their medical decisions non-medical factors regarding the parents’ culture. Contrary to what the AAP suggests, doctors are not cultural brokers. Their duty is promoting and protecting the health of their patients, not following practices lacking a solid ethical and medical foundation.”

Svoboda and Van Howe write that the AAP report suffers from being two-and-a-half years out of date at the time of its publication. They note that the last literature search was performed in April 2010 for a report published in August 2012. Svoboda and Van Howe write that studies that suggest benefits for circumcision appear in the technical report while at least one hundred studies that fail to support a benefit or that find detrimental effects of circumcision are left out. The authors add that the AAP also cherry-picks information from within the articles it cites, selecting bits of language out of context that lend support to its position while often ignoring contradictory data.

Svoboda commented, “The response to our article by the AAP Task Force calls for avoiding an ideological agenda. When European authorities agree that cultural bias rather than scientific fact is driving the AAP’s position, I would suggest that our only agenda is ethical and medically sound care for infants and young children. The AAP fails to raise any substantive argument pointing to either evidence or reasoning about which we are mistaken.”

The AAP itself concedes, Svoboda and Van Howe write that, while there are vast differences between HIV transmission to adults in Africa and to children in the US, in Africa, the authors observe, one of the most likely places to contract HIV is in a health clinic. Svoboda observed, “The US has the highest rates of circumcision, of HIV, and of other sexually transmitted infections in the industrialized world, so the chance that the first can prevent the other two seems extremely remote.”

Svoboda asked, “Why is the AAP promoting public funding for an unnecessary and harmful surgery when we find ourselves struggling even to provide basic care for all our children? In these days of rising medical costs and scarce resources, we simply cannot afford to continue to carry out such a harmful and outdated practice.”

While the AAP attempts to paint itself in its reply in the JME as being in line with world medical opinion, in fact, as noted by Svoboda and Van Howe, the AAP has put itself in a shrinking minority in attempting to justify an outdated cultural practice that results in the death of more than one hundred boys each year. Circumcision also leads to frequent legal judgments and settlements in favor of plaintiffs, as documented by a list released today of more than fifty such cases totaling over $80 million (www.arclaw.org/resources/settlements).

Even the American Medical Association agrees that there is insufficient justification for performing the procedure on newborns absent specific medical indications. Unlike the AAP, its peer organizations in Europe and also in Australia, the United Kingdom, and Canada recognize that medical considerations must be considered in conjunction with ethical and legal considerations and therefore, male circumcision should be neither recommended to parents nor funded by government insurance systems.
A few months ago, the German Pediatric Association (BVKJ) favorably cited an earlier version of Svoboda’s and Van Howe’s article, noting that even if benefits do exist the procedure can safely be delayed until the boy himself can make the decision.

The JME considers the issue of male circumcision important enough to have devoted an entire special issue to the topic, including a second article by Mr. Svoboda on male circumcision and human rights, and a second article by Dr. Van Howe about male circumcision and parental rights.

Svoboda and Van Howe’s article appears at a similar publication date with a commentary to appear in the AAP’s own Pediatrics by thirty-eight leading European medical authorities, who have independently reached a conclusion consistent with Svoboda and Van Howe’s in criticizing the cultural bias in the AAP’s two documents.

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**More Than $80M Paid Out for Botched Circumcisions**
Hugh Young
*Circumstitions*
www.circumstitions.com

Over $80 million has been paid out in settlements for botched and wrongful circumcisions since 1985, according to Attorneys for the Rights of the Child.

ARC has been compiling a list of cases since 1997 and first published it on March 16, 2013 on their website: http://arclaw.org/resources/settlements

The cases range from a $22.8 million settlement for a boy in Atlanta, Georgia who had his penis severely burnt, to a $30,000 settlement for a Palm Beach, California, boy who lost more than his foreskin to a mohel.

Two of the cases, totaling $18.3 million, were won against Mogen Circumcision Instruments Ltd, makers of the Mogen clamp. The company has effectively been sued out of business, yet the Mogen clamp is still one of the most common circumcision devices still being used.

It's unclear how much of ARC’s settlements list covers the total number of cases out there. This is because the number of botched circumcision cases that were settled out of court is unknown. In addition, cases that were successfully blamed on something else, such as an underlying pre-condition or poor after-care, are also, of course, unknown.

In its 2012 circumcision policy, the American Academy of Pediatrics stated, “The majority of severe or even catastrophic injuries are so infrequent as to be reported as case reports (and were therefore excluded from this literature review)” before concluding (without actually weighing them) that “the benefits outweigh the risks.”

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**Steven's Los Angeles Radio Show Appearances Overview Intactivism**

On Friday, April 26, 2013, Steven appeared on Maria Sanchez’ hour-long show, “The Maria Sanchez Show,” on Los Angeles-based Internet radio station LATalkRadio.com. Maria is a longtime friend of ARCh and of intactivism and we are glad to see that she has returned to active media work. The wide-ranging discussion was designed to update Maria’s listeners on events in recent years and also provided a historical overview of medicalized and religiously based circumcision and of intactivism.

Steven mentioned the wealth of recent positive developments in intactivism, such as greater visibility in general mass media and among non-intactivist scholars, as well as advances in Internet availability of information and in social networking that have generally assisted the growing success of safeguarding bodily integrity. Steven also discussed (1) the American Academy of Pediatrics' (AAP's) August 2012 policy statement and technical report and recent responses to it in the Journal of Medical Ethics (by Steven and Bob Van Howe) and in Pediatrics (by a large group headed by Morten Frisch), as well as the AAP's counter-responses to both articles; (2) developments in Germany including the landmark June 2012 court case upholding a right to bodily integrity and the subsequent legislation (about which Steven is currently writing a paper for presentation in the UK in September); (3) the upcoming October 2013 ethical debate in South Carolina between Steven and the AAP's Dr. Susan Blank regarding the legality of male circumcision.

On Wednesday, June 12, 2013, Steven made his second appearance of 2013 on Maria Sanchez' show. He discussed (1) several important legal developments including the recent $1.3 million award in an infant circumcision case in the Chicago area as well as circumcision-related lawsuits in Queens and in South Africa and a lawsuit filed by the Southern Poverty Law Center over the genital mutilation of an intersex child; (2) recent news of and some of the larger issues raised by the development of a new circumcision device (the PrePex) that is endorsed by the World Health Organization and is intended to help promote the practice in third world countries as an asserted preventive of HIV and AIDS; and (3) an overview of the continually increasing success of
In Search of Fatherhood Issues
Press Release Regarding ARC and Again Reprints Steven's Work

We are pleased to report that In Search of Fatherhood magazine has issued a press release on March 20, 2013 regarding ARC and regarding Steven's work. While Steven was interviewed by the magazine for a 2009 cover article, more recently they have published reprints of a different article of Steven's in each of the last four issues.

While Steven was interviewed by the magazine for a 2009 cover article, more recently they have issued a press release regarding ARC's work and have published reprints of Steven's articles in each of their last five issues.


We are grateful to the magazine (http://globalfatherhooddialogue.blogspot.com) and to its editor Diane A. Sears for their long-standing commitment to creating a better world and to promoting work in a number of different fields relating to the well-being of children and families.

Steven Debating AAP's Dr. Michael Brady at Doctors' Ethical Conference

Steven recently accepted an invitation to speak in October at the Twentieth Annual Thomas A. Pitts Lectureship in Medical Ethics, to be held at the Medical University of South Carolina pursuant to a conference titled, “Ethical and Legal Issues in Pediatrics.” Steven is the only non-physician invited to speak, and will be debating Dr. Michael Brady, a member of the AAP's Task Force on Circumcision, in a talk entitled, “Newborn Male Circumcision is Unethical and Should be Illegal.”

The title was not Steven's choice but after some consideration, he decided to accept it. At the same event, Steven will also appear in a “Seminar on Pediatric Controversies” opposite several noted supporters of circumcision.

We hope for the event to be videotaped so we can post the video to our website.

ARC's Legal Advisor Submits Response to AAP News Article


Brown's article somewhat remarkably suggests that physicians should inform all parents of the “benefits” of circumcision in order to avoid potential legal liability.

The text of Peter's article appears below.

Peter W. Adler, Esquire
Legal Advisor
Attorneys for the Rights of the Child

Dr. Brown argues that in order to avoid legal liability, physicians should inform all parents of the 2012 opinion of the AAP's Task Force on Circumcision that circumcision prevents UTIs, penile cancer, and some STDs including HIV, and that these benefits outweigh the associated risks.

In fact, physicians risk civil and criminal liability for every circumcision, whether negligently or properly performed. Following Dr. Brown's advice would also invite suits for misrepresentation.

First, telling parents that they have the right to make the circumcision decision for religious, cultural, or personal reasons misleads them. Parents cannot risk harming or harm their children for religious reasons.[1] In any event, licensed health care professionals cannot ethically or legally operate on children for reasons having nothing to do with medicine.[2]

Second, telling parents that circumcision prevents diseases and that the benefits outweigh the risks, like immunizations, further misleads them. Sexually active men must still practice safe sex. Physicians therefore must inform parents that circumcision is very unlikely to benefit their son at all.
Third, physicians must inform parents that circumcision is painful, risks many injuries, and that the extent of the injuries is unknown. Not disclosed by the TFOC, circumcision can be fatal and is always harmful. For example, it is invasive, disfiguring, prevents normal sexual function, and removes the most sensitive parts of the penis.[4] Fully informed parents are unlikely to consent to the operation.

Finally, American courts could rule at any time that non-therapeutic circumcision is illegal. Children have the absolute right under many provisions of American and international human rights law to personal security, autonomy, and equal protection of the law. Circumcision also violates the best interests rule, which prohibits physicians from performing surgery on boys that they would not choose for themselves, and the rule of proportionality, because any benefits that circumcision may have can be achieved without it. In fact, physicians and parents have a legal duty to protect helpless children from harm and thus from circumcision.[5]

Physicians should not under estimate how angry many circumcised men are that their foreskins were removed against their will. The only way to avoid liability for non-therapeutic circumcision is not to perform the operation.

Steven's Paper on Genital Autonomy Published, Praised by Anti-FGC Scholar

Global Discourse has published on June 20, 2013 Steven's article on genital autonomy, that is, on the importance of protecting all children from genital cutting regardless of whether they are male, female or intersex. The article also looks at the practice of cosmetic female genital cutting by consenting adults. The article is titled, "Promoting Genital Autonomy by Exploring Commonalities between Male, Female, Intersex, and Cosmetic Female Genital Cutting," and is adapted from the paper Steven presented on September 1, 2011 at the conference held at the University of Keele, "Law, Human Rights, and Non-Therapeutic Interventions on Children."

A comment on Steven's article, published in Global Discourse as a reply to his article and authored by female genital cutting (FGC) scholar Sara Johnsdotter, finds itself largely in agreement with Steven's article and has no serious critiques of it. Steven had praised Johnsdotter's articles in his reviews of the two volumes on FGC edited by Bettina Shell-Duncan and Ylva Hernlund and published in 2000 and 2007. We are pleased at the growing convergence between the different branches of work on genital autonomy.

Both Steven's article and Johnsdotter's comment are available on the ARC website: www.arclaw.org

Berkeley Symposium Proceedings Published

Springer has published the proceedings of the 2010 Berkeley symposium. This is the eighth and last such book. It is titled Genital Cutting: Protecting Children from Medical, Cultural, and Religious Infringements and is edited by George C. Denniston, Frederick M. Hodges, and Marilyn F. Milos. Steven is honored to have been able to contribute to all eight books and to be able to lead off the final volume with the paper he presented in Berkeley titled, "Tortured Bodies, Tortured Doctrines: Informed Consent as a Legal Fiction Inapplicable to Male Circumcision." This paper revisits the topic of informed consent that Bob Van Howe, James Dwyer and Steven wrote about in 2000, but this time focuses on several problems with even applying the informed consent framework to infant male circumcision. The Springer e-book sells for $149 and the hardcover book sells for $189.

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Canadian Pediatric Society

Canadian Pediatricians Poised to Follow AAP in Condoning Circumcision

As reported in the article reprinted below, Canada's leading association of pediatricians, the Canadian Paediatric Society, is apparently preparing to issue a position statement that will soften its previous opposition to the practice and will move it more in the direction of the current policy statement recently issued by the American Academy of Pediatrics.

Pediatricians Set to Soften Stance on Circumcision
Sharon Kirkey
March 4, 2013
Ottawa Citizen
www.ottawacitizen.com

Canada's pediatricians are about to update their advice on whether baby boys should be circumcised, revising and softening their stand for the first time in 17 years.

Their review comes as new Canadian research suggests half of expectant parents would consider circumcision if they had a son - and that the single most important factor is the circumcision "status" of the father. The Canadian Paediatric Society's old policy, issued in 1996, opposed routine circumcision of newborns. The new statement is expected to be more neutral.

“There isn't going to be a 'prescription' for Canadian males in terms of circumcision,” said society president Dr. Richard Stanwick, chief medical health officer for the Vancouver Island Health Authority.

The organization has been struggling to put forward a balanced position “that captures the risks, and the benefits, but is also respectful of personal preferences, religious issues and many other things that dictate this decision,” Stanwick said. The issue is so loaded with emotion and controversy that the new statement has been three years in the making.

“There are very strong opinions on both sides of this issue,” Stanwick said. “We know that we're wading into something that, no matter what we write, will not be strong enough for probably either side.”

Last year, the American Academy of Pediatrics announced that the health benefits of newborn male circumcision outweigh the risks, a move that provoked demonstrations by anti-circumcision activists who view the procedure as genital mutilation of newborns.

The old policy deemed circumcision medically unnecessary for the “well-being of the child.”

But after a special task force reviewed more than 1,000 studies published over the past 15 years, the American doctors' group now says that circumcision provides protection against urinary tract infections, penile cancer and the transmission of some sexually transmitted infections, including HIV.

The organization isn't recommending universal circumcision. Instead, it says the final decision should be left to parents.

Circumcision involves the surgical remove of some, or all, of the foreskin from the penis. It is one of the most common surgical procedures performed worldwide. In hospitals, the procedure is usually performed by obstetricians soon after birth.

“Clearly there has been a lot of literature around the potential role of the avoidance of infection,” Stanwick said. “But this also has to be balanced off against the fact that this is still a surgical procedure, and it is not without risk.”

Those risks can include bleeding and hemorrhage, infection, inflammation and tightening at the end of the penis.

Any shift in policy would have to ensure, “are there enough skilled professionals around to do this, so that we don't have a complication rate that is unacceptable and so that we're not seeing males being significantly harmed by not having the properly trained people to do it,” Stanwick said.

The new policy statement is expected to be released before the pediatric group's annual meeting in June.

“It would be great if we had absolute answers, but on this one, I don't think we will,” Stanwick said.

“At the end of the day ... it will very much be influenced by dad's status, as well as the cultural and religious issues.”

A new study found that the circumcision rates are heavily influenced by whether or not the father is circumcised.

University of Saskatchewan researchers, in a study published in the journal Canadian Family Physician, surveyed 230 parents attending prenatal classes in Saskatoon.

Overall, half - 56 per cent - said they would consider pursuing circumcision if they had a son. In cases where the father of the expected baby was circumcised, 82 per cent were in favour of circumcision, versus 15 per cent when the father wasn't circumcised.

According to the researchers, Canada's current circumcision rate is 32 per cent. In the U.S., rates are increasing, to 61 per cent of men, they said.

ARC Sends Letter to Canadian Paediatric Society

On April 2, 2013, Attorneys for the Rights of the Child wrote to the Canadian Paediatric Society, urging the CPS to uphold children’s rights to bodily integrity and genital autonomy in its policy statement on male circumcision, which is expected to appear within the next few months. We also enclosed our recent article in the Journal of Medical Ethics (JME) regarding the American Academy of Pediatrics’ 2012 position statement and technical report, our upcoming JME article on circumcision and human rights, ARC’s table of human rights violated by male circumcision, and an article written with Robert Darby, “A Rose By Any Other Name: Rethinking the Similarities and Differences between Male and Female Genital Cutting,” in Fearful Symmetries: Essays and Testimonies Around
As discussed in my article, “Out of step: Fatal flaws in the latest AAP policy report on neonatal circumcision,” recently published by the JME, the AAP’s policy report and the associated technical report suffer from troubling deficiencies regarding important topics and discussions that are omitted:

- an incomplete and seemingly biased review of the medical literature;
- available information that is improperly analyzed;
- poorly documented and often inaccurate presentation of relevant findings; and
- unsupported conclusions.

The AAP documents ignored vital issues that would be helpful to both parents and physicians:

- discussion of the important functions and benefits of the male prepuce
- explaining simple hygienic care of the intact penis
- enumerating less radical, non-invasive (non-surgical) methods to prevent disease
- acknowledging the growing claims and documentation by circumcised men of adverse long-term consequences of infant circumcision
- acknowledging the ethical conflict in imposing non-therapeutic surgical alteration on a non-consenting minor (see: JME article on ARC website)
- discussing the double standard of opposing parental wishes for any genital cutting of daughters (even a symbolic nicking or the removal of the female foreskin) while supporting parents’ request for the surgical removal of half the skin system of their sons’ penises. (see: "A Rose By Any Other Name" on ARC Website)
- growing international recognition that every child, regardless of gender, race, religion or cultural background, has a basic human right to bodily integrity and eventual autonomy over their sexual organs. (see: JME article on ARC website)

The AAP policy, while not officially endorsing routine circumcision of all male newborns, erroneously concludes that medical benefits may outweigh the risks and then ‘passes the buck’ to parents to decide. However, the AAP not only fails to acknowledge the absence of any studies of long-term adverse outcomes, but does nothing to inform parents of the foreskin’s functions and benefits nor of non-invasive alternatives that can accomplish the same alleged benefits as the surgery.

As explained more fully in the enclosed article, “Out of step: Fatal flaws in the latest AAP policy report on neonatal circumcision,” the AAP fails to demonstrate a single true benefit to male circumcision. On the other hand, the risks and harms of this surgery include the permanent loss of the protective, sexual and immunological functions of the foreskin. The primary motivations for this practice are not medical, but cosmetic and social. Parental rights cannot ethically be used to override the rights of the child, who is the true patient.

Sections of other international human rights treaties, to which Canada is a signatory, are applicable to forced circumcision of minors (see enclosed table). Numerous European nations are under the same legal obligation as Canada to honor those treaty commitments. Increasingly, national medical organizations in countries such as Sweden, Finland, and the Netherlands are calling for an outright ban on infant circumcision, whether performed for religious or cultural reasons.

In Germany, for example, the BKVJ vehemently opposed the German bill that later legalized circumcision, instead favoring an alternative bill that preserved boys’ right to bodily integrity. That alternative would have made non-therapeutic circumcision of males legal only after the age of 14 and with the boy’s fully informed consent. In Austria in November 2012, criminal charges of inflicting grievous bodily harm were brought against two circumcisers. The charges mention the child’s right to physical integrity, the absence of informed consent, and that religious motivation does not excuse the wrongful act.

Any nation professing to care about the health and human rights of children must now join respected medical, legal and political authorities in Europe by recognizing that these two issues are not mu-
utually exclusive and that infant circumcision of males contravenes both. As a further document for the CPS to consider in formulating an updated policy on circumcision of male infants, we refer you to ARC’s recently published summary of court cases involving circumcision (www.arclaw.org/resources/settlements).

As you can see, the trend is not favorable for any policy that even mildly endorses the continuation of this practice.

ARC hopes that the Committee finds this information helpful and that the forthcoming CPS statement will take a forward-looking approach to the boy-child’s human rights that is consistent with the growing worldwide opinion that parental proxy consent for non-therapeutic genital cutting of non-consenting minor males lacks justification in human rights, medical ethics, and the law.

We look forward to your response to our input and statement of concerns.

Grassroots Intactivism

San Francisco

Association of American Medical Colleges Demonstration
November 2, 2012
Brother K

Friends, I wrestled with how to make a maximum impact on the medical community with this demonstration. I carefully prepared my “Sunday Best” costume after consulting with Jonathan Conte on how to apply the paint. I had a few mishaps during the application process and got a few splatters of red paint on the front of the pants, necessitating several hurried applications of bleach to remove it, lest I appear to be bleeding all over at the demonstration. At Jonathan’s suggestion I used arts and craft red acrylic paint, poured from the bottle and spread with a tiny sponge brush. I was astonished how much it resembled blood. It dried after a day, but I gave it another day to be sure, and kept it in a separate bag from my sign, not wanting any bloodstains on the poster-board.

As it became clear to me that I would most likely be holding down the fort alone on Friday and Saturday, I began considering in my mind how to achieve maximum shock value with the bloodstained crotch uniform. I woke up in the middle of the night, several days before the demonstration, with a dramatic thought, “Bring back the mask!” And so I thought of different ideas, it would have to be white of course, a pillow slip just looked amateurish I found, finally a white mesh laundry bag over a rainbow mesh bag worked for me. I thought the character should have a designation, went through several ideas, and decided “Eternal Man” would allow me to represent all victims -- past, present, future -- and I posted it on Facebook in advance, hoping the community would vet it with feedback. Saving our Sons was very helpful in that regard with a suggestion that, while the mask was very dramatic, my own face and name would work better for the demonstration, and I agreed with their reasoning.

I carefully prepared my “travel pack” for Amtrak and BART transit to the demonstration site. The sign fit in a large lawn and leaf bag, along with a detachable stick, and my bloodstained paints went in the bag also. I used the same large clips to hold the bag shut as held the stick in place on the sign, and it worked well.

I was a little apprehensive about appearing on the street alone in my bloodstained suit, and the “change of clothing” presented a challenge. I don’t know why the transition from “normal” to “dramatic” should be a potential moment of awkwardness but I’ve found it to be true. When we wore the masks in 1980, we always found a private place to transition, even though many people knew us both masked and unmasked. It just seems like a private moment. Fortunately, I had demonstrated with BAI the week before and noticed that Jonathan Conte had found a bus shelter where he prepared his demonstration materials. That same bus shelter worked fine for me in that regard, at the corner of 4th and Howard. I could turn my back on the traffic to put on and take off my bloodstained pants, and the shelter concealed me from pedestrians as well.

The moment when I had to leave the safety of the shelter and face the world alone with bloody pants was a moment of high tension for me. I walked out to the stoplight with my sign held high in the air… and the tension instantly left my body. I felt in command of the street, and that feeling never left me during my nine hours of duty over the weekend.

Everyone who demonstrated in New Orleans will understand the experience of confronting medical professionals with an angry protest, and I would say this experience paralleled the AAP demonstrations in that regard. Most conference attendees would not look me in the eye, or would give a slight glance and think better of it. Often I could not read a per-
son's reaction but they'd give a slight nod
just as they passed me on the sidewalk.
On balance, I would estimate that the
AAMC attendees are largely pro-circ,
possibly as much as 80%, just a guess-
timate on my part from the hundreds and
hundreds who walked by me on the side-
walk.

I already reported on Friday's experience
in another comment. It went well and
numerous attendees and passersby in
cars and on the street responded favor-
ably. I saw many cameras capturing the
demonstration, an admittedly non-sci-
entific way of measuring its success. On
Saturday, I heard a voice call out over
the roar of traffic, “Turn around please!”
On the other side of 4th street were two
women with a camera, so I held my sign
high for them, they took the photo,
smiled and waved, and went on their
way. A number of people took photos on
both Friday and Saturday.

I was particularly pleased to meet Matt
and Julie Orlando yesterday – they
happened by the demonstration site on
an afternoon stroll through their new
hometown. Matt is the grandson of Marilyn
Milos, and I can't tell you how proud I
was to meet him and Julie, and to see
Marilyn's spirit in him. We had a nice
chat and took photos of each other,
which I will share on Facebook, and
Matt will also believe.

There were hundreds and hundreds more
people in attendance on Saturday than
Friday. I couldn't believe the foot traffic
coming from the hotels, all converging at
the stoplight at Minna and 4th Streets, a
ready audience for our message. They
crossed the street in droves, a dozen or
twenty at a time, right from the moment I
set up camp there, about 9:50 a.m., and I
realized such an audience would not
come again. You can imagine the voice
power it took to address such large
crowds with traffic buzzing, even roaring
in the background, and people talking
with each other... and my voice is hoarse
today as proof.

So I took over that intersection, and ad-
dressed the crowds as follows, “America,
would you cut your daughters and grand-
daughters? Why not? Because it's bar-
baric! Well, it's just as barbaric to cut
your sons and grandsons! How dare you!
How dare you! What kind of people are
we? No more second class citizenship
for baby boys! Don't cut boys! Don't cut
girls! You can leave your conscience on
the sidewalk like bubblegum under my
shoe, or you can think about it!”

Obviously I couldn't say all that at any
one time, but it's a pretty good version of
my overall speech to the crowds at the
corner. The “conscience on the sidewalk”
comment evolved because of noses held
high in the air and people affecting “not
to hear a thing.” You all know THAT
drill.

Early on, about 15 minutes into the
morning, a doctor walked by and snarled
a vulgarity at me. I called out, “Come
back and say it to my face!” He walked
on and repeated it over his shoulder. I
answered, “Hey, chicken, say it to my
face!” He hesitated, slowed down, turned
around, glared at me, and reluctantly
made his way back to stand eyeball to
eyeball with me. He repeated it again.
“Why do you say that?” I answered
calmly. You can imagine the look of fury
in his eyes. He shouted again directly in
front of my face, turned around, and
marched away. “Chicken!” I called out to
him. “Come back and say it again!
Chicken!” At no point did I threaten any
physical violence, but I am going to an-
swer psychological violence with greater
fury than they've ever seen, and I did in
fact.

Several minutes later a Moscone Secu-
ritiy guard approached me, saying, “We
had a complaint. This is a warning. If it
happens again, we'll have to call in San
Francisco Police to deal with you.” He
was the same Security guard who'd seen
me the day before. I said, “Did they tell
you I was responding to an ‘F U?’ “No,”
he said, realizing that my verbal assault
had not come out of nowhere. “You can't
do that again,” he warned me. “I under-
stand,” I said.

About an hour later, a street tough ap-
proached me, saying, “I'm _______ ... what's gonna happen to me?” I had no
intention of engaging in an argument
about religious beliefs, and his manner
was so bullying that I just nodded at him
and returned to my audience at the
stoplight. He kept at me for a while, be-
hind my back, and several minutes later,
when I turned around to finish my speech
to a group of people, he said,
“You wanna see my circumcised penis?”
and he started to open his trousers. I
turned away and ignored him. This went
on for about 10 or 15 minutes, him re-
peating, “I'm _______! What's gonna
happen to me?”

I kept on addressing the horde of people
crossing the street there. The “agent
provocateur,” as I concluded he was, took
off his large, thick black belt and began
striking the sidewalk and trashcan with
it, as though he were lashing a slave with
his belt. Something about the guy didn't
ring true with me... he didn't seem to
have any religious convictions beyond a
one-line statement, and he appeared to be
a guy someone had slipped a twenty,
with instructions to scare me off the
corner. He became so aggressive in
slamming his belt wildly that he almost
hit a group of three woman with it.

I crossed the street to get away from him.
He cried out, “Hey, you in the white suit,
get back here and face me!” It was clear
that he was not going to go away until he
intimidated me off the corner, and I real-
ized it was a situation I could not control.
I walked in the street to avoid him and
went in search of Moscone Security.

They were nowhere in sight at my locale,
although earlier they had remained on
the sidewalk, monitoring me for about half
an hour after the complaint. I finally
found a woman in Moscone uniform at
the far end of the block, reported the in-
cident to her, much to her alarm I should
add, and she promptly walked back with
me to look for the guy. He was nowhere
in sight, having decamped obviously
when I went in search of help. He never
showed his face again. I cannot prove
that he was a hired thug but it's my be-
 lief, based upon the totality of his beha-
 vior and mannerisms.

So there you have it, my best summary
of two days on the front lines of the cir-
cumcision war. I don't intend to play po-
lite with the medical community on this
issue. People hardened their opinions a
long time ago.
Human rights activists with signs and faux blood-stained clothes flanked the entrance of the Concordia-Argonaut Club on the eve of the San Francisco Medical Society's 2013 annual dinner to protest the physicians' opposition to the San Francisco Male Genital Mutilation Bill. The ballot initiative, which garnered the support of over 12,000 San Francisco voters, sought to restrict non-therapeutic circumcision to consenting adults. Despite one of its stated goals being the advocacy of patient rights and the responsibility of its members to adhere to medical ethics, the San Francisco Medical Society endorses the genital cutting of healthy male minors without the consent of the patient or any medical diagnosis. During the protest, members of Bay Area Intactivists pointed out that the medical organization's position on routine infant circumcision lies in awkward contrast to that of national medical organizations around the world, none of which recommend routine infant circumcision.

Human Rights Activists Demand Clinton Foundation End Exploitation Of Africans

Anthony Losquadro
Executive Director, Intaction.org
March 4, 2013

During tonight's Clinton Foundation Millennium Network event featuring a dialogue with President Bill Clinton, Chelsea Clinton, and Hollywood actor Ed Norton, protesters from the human rights organization Intaction.org disrupted the show wearing bloodstained white suits to protest the exploitative and racist health policies involving the circumcision of African men.

The concept of HIV prevention through circumcision began with biased medical researchers searching for a solution to the AIDS pandemic that could be marketed to government agencies and philanthropic organizations. The research teams that could develop a marketable solution, regardless of efficacy, would be richly rewarded with grants, research money, and tenure at their institution.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Clinton Foundation, and the Gates Foundation jumped on the circumcision bandwagon to demonstrate their effectiveness to their stakeholders and their donors. However, these organizations were either misguided or blinded by their quest to increase goodwill and donations by hyping circumcision.

Male circumcision is a dangerous mistake in the fight against HIV, and it endangers both men and women. Recent studies examining circumcision rates and HIV prevalence found that circumcision did not significantly reduce the rate of infection in Africa, Europe, the Caribbean, and America.

U.S. government medical authorities and U.S. academic researchers have a checkered history over human rights, ethics, and outright racism with STD experiments. From the Tuskegee experiments done to American black men to the disastrous STD experiments conducted in Guatemala, American researchers are now inflicting the same racist theories and pseudo-scientific experiments on Africans.

African men and women are being duped into the belief that circumcision offers effective protection from HIV. These organizations can tout their achievements to keep their revenue streams flowing, while poor Africans suffer from the continued spread of HIV and the trauma from the loss of their foreskins.
President Clinton's Event Disrupted by Anti-Circumcision Activists
Deirdra Funcheon
March 5, 2013
New Times Broward Palm Beach
www.browardpalmbeach.com

Surely, President Clinton was a little freaked out last night when in the middle of his event—a Clinton Foundation Millennium Network talk in New York featuring the former president, Chelsea Clinton, and actor Ed Norton—a whistle blew and a group of men stood up, held hands, and chanted, “Stop exploiting Africans; circumcision does not stop AIDS!”

The protesters were self-described “intactivists”—those who believe that circumcision is actually a mutilation of the genitals.

Although circumcision is routinely performed on infants in the United States, it is not in other developed countries. Germans even moved to outlaw the practice last year (though Jews stopped the law on religious grounds), and it is banned in some Australian hospitals. Circumcision became widely popular as a means to prevent males from masturbating. Today’s medical establishment generally supports circumcision, arguing that it has preventive effects for penile cancer and other diseases, though some studies say it leads to erectile dysfunction and other problems.

Last night’s protest was led by a group called Intaction.org and promoted by “The Barefoot Intactivist” – a University of Florida graduate who gives his name as Kevin and who runs barefoot to promote awareness of the anti-circumcision cause.

Protesters targeted Clinton because he has been a huge supporter of programs that seek to circumcise hundreds of thousands of African men in an attempt to slow the spread of AIDS.

Protesters say this is misguided — that the research is flawed — and that Africans are being used as pawns in science experiments.

Anthony Losquadro, executive director of Intaction, said that he and seven other activists had been planning the protest for a month. They each bought $100 tickets to the event, and had actually intended to put on white suits with bloodstains on the crotches before standing up, but the rows were packed too closely together to maneuver without sending the audience into a panic.

Losquadro said it was about midway through the program, when Norton was interviewing the Clintons about their foundation’s initiatives, that his group interrupted. Clinton coolly said, “OK, you guys had your chance to speak, now it’s my turn” and “attempted to engage us in a little bit of a dialogue. He mentioned the three studies in African countries that show circumcision results in a 60 percent reduction in the transmission of AIDS.”

These three studies are the basis upon which millions of dollars are funneled into circumcision campaigns, though anti-circumcision activists say the research is flawed. “But it’s kind of difficult to do a dialogue [about such a complicated subject] in the middle of the event,” Losquadro said, “so we changed our chant to ‘Condoms, no cutting’ because we believe that condoms, education, and antiretrovirals are much more effective [in stopping the transmission of AIDS/HIV]. Then Chelsea Clinton interrupted and said, ‘The two are not mutually exclusive,’ and we were escorted out of the building and the Secret Service questioned us.”

Losquadro says he became an activist because “I see circumcision as the wrong thing to do to babies because they can't consent,” he said. “It’s just a matter of right and wrong, and we believe we’re on the right side of this issue.”

A statement by Intaction called African circumcision campaigns “exploitative and racist health policies,” explaining: The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), the Clinton Foundation, and the Gates Foundation jumped on the circumcision bandwagon to demonstrate their effectiveness to their stakeholders and their donors. However, these organizations were either misguided or blinded by their quest to increase goodwill and donations by hyping circumcision. Male circumcision is a dangerous mistake in the fight against HIV, and it endangers both men and women. Recent studies examining circumcision rates and HIV prevalence found that circumcision did not significantly reduce the rate of infection in Africa, Europe, the Caribbean, and America.

Intaction Protesters Disrupt Clinton Foundation Event by Calling Attention to African Circumcision Exploitation
Anthony Losquadro, Executive Director
Intaction.org
March 5, 2013

During the Clinton Foundation Millennium Network event which featured a dialogue between President Bill Clinton, Chelsea Clinton, and Hollywood Actor Ed Norton, protesters from Intaction.org disrupted the show to protest the exploitative and racist health policies involving the circumcision of African men.

Protests and demonstrations are an effective and low-cost means for movements to raise awareness and get attention. Some famous protests include those led by Rev. Martin Luther King, Chinese Tianamen Square protesters, 1960’s draft card burning & Vietnam war protests, and the gay rights NYC Stonewall protesters.

Earlier this year we discovered Bill Clinton would be speaking at an event where we could gain access. Clinton has been an outspoken supporter of African HIV/circumcision projects. He has given numerous speeches on the issue, including one at AIDS 2012. You can watch some of his talks on c-span.

The Clinton Foundation is using circumcision and HIV issues to further its fund-raising goals by exploiting gullible Africans.

Our protest was a coordinated and planned effort by several people. Key elements for a protest include the following:
We had sufficient time to plan. We made the final decision to protest 30 days in advance.

Our message was on-point, and the message was framed for a new perspective on the issue. We did not make circumcision the direct subject of our message. Instead we focused on the exploitation of Africans, a more sensitive issue for donors.

We had a sufficient number of people that were willing to be involved to show solidarity. Should a protest have too few participants, it starts to appear as a fringe element.

The subject person of the protest was relevant to our issues, and the protest had a clear meaning.

We had a large and significant captive audience consisting of an ex-president and his rich donors.

To help obtain media attention we scheduled a press release timed for publication during the middle of the event.

We organized our team which consisted of Rob, Adam, David, Gary, Nick, George, Barefoot-Intactivist, and myself. We decided that four of us would stand up and chant. We positioned two intactivists to flank the protesters and act as “defensive ends.” Additionally, we had two intactivists with cameras, one to record the protesters and one to record the President.

I obtained a coach’s whistle which I would use to stop the show and focus all attention on the protest.

We “smuggled” our bloodstained white suits through the front door by hiding them folded under our shirts. While practicing at home, I didn't have any difficulty suitting up from a seated position. However, the tight theater seating gave us insufficient room to don our suits without arousing the suspicion of security. The theater house lights were turned down making the darkness further add to our difficulty. We pressed on fumbling with our suits, however the noise was drawing too much attention. With no foreseeable opportunity to don our suits, I disappointingly signaled to the team to abandon the bloodstained suits.

The time had finally come when we had to make our move. Clinton was discussing Haitian relief efforts. As soon as he finished up, I was determined to make African circumcision the next topic on the agenda of the evening. I texted our waiting cameramen “HERE WE GO” to prepare them.

Still seated, I put the whistle in my mouth, and locked hands with David and Gary. I knew in the next few seconds the entire crowd would turn around from the blast of my whistle. The audience would be stunned by our audacity to interrupt the President. I was wondering if Secret Service or security would tackle us. Could there be plainclothes police lurking in the audience? It felt like we on the top of a roller coaster ride ready to take the plunge, and by my next breath there would be no turning back.

Once our protest began I can't give an accurate recount of events because the adrenaline rush interfered with all sensory input. I do remember Clinton saying, “OK, you had your chance to speak, now it's my turn.” He then told the audience about the oft-quoted three African trials that “proved” circumcision prevented HIV transmission by 60%. I then borrowed a phrase from Intact America and started chanting, "Condoms not cutting." Chelsea glibly responded by saying, “I didn't know the two were mutually exclusive.” Feeling that our message had been sufficiently delivered, I ended this surreal dialogue between the ex-president, his daughter and us, and signaled our group to exit.

Even though we disrupted the President's event, once our message was delivered we exited the theater in a dignified manner. Our aim was to give the President and the audience a new perspective while not raising their ire to the point where we closed their minds. What could be more powerful than a coordinated group of people with the courage and patience to deliver such a message and then walk out in protest?

The whole experience, from the initial planning, to the execution, to sharing a few beers and laughs afterwards that night, created a terrific bond between our group. The experience left us with new confidence and strength to take on future challenges in life. We hope we inspire others to take up the fight for human rights and genital integrity, and to bring the genital integrity movement to a new level of intensity.

You can read more about why circumcision is a dangerous mistake for HIV prevention on Intaction.org.

Stop Exploiting Africans
Gary Costanza
March 4, 2013

The ushers at the Brooklyn Academy of Music were as stunned as Bill and Chelsea Clinton – patrons usually don’t stand mid-performance and shout slogans at the stage - so no one should blame them for not restoring order.

That night, March 4th, some cool intactivists and I pulled off an amazing protest: we interrupted a Clinton Foundation Millennium Network talk at the Brooklyn Academy of Music, standing and chanting “Stop Exploiting Africans” and “Circumcision Does Not Stop AIDS” to protest the misguided efforts to circumcise millions of African men to stop AIDS, stunning the audience, Bill, Chelsea, and actor Ed Norton. Already there’s been good press on the internet about our “action” and a lot of intelligent comments. See Intaction.org or Intactamerica.org or their Facebook pages to see some photos and videos.

I'm an MRA from way back, and I just happened to run across Anthony Losquadro's group and website, intaction.org, and realized that he was local, so I wrote him and asked him to keep me in mind for any acts of protest, as I’d always wanted to do things like picket and hand out leaflets at a hospital or facility that performs circumcisions. So, about two weeks before the event Anthony asks if I’d like to be a “Bloodstained Man” to protest the drive to circumcise Africans,
and I told him I’d think about it. Well, I knew I had to do it, for when duty calls and it falls in your lap like this, especially with talents like Anthony and the others who put themselves out there — it may sound corny — for the children, and now, for the Africans, I had to help these guys and maybe put some doubt in the minds of potential Clinton Foundation supporters about the drive to circumcision. It might even have the effect of putting a small grain of doubt in the Clinton Foundation’s support of mass African circumcision.

The plan was to attend the Clinton Foundation talk by buying tickets and sitting together in the orchestra and then donning the “Bloodstained Men” jump-suits (white w/bloodstained crotch) while seated, then standing while zipping up the jump-suits. Anthony on my right, the head Bloodstained Man, would nudge us to put on our suits and stand, holding hands in a spread-eagle position — to signify the strapping down of a baby boy — while he blew a whistle to get everyone’s attention, and then we’d start our chants. But midway through the talk, Anthony texted the guys — there were eight of us — that we were ditching the jump-suit idea as the close quarters and darkness made that near impossible, but everything else was go at the next mention of “HIV” on-stage. Then, we got the nudge and stood up, four of us, holding hands and chanting “Stop Exploiting Africans” and “Circumcision Does Not Stop AIDS,” which we changed to “Condoms Not Cutting.”

It was great because the whistle and our appearance stunned and silenced everyone while we did our chants, until Bill Clinton finally responded with “OK, you guys had your chance to speak, now it’s my turn” and then cited the discredited 60% HIV reduction rate argument. We were still chanting but ready to exit so I took a parting shot, telling the Clintons that circumcising Africans would only encourage them NOT to use condoms and ultimately cause more AIDS deaths. We figured we’d made our point so we started our exit and to my amazement no one really was pushing us out, but they did make sure that we all left the premises. We were elated how it all went, slapping each other on the back on the way out, glad to have made our point and not gotten arrested.

We were, however, approached by two Secret Service agents who asked if we were anti-Clinton and if we had a leader or organization, to which I wasn’t volunteering any information. They were actually friendly and said they appreciated that we were well behaved and didn’t try to stay and cause trouble and mainly that we were simply a group of passionate activists.

I’d like to thank my fellow intactivists Anthony, David, Rob, Nick, Kevin, Adam, and George for a well-organized and effective protest and allowing me to join them in this “lesson” we gave Clinton and any circumcision sympathizers.

You can watch a video on the protest on the JerryTheOther YouTube channel.

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**Book Reviews**

**Review: The Sorcerer’s Apprentice**

Review by J. Steven Svoboda


Darby’s work uniformly evidences a well-honed sensibility, erudite knowledge of his topic, and a smooth writing style, and *Sorcerer’s Apprentice* is no exception. The author offers a felicitous, even pleasant read about what for many of our readers will be the unpleasant topic of neonatal circumcision, which Darby shows us is a wasteful and harmful procedure.

*The Sorcerer’s Apprentice* is not primarily intended for the same audience that is likely to be reading this review, but rather for people who have never really questioned or thought much about the US’s most common surgical procedure. Nevertheless, it is undeniably useful to have a short, accessible, reliable source to which to refer intelligent yet uninformed friends and acquaintances who may wish to learn more about this peculiar American practice.

Darby underscores the inapplicability to a non-therapeutic procedure of a risk-benefit analysis, given that the latter is a framework devised to determine the appropriateness of therapeutic medical procedures treating pathological conditions. The author trenchantly points out...
the egreviousness of seeking reasons to justify foreskin removal, arguing, “Medical authorities should start at the other end, as they do with any other body part: the foreskin is normal male anatomy... let us see what we can do to protect it from the mechanical faults and disease processes to which it may be at risk.”

As an Australian author, Darby may have been particularly well-positioned to analyze this practice with objectivity. The author briefly yet effectively surveys such topics as the significant differences in the incidence of circumcision in different regions of the US, the invalidity of “medical” arguments that attempt to justify the practice, the HIV shibboleth, and financial incentives for the perpetuation of the practice. Darby does not refrain from contextually noting the US’ remarkably poor performance relative to comparable countries on various health indicators.

Any defects in this fine work are vanishingly minor, such as the author’s failure to elaborate on his reference to the lamentable suicide of Bruce Reimer. The readers for whom this book is designed are surely a disjoint set from the readers likely to know that Bruce Reimer was the intact brother of David Reimer, the latter being the “John/Joan” who was the subject of John Colapinto’s book about how he lost his penis from a circumcision and then was further traumatized by Dr. John Money’s egrevious “treatments” of him and his brother as well as by Money’s attempts to convince the world of his ostensibly smooth conversion to a “girl.”

The author goes into some detail in discussing the historical context in the US and the development of what Darby terms the medical establishment’s “demonization of the foreskin.” He usefully summarizes an article by Geoffrey Miller about the norm entrepreneurs who successfully introduced into society the meme that the foreskin is “polluted, chaotic, and bad.” Darby then goes on to review Sarah Waldeck’s intriguing work extending Miller to consider how the current American frame might be changed to support the right to an intact penis. The concept of doctors as cultural brokers is discussed at some length, with the author providing some useful analyses to deepen and refine our understanding.

Historical discussions and issues relating to HIV are analyzed at a deeper level, followed by a reflection on the remarkable coup pulled off by which the burden of proof regarding circumcision now appears to lie with those who would protect the child’s right to bodily integrity. Darby concludes with a lengthy appendix prepared by Doctors Opposing Circumcision (DOC) commenting on the AAP’s 2012 circumcision policy statement. As this appendix was not authored by Darby, and as it is available online, and as more complete and authoritative rebuttals of the AAP’s 2012 statement have appeared since the DOC commentary was published, it might have been preferable not to have included it as part of the e-book.

Robert Darby’s electronic book is an invaluable tool in any intactivist’s toolkit yet costs under five bucks, and receives my highest possible recommendation. Don’t miss it!

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**Review: Forgetting Children Born of War: Setting the Human Rights Agenda in Bosnia and Beyond**

Charli Carpenter, assistant professor of political science at the University of Massachusetts-Amherst, has done that rarest of things. She has written a book, *Forgetting Children Born of War: Setting the Human Rights Agenda in Bosnia and Beyond* that is so outstanding that ultimately it comes to shed light far beyond its focused topic. Full disclosure: Carpenter has extensively interviewed me in preparation for her next book, which analyzes several political movements including intactivism.

First of all, it has to be said that Carpenter is nothing less than an astoundingly lucid and fluid writer, a pure pleasure to read. Words fairly flow from her pen (or more likely, computer) in a way that for me almost recalls a bygone era when greater attention was paid to craft and to the perfection of every detail of a creative effort. Truly, her facility with the written word is nothing short of breathtaking.

Even the book’s preface is exceptional. Carpenter weaves a web combining numerous acknowledgements, fascinating glimpses into segments of her research path, and surprisingly personal revelations about her own career path and integration of motherhood with research.

Carpenter’s book addresses the failure of the human rights community to effectively address the needs of children born of war, i.e., offspring of wartime rapes. At first, this lack of attention might seem surprising, even odd, but as the author teases apart the issue, patiently filling us in on the various relevant human rights and government mechanisms, it comes to almost seem inevitable.

Certainly—as Carpenter would be the first to agree—the human rights of these particular children have not been neglected due to any sort of conspiracy to exclude them from protection. Even for a longtime toiler in the human rights field like myself, I had never really brought the conscious attention that the
author lavishes on detailing the highly political processes by which human rights resources get allocated.

Carpenter points out that not only is the assistance these children need not forthcoming, but until she started work on her book, no one outside Bosnia was even asking the questions about these children’s outcomes, and about how to best protect their human rights.

The relevance of Carpenter’s book to issues far beyond its literal scope becomes evident even in the opening pages, when she notes that:

the construction of specific categories of rights claims in international society does not follow a rational, linear process in which the most vulnerable populations receive attention on the basis of need and merit. Rather, attention to issues by human rights advocates is conditioned by myriad political, organizational, cultural, structural, coalitional, and economic factors; and some combination of these factors may draw attention away from certain individuals regardless of the merits of their case.

A bit later, the author notes, “[H]uman rights discourse and practice are constructed according to racist, sexist, and ageist assumptions.”

The relevance of this analysis to intactivism is clear: The right to genital autonomy or genital integrity is currently a neglected right, parallel in that sense to the plight of children of war rapes and neglected for presumably similar reasons that probably also combine aspects of the “political, organizational, cultural, structural, coalitional, and economic…” Certainly various opponents of female genital cutting (FGC) have forthrightly admitted that they have not made common cause with intactivists for conscious coalitional and political reasons. Clearly, then, sexism can cut in both directions, as Carpenter has herself previously acknowledged in different contexts.

Another passage with relevance to intactivism comes a bit later, when Carpenter laments that “rarely were children born as a result of rape imagined as subjects of human rights concern within these narratives. Instead, they functioned as symbols. Their identities and descriptions of their fate were manipulated and constructed so as to serve the interests of actors with very different agendas.” Intactivists sometimes find their issue so completely neglected that the infant boys are not even manipulated and constructed to serve other agendas, but in any event, the failure she describes to see these children as people rather than as symbols is compelling.

Carpenter is right that one explanation of differential treatment of different classes of victims is that “some issues can be framed more easily than others so as to resonate with policymakers and publics,” or phrased somewhat differently, “there is tension between protecting some groups and protecting others.”

And surely she is equally correct that, “By the same token, some issues resonate more easily with potential political entrepreneurs within advocacy organizations.” In yet another piece of trenchant analysis with high relevance to intactivism, she shows how complex issues that don’t cozily fit into existing boxes and analytical frames may not even be considered as attention is focused on more easily solved problems.

Another principle that is also applicable to intactivism is that problems that can be assigned to intentional actions by identifiable persons are easier to get action on than “problems whose causes are irredeemably structural.” Still another is Carpenter’s signal conclusion that “what distinguishes successful from unsuccess- ful international issues is not the actual nature of an issue but rather advocates’ perceptions of the political and normative costs of advocacy. This in turn is a function of the way in which an issue is perceived to fit within an existing set of narratives about human rights.”

The author shows how the pervasive assumption that the child’s interests are aligned with the mother’s is repeatedly disproven yet without much institutional willingness to consider the child’s interests for their own worth. Along similar lines, all too often the children—when they are discussed at all—are primarily or exclusively discussed as symbols rather than as living human beings with their own needs and rights.

Later, in a truly thrilling section that reads like a primer in political analysis of human rights protections, she shows that progress in providing justice to women suffering wartime rape was accompanied by a lack of attention to secondary harms of such rape, including the plight of children born as offspring of such rapes. A brilliant piece of analysis shows a bit later that the apparent puzzle of a number of feminist scholars accepting the rejection of children born as a result of genocidal rape becomes more understandable “given the gendered structure of international law itself.” She demonstrates that surprisingly, all too often “feminist articulations of war rape dovetail… conspicuously with the frames of religious conservatives…”

Carpenter shows that it is hard to get traction for culturally sensitive issues and moreover that advocates’ concern with their own “personal career trajectories” may reduce their likelihood to “publicly support emergent issues,” particularly those that may be controversial. Incr- edibly, some practitioners have gone so far as to argue for the acceptability—at least under certain circumstances—of infanticide.

Near the end of her remarkable book, the author launches into a discussion of the difficulties and pitfalls which may arise in attempting to raise a new issue with the United Nations’ human rights apparatus. Children, she shows, are disadvantaged by the relative ease of dismissing claims brought by “champions” rather than the rights claimants themselves. Also, “existing narratives about who is the victim” color the reception that may be received. Moreover, “the way in which a particular problem is constructed early on and linked to other human rights problems can exert a powerful effect on the decisions of leading advocacy organizations as to whether to publicly discuss the issue.” Thus UN attention to male circumcision may be limited by the history already created by anti-FGC organizations.

Carpenter’s tone is admirably judicious and free of blame, focusing on the facts. Her success at almost uniformly resisting the impulse to privilege one’s own issue
is yet another aspect of this book worthy of admiration. She writes incisively, logically, without being visibly swayed by the impulse toward political correctness or alignment with reigning paradigms.

There are almost no nits to pick in this virtually perfect book. I did find it a bit curious that she mentions in her preface the enshrinement of children’s rights in international law with the 1976 entry into force of the Convention on the Rights of the Child (CRC), without noting that as an American, she hails from one of the three countries in the world (the others being Southern Sudan and Somalia) that has not yet ratified the CRC.

Don’t miss this true gem of a book. Despite being published by one of the top academic presses, it is both priced and written so as to richly deserve general attention and acclaim. Three cheers!

News

Metzitzah B’peh

Consent Rule May Proceed for a Circumcision Ritual
Sharon Otterman
January 10, 2013
New York Times
www.nytimes.com

New York City health officials may proceed temporarily with a plan to require parental consent before an infant may undergo a particular Jewish circumcision ritual, a federal judge ruled Thursday.

City officials say 12 cases of herpes simplex virus have likely resulted from the procedure, known as metzitzah b’peh, since 2000, including one Brooklyn case reported this week. Two infants died, and two suffered permanent brain damage.

Most Jews no longer practice metzitzah b’peh, in which the circumciser uses his mouth to suck blood from the wound, but it remains common among some ultra-Orthodox communities.

Citing the risk of infection, health officials in September introduced a regulation that would require parents to provide written consent stating that they were aware of the health risks.

But the Central Rabbinical Congress of the United States and Canada, Agudath Israel of America, and the International Bris Association sued in October to stop the rule from taking effect, calling it an infringement of their constitutional rights. They also denied the procedure posed a risk and asked a federal court to put the rule on hold while the litigation proceeded.

In denning the request for a preliminary injunction, Judge Naomi Reice Buchwald of the United States District Court for the Southern District wrote that the risks were clear.

“In light of the quality of the evidence presented in support of the regulation, we conclude that a continued injunction against enforcement of the regulation would not serve the public interest,” she wrote.

City lawyers said they were gratified by the ruling, but Andrew Moesel, a spokesman for the plaintiffs, said the groups would appeal. “We continue to believe that this case is a wrongful and unnecessary intrusion into the rights of freedom of religion and speech,” he said.

Penn Researchers Charge Orthodox Misused Report on Circumcision Rite, Claim Findings on Metzitzah B’Peh Were Distorted
Seth Berkman
April 18, 2013
The Forward
www.forward.com

University of Pennsylvania officials are crying foul over what they view as the illicit procurement and misuse by several ultra-Orthodox groups of an internal study by Penn researchers of a controversial circumcision rite.

Penn’s Center for Evidence-based Practice never published or released an assessment it conducted earlier this year of evidence from prior studies showing the risk that the religious rite known as metzitzah b’peh poses to infants, the officials say. Yet somehow, ultra-Orthodox groups recently acquired the Penn study for use in a lawsuit opposing regulation of the practice by New York City’s Department of Health and Mental Hygiene.

“The unpublished report was used without our knowledge or consent, and importantly, without proper context,” the University of Pennsylvania Health System charged in a statement released April 15. The school termed it “regrettable that our evidence review was manipulated for purposes other than advising physicians of important clinical risk factors for newborns.”

In an April 10 email to the Forward, Joel Betesh, project director of the study, also stated bluntly, “I do not agree with the way they are portraying our report.”

The ultra-Orthodox groups claim that the study debunks the medical consensus that infants exposed to metzitzah b’peh, also known as MBP, face a much higher risk of contracting neonatal herpes, a potentially life-threatening disease for newborns.
The three ultra-Orthodox groups — Agudath Israel of America, the Central Rabbinical Congress of the United States & Canada, and the International Bris Association — submitted the Penn paper as evidence in their most recent court brief, filed in the U.S. Second Circuit Court of Appeals on April 8. Their suit challenges a New York City regulation requiring a mohel to obtain a signed consent form from the parents of a newborn before performing direct MBP on the infant as part of a ritual circumcision.

MBP, a procedure practiced by some ultra-Orthodox mohels, involves orally sucking away the blood from the infant’s genital area after cutting off his foreskin during the bris, or ritual circumcision. The practice can infect newborns with herpes simplex virus type 1, according to medical authorities. While not serious for adults, neonatal herpes can be fatal for infants, or cause permanent cognitive or physical damage.

A study published in a journal sponsored by the federal Centers for Disease Control found that infants definitely or likely to have been exposed to MBP during circumcision face a risk of neonatal herpes 3.4 times greater than that of newborns outside this group.

Most mohels in this country use a sterile pipette for suctioning the blood. But many ultra-Orthodox mohels consider direct suction of the genital area by mouth to be mandated by the Talmud as part of the religious rite.

Andrew Moesel, a public relations spokesman at Sheinkopf LTD, which represents the ultra-Orthodox groups, rejected sharply Penn’s assertions that his clients had misused the school’s study, or that they had obtained it improperly for use in their court suit.

“We believe that we accurately characterized the intent of the review,” Moesel said, “in particular, underscoring significant limitations of the New York City Department of Health’s non-peer reviewed study on MBP and other literature on the subject. The review demonstrates that any causal link on MBP and type 1 herpes is far from conclusive.”

Moesel added that he received the research paper “from a member of the Penn community” and that there was no subterfuge involved. The study was publicly available on Penn’s website, he said.

Asked to email the link to the paper, Moesel said he would send it to the Forward “right away,” but then failed to do so. He did not respond to several follow-up emails reiterating this request.

In an email to the Forward, Susan Phillips, senior vice president of public affairs at the University of Pennsylvania Health System, wrote that the study “was never available online from us and still isn’t.” Referring to an April 9 press release on the study, also sent out by the ultra-Orthodox groups, Phillips said, “I spoke to the PR contact… and commented strongly on the errors in the release, etc., but we have never sent them anything.”

The press release was sent out by Sheinkopf LTD one day after the ultra-Orthodox groups submitted the Penn study as part of their court brief. It trumped the study under the headline, “Ivy League Study Casts Doubt on Claims That Jewish Tradition Leads to Herpes in Infants.” The press announcement claimed that the study conducted at Penn’s Center for Evidence-based Practice “found little evidence to support the claim” that MBP “leads to an increased likelihood of herpes in infants.”

“We have been saying for years that the evidence attacking this religious practice is highly dubious, and now we have world-class doctors agreeing with us,” enthused Rabbi Gedaliah Weinberger, chairman emeritus of the Aguda’s board of trustees, in the press release.

According to Phillips, the press release “mischaracterized our review by implying that there is no causal relationship between circumcision performed with oral suction and the transmission of neonatal herpes simplex virus (HSV) when the full report on the existing evidence concluded this link does exist.”

The review’s conclusions are unambiguous. It says that existing studies on MBP “suggest that direct oral suction performed by a mohel during circumcision may be a source for transmitting HSV-1 infection to an infant,” which can cause death. But the review also indicates that “this evidence base is small and significantly limited.” The researchers call for more studies to amass additional evidence.

Just who initiated the study remains unclear. Phillips said that the Center for Evidence-based Practice conducted it at the request of “another physician in the system,” but she would not identify that person. “I can assure you, he has nothing to do with any of the groups involved in this litigation,” she said.

Circumcision Controversy
Endangers Fight To Keep Rite Legal in Germany

A.J. Goldmann, Donald Snyder
and Nathan Jeffay
May 6, 2013
The Forward
www.forward.com

Lawsuits Cite Rabbi’s Videotape of Metzitzah B’Peh

The practice of metzitzah b’peh, a controversial part of some Jewish circumcisions, is reigniting concern about religious circumcision in Germany, where the government only recently fended off an effort to outlaw the ritual altogether.

The chief representative of Chabad in Berlin, Rabbi Yehuda Teichtal, has been accused of making MBP, as metzitzah b’peh is often called, part of the religious circumcision of his own infant son during a ceremony in front of 400 guests, including journalists. The ensuing uproar over the practice, which health authorities say endangers infants, has split Germany’s Jewish leadership.

The dispute has also led Israel’s Chief Rabbinate to rush to Teichtal’s defense with a letter that critics say backtracks on its own recent directive to Israeli mohels upholding a safe and sterile alternative to MBP.

The German controversy comes on top of an ongoing conflict between New York
City public health authorities and ultra-Orthodox groups over the use of MBP in that city. In Europe, where religious circumcision itself stands on shakier ground in public opinion, some fear that the MBP controversy could imperil the broader right to practice brit milah, as the circumcision rite is known in Hebrew.

Christian Bahls, a 34-year-old mathematician, has filed a criminal lawsuit against Teichtal for allegedly employing MBP during his son’s March 3 brit milah at the Chabad synagogue in Berlin. Bahls, who was joined by several others in his complaint, claims that a video of the event on the website of the Berlin newspaper Tagesspiegel shows MBP being performed. In fact, the video, which briefly shows the mohel taking a sip of wine and bending down toward the 8-day-old infant, leaves the viewer unclear as to whether the procedure took place. Bahls told the Forward that after seeing the video, he contacted the Tagesspiegel journalist, who confirmed to him that MBP had occurred.

In an interview with the Forward, Teichtal, who heads Berlin’s Chabad Jewish Education Center, would neither confirm nor deny that MBP was used.

The Hebrew term metzitnah b’peh refers to a procedure in which a mohel orally sucks away the blood from an infant’s genital area after cutting away the infant’s foreskin. The practice can infect newborns with herpes simplex virus type 1, according to medical authorities. While not serious for adults, the virus can be fatal for infants, or cause permanent cognitive or physical harm.

Since 2004, the New York City Department of Health has reported 13 cases that it attributes to MBP, with two deaths.

While rare, the incidence of this virus among New York City male newborns with confirmed or probable exposure to MBP — one in 4,098 — is 3.4 times greater than among newborns outside this group, according to a study published in June 2012 in the federal Centers for Disease Control and Prevention’s Morbidity and Mortality Weekly Report.

Most mohels in the United States use a sterile pipette for suctioning the blood. But many ultra-Orthodox mohels consider direct suction of the genital area by mouth to be mandated by the Talmud as part of the religious rite. In January, New York City’s health department began requiring mohels who use MBP to obtain a signed consent form from the parents of the infant. But it remains unclear to what extent mohels using MBP are complying with the new rule.

In Germany last September, the country’s Ministry of Justice drafted a law to protect religious circumcision for Jews and Muslims after a Cologne district court ruled that this ritual deprives a child of his right to self-determination and inflicts “bodily harm” and “assault.” The proposal passed Germany’s Bundestag by an overwhelming majority in December after heated public debate, and was seen as a victory for Germany as a tolerant multiethnic society. The new law affirms the legality of religious circumcision but requires that circumcision be carried out with the highest medical standards.

Bahls, who heads an organization for victims of sexual abuse, says he filed his criminal complaint against Teichtal precisely because these standards had been violated.

In Germany, citizens may file public suits against individuals whom they believe committed crimes. The Berlin state prosecutor is still evaluating Bahls’s criminal suit.

Meanwhile, Bahls has posted an explanation of his suit on his website, in English, German, French, Hebrew and Russian.

“I’d like to make one thing very clear right up front: This lawsuit is not driven by any anti-Jewish resentments, but by the strong belief that all children bear the same inalienable rights,” Bahls’s website announces.

The anti-abuse activist also stresses that his complaint is not aimed at religious circumcision in general. “That is an issue for an internal debate among the Jewish people,” he writes. “I also disapprove of any misuse of my efforts... by people that use the issue of circumcision to fuel their discriminating thoughts against minorities.”

Instead, Bahls writes: “My aim is to shed some light on the circumstances of this particular circumcision. It clearly shows that some people are unwilling to abide [by] at least the minimum standards set forth by law, for example just obeying the rules for proper medical treatment.”

Teichtal counters that his son’s brit milah “was done according to the top medical level.”

“The mohel has over 30 years of experience and is a supervisor of mohels in Israel,” Teichtal told the Forward. While avoiding a direct answer to the question of whether MBP was performed, Teichtal said: “We spoke to [the mohel] before the bris about the medical requirements according to German law, and he assured us that the bris would meet those requirements, and he did it that way. There were even several doctors in attendance.”

Dr. Ulrich Fegeler, a spokesman for the German Pediatric Association, nevertheless warned: “What this rabbi is accused of doing is neither hygienic nor in accordance with acceptable medical practice. If this controversial procedure continues, it will be taken to the courts for legal action.”

With the charges now filed against him, Teichtal said that “the important thing for us as a community is to stand together.”

That, however, is precisely the opposite of what has happened since the controversy broke out. While Gideon Joffe, president of Berlin’s Jewish community, has voiced support for Teichtal and for the Jewish community’s “right to practice the traditions they’ve inherited from their ancestors,” Dieter Graumann, president of the Central Council of Jews in Germany, stressed his organization’s opposition to MBP.

The Central Council is currently in the process of drawing up guidelines for the certification of mohels in Germany,
Graumann told the Jüdische Allgemeine, Germany’s main Jewish newspaper. And in compliance with Germany’s circumcision law, mohels who perform MBP will be denied a certificate, he vowed.

The split paralleled the discord among Orthodox rabbinical groups weighing in on the controversy in Germany and elsewhere.

Rabbi Pinchas Goldschmidt, the Moscow-based president of the Conference of European Rabbis, which is the primary Orthodox rabbinical assembly in Europe since World War II, told the newspaper Berliner Zeitung in early April, that, for hygienic reasons, he recommended use of a glass pipette for suctioning blood during circumcision. He criticized “closed ultra-Orthodox communities” that “flout community rules.”

“While we respect Rabbi Teichtal’s right to practice his tradition,” Goldschmidt said, referring to MBP, “we doubt it was wise to do so as a public community rabbi.”

In a separate interview with the news agency JTA, Goldschmidt hinted at his underlying concern. He said that he wanted to be “supportive of [Teichtal] without endangering the whole issue of brit milah.”

Meanwhile, the Rabbinical Center of Europe, a Brussels-based organization founded by Chabad to rival the Conference of European Rabbis, has strongly backed Teichtal. In an April 18 editorial in the newspaper Frankfurter Rundschau, the center’s general director, Menachem Margolin, criticized Goldschmidt and others for “aligning themselves with those who are working against Jewish interests.” He said that such misguided efforts could lead to governments once again “accusing Europe’s Jews of inhuman and uncultured practices.”

In an interview with the Forward, Margolin cited a long list of commentary and rabbinical debates regarding MBP. “There are many things in each generation that Jewish leaders are trying to change and improve,” he said, but warned, “this is not an issue that should be discussed in a non-Jewish paper. It’s something to be discussed by rabbis.”

The Israel Chief Rabbinate’s decision to enter the dispute on Teichtal’s side has, meanwhile, complicated perceptions of its position on the issue in Israel itself.

Earlier this year, the rabbinate issued a letter to Israeli mohels that was seen as an effort to support the use of sterile pipettes. The letter followed an Israeli study which found that 30% of neonatal herpes in the country was attributable to MBP.

But in an April 22 letter to Teichtal from Morsiano, the rabbinate’s director of the division for circumcisions, the Israeli rabbi stressed that MBP was integral to the circumcision ritual. There is no justification for canceling MBP, he wrote, “unless the mohel has a sore in his mouth, or some infectious disease.” At the same time, Morsiano said that the mohel is required to get the family’s permission to perform the oral suction.

Medical authorities say that adult herpes carriers often have no sores and are unaware they are infectious. Yona Amitai, one of Israel’s most prominent pediatrics experts, said that in his view, the rabbinate had, through its letter, “highly discouraged” the alternative method of performing the rite with a sterile pipette.

“I highly criticize this approach from the standpoint of public health despite the fact that I am religious,” Amitai said.

But Morsiano, in an interview with the Forward, insisted that he has not come out against the tube method, nor has he backtracked on the recent letter to Israeli mohels, which presented the sterile pipette method as equally valid. The intended meaning of the letter, according to him, was that “there is no justification to abolish [MBP] as an option for those who want it.”

Queens Infant Disfigured in Botched Bris, Lawsuit Charges

James Fanelli
March 5, 2013
www.dnainfo.com

A Queens [New York] rabbi botched the bris of an 8-day-old boy, then told the dad that he did an acceptable job, even though the infant needed corrective surgery, a new lawsuit charges.

Gavriel Barukh, the father of the boy, is suing Rabbi Mordechai Rachminov, claiming he sliced off part of his son’s corona glands [i.e., part of the corona of the glans of the boy’s penis] during the religious ceremony on Oct. 16, 2011, at the Bukarian Jewish Community Center in Forest Hills, according to the lawsuit filed last week in Queens Civil Supreme Court.

After the ritual, Rachminov, 69, misled Barukh by claiming the circumcision was “performed appropriately and that his conduct was within the standard of care and skill required of Jewish mohehlim and circumcisers,” the lawsuit says.

He also allegedly told Barukh that a physician wasn’t necessary. Even after it became apparent that the bris went awry, Rachminov and the community center failed to call a doctor, the suit says.

Barukh claims that the delay in medical treatment resulted in greater permanent damage to his son. The boy had to undergo corrective surgery with general anesthesia and may need even more procedures, the lawsuit says. A woman who answered the phone at Rachminov’s home said the allegations weren't true. “I didn't hear any of this,” she said.

The Bukharian Jewish Community Center was also named in the lawsuit. A woman who answered the phone at the center said Rachminov no longer works there. She declined to comment about the lawsuit.

Barukh’s lawyer did not return a call for comment.

The practice of performing a bris became a hotly debated topic in September after an infant died from contracting herpes during the ritual. The city Health Department said at the time that since the year 2000, 12 babies have contracted the virus during the religious ceremonies.
Last fall, city officials enacted a rule requiring parents to sign off on a bris before it can occur. Jewish groups are currently challenging the rule in federal court.

The rituals are mainly practiced by Orthodox Jewish communities. They involve a rabbi or mohel excising the baby's foreskin, then sucking out blood from the cut with his mouth. The contact is how herpes can spread to the child.

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**Lawsuit Filed Regarding Genital Mutilation of Intersex Child**

The Southern Poverty Law Center, one of the country's most well-known legal activist organizations, is representing the adoptive parents of an intersex child whose genitals were mutilated prior to the adoption.

The article below describes the lawsuit.

**Parents Sue South Carolina for Surgically Making Child Female**

Holly Yan and Joe Sutton

May 15, 2013

*CNN*

cnn.com

The adoptive parents of a child born with male and female organs say South Carolina mutilated their son by choosing a gender and having his male genitalia surgically removed.

The surgery took place when the child was 16 months old and a ward of the state, according to a lawsuit filed by the parents against three doctors and several members of the South Carolina Department of Social Services.

The child's biological mother was deemed unfit, and the biological father had apparently abandoned him, according to the suit. So others made the decision.

The child, now 8 years old, feels more like a boy and “wants to be a normal boy,” said Pamela Crawford, the boy's adoptive mother.

“It's become more and more difficult, just as his identity has become more clearly male, the idea that mutilation was done to him had become more and more real,” she said in a video released by the Southern Poverty Law Center, which is assisting in the case.

“There was no medical reason that this decision had to be made at this time.”

Marilyn Matheus, a spokeswoman for the South Carolina Department of Social Services, said the agency does not have any comment on the pending litigation.

The defendants named in the suit also include doctors from Medical University of South Carolina and Greenville Memorial Hospital.

Sandy Dees, a spokeswoman for the Greenville Health System, said she could not comment because of the litigation.

**Assigned to be a girl, but identifying as a boy**

The child, identified in the lawsuit as “M.C.,” refuses to be called a girl and lives as a boy. His family, friends, school, religious leaders and pediatrician support his identity.

“We just let him follow his instincts as much as we can,” his adoptive father, John Mark Crawford, said in the video.

Pamela Crawford said performing gender assignment surgery on a baby robbed her child of the ability to make the decision for himself.

“I would have never made the decision to choose the gender either way,” she said. “What I would have been working with is how do we preserve as much functioning in either direction because we can't know what this child's gender identity is going to be.”

The lawsuit claims doctors at a state hospital and Department of Social Services workers “decided to remove M.C.'s healthy genital tissue and radically restructure his reproductive organs in order to make his body appear to be female.”

The suit says the surgery violated the 14th Amendment, which says that no state shall “deprive any person of life, liberty, or property without due process of law.”

The suit also asks for “compensatory damages in an amount to be determined at trial.”

But the adoptive father said the real intent of the lawsuit “is just to uphold these constitutional principles -- integrity of a person's body, and some kind of due process for infants where people around them in power are considering doing surgeries like this.”

Pamela Crawford agreed.

“I would give anything for this to not have been done to our child,” she said. "I don't want it to happen to any more kids.”

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**Baby Dies in Israeli Hospital Following Circumcision**

Yori Yanover

June 7th, 2013

*The Jewish Press*

www.jewishpress.com

The circumcision had actually been performed flawlessly, and apparently baby choked during feeding.

A newborn baby who was hospitalized in serious condition at Wolfson Medical Center in Holon, Israel, from complications following a rite of circumcision, passed away on Friday. Both Chief Rabbis and the Chief Rabbinate of Israel expressed their sorrow to the mourning family.

The Chief Rabbinate of Israel stated that “immediately after the initial report of the incident, the director of the dept. of circumcisions in the Chief Rabbinate was in constant contact with the mohel (ritual circumciser) who conducted the rite, with the doctors who treated the baby at the
Wolfson Medical Center, and with the senior physicians who are members of the joint circumsiccions committee of the Ministry of Health and the Rabbinate.”

It was reported by the rabbinate that “since the initial diagnosis, the doctors who treated the baby were convinced that the complication in the baby’s condition was not the result of the circumcision but resulted from a previously existing medical condition. Later treatments administered to the baby confirmed this determination.”

“An investigation revealed that the mohel who performed the circumcision is a veteran, certified mohel,” said the Rabbinate’s statement. “The mohel followed procedure and performed a test on the baby after the rite. Only about half an hour after circumcision did signs of the medical complication in the child began to appear, not related to the circumcision itself. The mohel accompanied the family to the hospital.”

A week ago, at about 11 AM, MDA paramedics were called to a synagogue in Holon, after an infant who had undergone a rite of circumcision there had stopped breathing and lost consciousness, shortly after the ceremony. The rescue crew took him to Wolfson Medical Center. After resuscitation in the hospital shock room, the baby’s condition stabilized.

Hatzolah volunteer Yehuda Mizrachi, who was among the first on the scene, told Channel 2 News: “We received a call about an unconscious baby. When I arrived I found a completely blue baby, not breathing and without a pulse. We started resuscitation and massaging, until the ambulance arrived and took him to the hospital.”

After investigating the circumstances of the case, it was discovered that the circumcision had actually been performed flawlessly, and apparently baby choked during feeding.

“Thebris had concluded safely and then everyone sat down to eat,” Abraham, a friend of the family, related. “He was nursing from his mother and then she put him in his cart. At some point we noticed that the child was not responding and had turned blue.”

“One of the guests called the MDA, and with their guidelines performed a cardiac massage,” added Abraham, described the event. “Then the rescue team continued the efforts, along with the MDA.”

South African Circumcision Results in $215,000 Award

The South African lawsuit resulting from the botched circumcision of a five-year-old boy has been decided in favor of the plaintiffs for R2.2 million or approximately US $215,000.

R2.2m for Boy's Botched Circumcision
Sharika Regchand
The Mercury (South Africa)
June 20, 2013

The parents of a boy whose circumcision was botched at a Vryheid hospital were awarded R2.2 million to be paid within 14 days by the provincial Health Department, Deputy Judge President Achmat Jappie ordered in the Pietermaritzburg High Court on Wednesday.

Judge Jappie also ordered that the department pay all the family’s legal costs.

The mother of the child, now nine, sued the department on behalf of her son following his circumcision in October 2009.

He suffered severe burning, infections and a loss of his normal penile tissue after the procedure.

Plastic and reconstructive surgeon Paul McGarr said in a report before the court that he was “completely amazed by the inertia, lack of a sense of urgency and lack of sensitivity shown by the doctors” who initially managed the child.

McGarr went into detail as to how the child’s injury had occurred and commented that the standard of practice and aftercare at the hospital constituted gross negligence by staff who had failed to follow the most basic principles of surgery.

“The words lazy, incompetent and disinterested accurately describe the treating doctor’s actions,” he said.

“In essence, nine minutes of a rushed, incompetent circumcision has significantly and severely impacted on the child for the rest of his life.”

Attorney Sonette Boning said the boy’s parents were happy that the matter had been finalised after four years.

She said they were not on medical aid and had found it difficult to get him the best medical and psychological treatment.

He would also need to have further surgery.

The mother previously told The Mercury that it was difficult for her son and there had been a big change in his life.

“He went through a lot of anxiety, fear and psychological trauma. He also lost his self-confidence,” she said, recalling days when her son had panic attacks and times when she could do nothing to help him feel better.

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