Secular Medical Forum Report on United Nations Work
Antony Lempert, MD
Chair, Secular Medical Forum

The (UK) Secular Medical Forum is a non-profit organization run by volunteer healthcare professionals concerned to protect patients from the forced imposition of other people’s personal beliefs. As part of this work, we campaign, educate and debate in the UK and beyond to end forced genital cutting of all children.

Forced genital cutting of boys in the UK is mainly performed at the request of religious parents. The argument that they usually rely upon is that the perceived community rights of the adults who have chosen their religion supersede the child’s right to autonomy and physical integrity.

In 2012, the SMF and the (UK) National Secular Society (NSS) worked together under the umbrella of the International Humanist and Ethical Union (IHEU) contributing to certain developments at the United Nations (UN), ...continued on p.17

Is Circumcision Ethical and Legal? The American Academy of Pediatrics vs. Attorneys for the Rights of the Child
Peter W. Adler
ARC Legal Advisor

On October 18 and 19 at the Medical University of South Carolina (MUSC) in Charleston, Dr. Michael Brady of the American Academy of Pediatrics (AAP) Task Force on Circumcision and Attorney Steven Svoboda of Attorneys for the Rights of the Child (ARC) debated the ethics and the legality of non-therapeutic circumcision in the United States. This was an important debate, the first and likely the last between the two organizations, and something of a showdown insofar as the AAP is the prime force in promoting male circumcision in the United States (more about that below) while Attorney Svoboda has been a leader in arguing for the past nineteen years that circumcision is unethical and unlawful.

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The Nether World of Premature, Forcible Foreskin Retractions
John V. Geisheker, JD, LL.M.
Executive Director and General Counsel
Doctors Opposing Circumcision

One of the services that Doctors Opposing Circumcision (D.O.C.) provides – one we blundered into – is advising parents who are angry because their intact boy was injured by premature, forcible foreskin retraction (PFFR). Word that we will help, pro bono, has been widely circulated on parenting websites. Currently we are asked to intervene in about 100 cases per year, a tiny percentage of the incidents nationwide, which we estimate at well over 100,000. Two weeks ago, five cases came to me in a single day. I keep a ‘hotline’ open for parents (my personal cell) and because I live on the West Coast, occasionally get tearful 5:00 a.m. calls from anguished East Coast parents, usually mothers, but not always. D.O.C. has been providing this service for over a decade.

Perhaps a brief medical lesson, a dose of continuing medical education (CME as it is called), is useful here: Every boy is born with an underdeveloped penis, one where the foreskin is fused to the glans by a membrane, the balano-preputial lamina (translation: glans-foreskin layer). This membrane could be thought to provide the same protection to the developing foreskin and glans as the ...continued on p.19
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Message from the Executive Director

December 20, 2013

This was certainly a year to remember, an amazing whirlwind of momentous events.

October marked what can only be described as a smashing victory by intactivists at the Twentieth Annual Thomas A. Pitts Lectureship in Medical Ethics, held at the Medical University of South Carolina pursuant to a conference titled, “Ethical and Legal Issues in Pediatrics.” I was the only non-physician invited, and debated the AAP’s Dr. Michael Brady in a talk entitled, “Newborn Male Circumcision – Is It Ethical; Is It Legal?” I also appeared in a “Seminar on Pediatric Controversies” opposite Dr. Brady and Dr. Douglas Diekema, also an AAP Circumcision Task Force member. I’m still high from an awesome team win intactivists were able to pull off over Brady and Diekema.

We proved we know the science far better than the Task Force and Brady found himself unable—after hearing my five-minute presentation in the seminar—to rebut a single one of our arguments. As they each personally told me later, two (!) of the five physician presenters who are not AAP Task Force members were completely convinced by our arguments and went from being pretty strongly pro-circumcision prior to the event to coming to oppose the procedure based on our arguments. This was a true team victory, with my co-author, ARC Legal Advisor Peter Adler, Aubrey Taylor, and Angel Alonso Terrón providing awesome support and asking some hard questions the AAP Task Force members simply could not answer. The Journal of Law, Medicine and Ethics will be publishing the long article Bob Van Howe, Peter and I wrote as part of a special issue devoted to this conference.

In September, I traveled to the United Kingdom for one of the most pleasurable and productive meetings in which I have ever had the good fortune to participate. Genital Autonomy organized the two-day conference titled, “Promoting Children’s Rights in Europe: Recent Developments” and held at the University of Keele in England on September 16 and 17, 2013. This newsletter includes my story on this conference and photos.

My Keele presentation—which I am also writing up for publication in the coming months—analyzed the 2012 Cologne court case holding that male circumcision violates human rights, the law and even the German federal legislation attempting to overturn that court case. I discussed four distinct reasons for why the current federal legislation is invalid, and why the earlier Cologne court decision is soundly based in medical ethics, law, and human rights. The talk went very well and the questions afterwards were quite perceptive.

On September 24, 2013, Swedish legislators introduced a bill that would outlaw circumcision of males younger than 18 years of age for non-medical reasons. On October 1, 2013, the Council of Europe passed a recommendation endorsing a child’s right to physical integrity and a resolution discussing the right to physical integrity in more detail and specifically supporting genital autonomy for children by opposing several practices including male circumcision, female genital cutting (FGC), and “early childhood medical interventions in the case of intersexual children.”

A few days ago, I submitted an abstract for the 2014 Boulder Symposium, at which I will be discussing recent European legal cases and legislation, including the 2012 Cologne case and subsequent legislation, the 2013 Hamm, Germany case, and earlier cases from Dusseldorf in 2004, from Austria in 2007, and from Frankfurt in 2007. This will also become a law review article, and we have been paying for translations of a number of German articles and cases to support this project. (All of the translations will be shared with the activist community.)

In early October, the National Post, one of Canada’s major newspapers, published an article that I was invited to write after submitting a letter in response to the National Post’s reprinting of Mark Joseph Stern’s article, “‘Intactivists’ Against Circumcision.” In recent months, I have been interviewed by no fewer than three different film crews that will each be featuring my work in upcoming movies, and a fourth film interview is scheduled for later this month. Also, I have appeared four times this year on a Los Angeles radio show, the Maria
Sanchez Show, and a fifth appearance to summarize events of this momentous year will be taking place on January 8, after which I will announce the Internet posting of the podcast. On September 8, I appeared on New York City’s public radio station, WBAI (www.wbai.org) on the “Walden’s Pond” show of longtime intactivist and radio show host Shelton Walden.

Early this year, the JME published a paper by Bob Van Howe and me, which in turn criticized the AAP’s August 2012 position statement and technical report and which also provoked the highly unusual step of a response by the AAP in the pages of the JME. The same issue of the JME also included another paper of mine that led off their special issue on circumcision, demonstrating the profound and numerous human rights principles that militate against neonatal infant circumcision.

Earlier this year, Springer published in book form my paper showing that informed consent doctrine is inapplicable to neonatal circumcision.

We recently celebrated the two-year anniversary of our release of our “Know Your Rights” brochure. ARC continues to make the brochure available on our website to provide information for potential litigants on how to seek legal compensation for the wrong of circumcision. This newsletter issue also marks the one-year anniversary of the release of our list of all known significant legal awards and settlements in circumcision-related lawsuits.

This issue is stuffed with great contributions: 1) Eyewitness accounts by ARC Legal Advisor Peter Adler, Aubrey Taylor and I – as well as a photo spread – of the groundbreaking Charleston, South Carolina pediatric ethics debate between myself and representatives of the AAP; 2) an article by John Geisheker on forcible retraction cases in which he has been involved; 3) an article by the UK’s Antony Lempert regarding progress being made at the United Nations; 4) my eyewitness account including a photo spread of Genital Autonomy’s outstanding conference held in the UK in September; 5) A piece by Matthew Young about being an intactivist medical student; 6) a section summarizing the numerous recent positive developments in Europe; 7) several eyewitness reports on important grassroots events; 8) news reports; 9) my book review of a fascinating new book about problems with the profit-driven US medical system; 10) a reprint of my invited article in the National Post, one of Canada’s top newspapers; and more.

I am particularly gratified about the news from the UN. As some readers know, I organized a team that travelled to Geneva in July-August 2001 (see photo elsewhere on this page) and placed on the official UN record the first (and to my knowledge still the only) document ever centrally devoted to male circumcision as a human rights violation. Now our European friends have picked up the ball and moved it way up the field, which is fantastic news.

We are making serious progress, not only in Europe but also in the US. I see a trend continuing whereby genital integrity is being discussed more in the context of other issues and is filtering more into mainstream awareness. In addition to the United Nations now coming to see it in the context of other human rights violations, Jennifer Margulis addresses circumcision as one of several issues in her book. Most strikingly, recent developments with the Rabbi who got international attention for botching a circumcision and the Israeli mother who was fined for keeping her son intact are bringing this issue to the attention of many who may have not thought about it much in the past and inducing them to ponder it carefully. Ten years ago or even five years ago, both these events—not to mention the Northeast Tour on which ARC Newsletter Editor/Webmaster Jonathan Friedman fascinatingly reports in this issue—would have attracted much less interest. And of course the success we enjoyed in our team victory in Charleston, South Carolina could never have happened.

We are again very honored that In Search of Fatherhood magazine (http://globalfatherhooddialogue.blogspot.com) featured me (along with a couple other activists on other issues) on the cover of each of its four 2013 issues, with each issue reprinting a different article or article excerpt of mine.

Webermaster (and Newsletter Editor) Jonathan Friedman and Legal Advisor Peter Adler are two of the best comrades and colleagues I could possibly have. Peter was an invaluable key to our success in Charleston on all levels—practically, logistically, and emotionally. Jonathan continues to do awesome work on our website and in strategically planning ARC’s future with me and our wonderful board members. Social Networking Director Travis Konzelman and my local colleague, ARC Legal Strategist David Wilton have also helped tremendously with what has truly been a team effort.

As always, we sincerely appreciate the invaluable support each of you offers us, whether it comes in a form that is financial, emotional, logistical, as colleagues, or a combination of these roles. We literally could not do it without you! 100% of all tax-deductible donations go directly to defraying the costs of safeguarding children. Donations can be sent to J. Steven Svboda, ARC, 2961 Ashby Avenue, Berkeley, CA 94705, or made through Paypal at our website (www.arclaw.org/donate) or using the Paypal address sarah@arclaw.org.

I retrospectively wish all the happiest of Hanukkahs and the merriest of Christmases, and I hope everyone has a very joyful New Year.

J. Steven Svboda
Executive Director
Attorneys for the Rights of the Child
“Is Circumcision Ethical and Legal?...”
...continued from p.1

This article summarizes with minimal commentary Dr. Brady’s and Attorney Svoboda’s presentations on day one of the conference and the heated arguments between physicians and activists on day two. It then asks, what conclusions can be drawn from the debate? Is circumcision ethical and legal, unethical and illegal, or a never ending controversy?

DAY ONE – THE DEBATE

The AAP, Dr. Brady, a member of the AAP Task Force and also Chairman of the Department of Pediatrics at Ohio State University, led off the debate, arguing that circumcision is legal and ethical. The AAP has issued several circumcision policy statements since 1971, whereas the American Medical Association has issued only one, in 1999. Thus, the AAP is highly influential among pediatricians and parents in setting American medical policy on circumcision.

As expected, Dr. Brady’s presentation mirrored the conclusions of the AAP’s Task Force on Circumcision in 2012, published last August in Pediatrics, the official journal of the AAP. The Academy has never recommended the circumcision of any male infant. Nonetheless, in 2012, the Task Force concluded, based Dr. Brady said on an unbiased review of current evidence by its impartial members, that “the health benefits of newborn male circumcision outweigh the risks,” and “justifies access to the procedure for those families who choose it... Parents should weigh the health benefits and risks in light of their own religious, cultural, and personal preferences... The preventive and public health benefits also warrant third-party reimbursement for newborn circumcision.”

According to Dr. Brady, there is clear evidence that circumcision reduces the risk of urinary tract infections (UTIs), penile cancer, and STDS including HIV. Randomized controlled trials (RCTs) in Africa show that circumcision reduces HIV incidence by 51% to 60% over two years, and that the benefit is maintained beyond the study period. The lifetime risk of HIV in males in the U.S. is 1.87%. Circumcision reduces HIV risk in the United States by 15.7%. Reducing newborn male circumcision in the United States to rates similar to Western Europe would increase medical costs by one half billion dollars per year. 18 states have ended Medicaid coverage of newborn male circumcision, which Dr. Brady stated would result in over 100 additional HIV cases and $30 million in additional medical costs.

Brady asserted that the risk of acute complications in U.S. and U.K. hospitals is low, less than one in 500 (.2%). Most acute and late complications are minor and poor clinical outcomes are extremely rare. Complication rates are higher when performed: outside of an accredited medical facility; by inadequately trained practitioners; without using sterile techniques; on an infant who is not medically stable; on a premature infant; and on an infant with or with a family history of bleeding. These complications do not occur when trained practitioners circumcise boys in a sterile setting.

Dr. Brady acknowledged that newborn circumcision prevents the child from making his own decision for himself in the future, and stated, “If the health benefits including lower complication rates were not lost by deferring to a later age, the decision would clearly be to defer.” [Editor’s note: Svoboda later made use of this concession, as we shall see.]

Addressing a common criticism of the 2012 AAP circumcision policy, Dr. Brady stated that the Task Force did not ignore the fact that circumcision removes highly innervated tissue. Rather, “available data does not provide evidence of alteration in sexual function or satisfaction, following circumcision... The Task Force felt that removal of the prepuce [the foreskin] was accommodated by remaining anatomical structures. Its removal did not result in identifiable harm.” (Emphasis added.)

As to the ethics and legality of circumcision, Dr. Brady noted that parents are given great freedom in making decisions for their children. Parents’ decisions should not be interfered with so long as the parents do not harm (he later said “seriously harm”) their child and act in their best interest. “Best interest”, he asserted, is informed by the parents’ experiences and culture, and by evidence and information. The parents of all newborn boys should be informed that there is strong evidence that the health benefits of circumcision exceed the risks, and that they have the right to make the circumcision decision. Dr. Brady concluded by stating that no jurisdiction in the United States has any law prohibiting male newborn circumcision.

ARC. Attorney Svoboda then argued the opposite, that circumcision is unethical and already illegal. His goal going into the debate was to be very respectful, as always, and to try to induce a small percentage of the audience, primarily physicians and nurses, to be more open-minded about the issue; that is, to make modest inroads into their beliefs. He began by stating his working hypothesis that everyone in the room cares about children, is acting in good faith, and accepts the fundamental rule of medical ethics, “first do no harm”. All boys and girls, he said, are born genitally intact. Non-therapeutic male circumcision is rare in the Western world; the
United States is the exception. Unlike the AAP, medical organizations in the U.K., Australia, and the Netherlands state that the disadvantages of circumcision exceed the advantages, and that circumcision raises serious ethical and legal concerns.

Circumcision is irreversible, unnecessary, non-therapeutic, invasive surgery that is not recommended by any national medical association in the world, not even by the AAP. Physicians do not irreversibly remove other functional tissue from children except when medically necessary after a diagnosis. Men rarely elect circumcision for themselves, and men circumcised without their consent may come to resent it.

Circumcision is dangerous. There have been many botched circumcisions. Physicians who circumcise are often not well-trained (as Dr. Brady had conceded). The risk of serious untoward events ranges from 2% (not 0.2%) to between 10% and 20%. 7.4% of all visits to pediatric urologists at Massachusetts General Hospital over five years arose from complications of circumcision. At Georgetown University hospital, 45% required corrective surgery (a second surgery necessitated by the first, unnecessary surgery). There is good evidence that circumcision causes more than 100 deaths per year in the United States alone. The AAP’s claim that the health benefits of circumcision exceed the risks is contradicted by its own statement that the incidence of complications is unknown. In addition, the AAP left out the harm caused by circumcision (e.g., loss of tissue and sexual harm) out of the calculation of advantages and disadvantages.

The AAP’s 2012 statement also fails to mention the anatomy and function of the foreskin being removed. Circumcision causes a loss of sexual function, removes the most sensitive parts of the penis, and causes orgasm difficulties in men and frequent sexual difficulties in their female partners.

The likelihood that any boy or man will benefit from circumcision is very low. It would be necessary to circumcise at least 100 boys to benefit one, which would cause two cases of hemorrhage, infection, or even more serious complications such as death. In any event, UTIs can be treated with antibiotics. Boys are not at risk of penile cancer, which is as rare among men as being struck by lightning. Moreover, rates of penile cancer in the United States are greater than in Denmark, Norway, Finland, and Japan, where circumcision is rare. As to the AAP’s claim that circumcision helps prevent HIV, infants are not at risk of STDs, so the circumcision decision can be deferred until they reach the age of sexual maturity. The AAP’s claim that circumcision helps prevent HIV is out of date; Garenne wrote in 2013 that the protection from HIV is “negligible or nil” — and contradicted by the AAP’s own 2012 statement that, “key studies were performed in poverty-stricken African populations with HIV burdens that are epidemiologically different from HIV in the United States.”

Condoms are still required and suffice, so nothing is gained by circumcision.

The AAP’s most recent policy statement does not even discuss the fundamental principles of medical ethics. Ethical concerns about circumcision are mounting. As 38 distinguished physicians, most from Europe, wrote in response to the 2012 AAP statement, “the cardinal question is not whether circumcision can prevent disease, but how disease can best be prevented.” (Frisch et al., Cultural Bias in the AAP’s 2012 Technical Report and Policy Statement on Male Circumcision, published online in Pediatrics on March 18, 2013.) The AAP’s own Bioethics Committee stated in 1995 that the child is the patient, not the parent; that physicians cannot ethically operate on healthy boys for religious, cultural, or personal reasons regardless of parental wishes; and that all medical decisions involving children that can be deferred must be deferred. The circumcision decision can be deferred, and boys must be left genitally intact so as to make the decision for themselves as adults.

The ethical rule is that minors may only be exposed to medical treatments if illness or abnormalities are present. Even then, the advantages of a procedure must outweigh the disadvantages, the intervention must be the only reasonable way to obtain these benefits, and intervention must be necessary to the well-being of the child. Non-therapeutic male circumcision does not meet any of these conditions.

Svoboda continued that circumcision also violates the cardinal rules of medical ethics: to respect the patient’s autonomy; to “First, Do No Harm”; to do good; and to be just or fair, whereas circumcision unfairly deprives boys and men of an open future. The surgery also violates American Medical Association (AMA) ethical rule 2.19 that physicians should not provide or seek compensation for medical services that they know are unnecessary. When the foreskins are sold to pharmaceutical and cosmetics companies, this also violates AMA rule 2.08 prohibiting the commercial use of human tissue without the patient’s consent, which infants cannot grant.

Attorney Svoboda then discussed how legal concerns are mounting as well. In September 2013, Swedish legislators introduced a bill that would outlaw the non-therapeutic circumcision of minors. In October 2013, the Council of Europe passed a recommendation endorsing a child’s right to physical integrity and opposing male circumcision. Svoboda argued that circumcision is already illegal in the United States. Cutting girls’ genitals is prohibited by federal law, and boys have a constitutional right to equal protection of the law. Every individual, including every child, has rights under the common law, constitutional law, and international human rights law to security of the person or to be free from the harm that circumcision causes, and to autonomy or privacy or to make important decisions about his own body for himself. Under international human rights law, the supreme law of the land in the United States, children, who are especially vulnerable, also have special rights to health, freedom and dignity, and to be free from mental and physical violence, and from traditional practices prejudicial to their health which includes circumcision. Circumcision also constitutes an unlawful assault on boys.

Legally, parents can only consent to necessary medical treatments. The Supreme Court settled in 1944 (in Prince v. Massachusetts) that parents cannot risk
harming, let alone actually harm, their children for religious or other reasons. One person’s constitutional rights, Svoboda said, end at another person’s body.

Even if parents had the legal right to make the circumcision decision, which they do not, physicians cannot lawfully take orders from parents to perform surgery that they do not recommend. Circumcision is not medically justified and is beyond the scope of medicine.

As to Medicaid, it only covers necessary medical care, not cosmetic, elective, or ritual procedures like circumcision. It is unlawful for physicians and hospitals to use Medicaid to pay for circumcision.

Summing up extemporaneously, Attorney Svoboda stated that circumcision has many disadvantages without any meaningful benefits, and is not medically justified. It violates many ethical rules including the fundamental ethical principles of autonomy and of doing no harm. It is already illegal: boys have the right under many laws to normal bodies and genitalia; parents do not have the right to make the circumcision decision; and physicians cannot lawfully operate on healthy boys.

**DAY 2 – HEATED DISCUSSION**

On day one, six presenters had debated three ethical issues. On day two, each presenter was given five minutes to speak from the panel, then questions were taken from the audience, composed on the second day primarily of physicians. The ethicist Dr. Douglas Diekema, like Dr. Brady a member of the AAP’s Task Force on Circumcision, who had given a presentation the previous day about the ethics of refusing immunizations, joined Dr. Brady on the panel.

Before the panel discussion began, however, I overheard Dr. Brady expressing annoyance to another physician that a non-physician (Attorney Svoboda) had been allowed to speak. This was odd insofar as the debate concerned the legality of circumcision.

I also overheard one physician telling the moderator that he thought it unwise to videotape the second day lest it be used against the physicians, even though the ground rules were that the debate, which was open to the public, would be videotaped. The moderator acquiesced and stopped further videotaping.

Dr. Diekema began by calling the circumcision issue complex with arguments on both sides. The tendency of many when faced with these issues is to take a side, ignoring the complexities. He said, “I think this issue [circumcision] has been oversimplified, and that to either make the claim that people are better off being circumcised or better off not being circumcised is to ignore an important aspect of the issue and some of the data related to that issue. It’s one of the reasons I have deep concerns about trying to find legal or legislative answers to that issue because it precludes, it basically ignores that there is another side to this issue.”

From the audience, after all panelists had spoken, I challenged Dr. Diekema’s claim that there are two sides to the ethics and legality of circumcision. I said, the AMA’s principles of medical ethics and the legal rules that Steven discussed are well established and have been for many years. The AAP own Ethics Committee states that the duty of the physician is to the patient, regardless of the parents’ desires. I added, “It seems to me that the AAP has disregarded the ethical rules and has disregarded the legal rules, and simply makes claims that can’t be supported, such as that it is the parents’ right to make the decision for any reason. I think you’re not really looking at what are the ethical rules and what are the legal rules, or responding thoroughly to the criticisms that have been made, not just by Steven, but by European medical associations, that circumcision is unethical and unlawful... I don’t think that simple answers are good enough, like ‘parents have the right to do this’.”

Dr. Diekema replied condescendingly that he thoroughly disagreed: “This is your view of the ethical issues and not a complete view”. Diekema said, “Parents ought to decide precisely because it is a complex issue. There is data here that shows some medical benefit. It’s not strongly in support of either polar position. You’re talking about a rights-based view of ethics, but there are other ways of thinking about ethical issues, including whether a parent ought to be able to decide whether the benefit of this procedure for their given child exceeds the risks. And I don’t want an advocacy group doing that for my child or any other child.” I responded [Editor’s note: trenchantly] that I did not want a group of physicians such as the AAP making important decisions about boys’ and men’s bodies. Every man should make the decision for himself.

Despite suffering from jet lag, Steven Svoboda had woken up at dawn on the second day to prepare and practice his five minute statement. He addressed some of Dr. Brady’s arguments from the previous day. He emphasized that the AAP had acknowledged in its 2012 report that the true incidence of complications after newborn circumcision is unknown. Steven said, we all agree that circumcision doesn’t prevent HIV/AIDS. And although Dr. Brady claims a 60% relative risk reduction, the absolute risk reduction is only 1.3%, unproven in Africa, let alone in the U.S., as the AAP 2012 itself concedes, so no man can rely on circumcision to protect himself from HIV. The protection against HIV in the United States, according to 2013 data from HIV expert Garenne, is “negligible or nil.” A condom is still required and suffices, so nothing is gained by circumcision. Svoboda reiterated that there is a rising tide of European doctors officially stating that circumcision is both unethical and unlawful and should be banned. Svoboda added, “On July 4, 2013, that well-known radical anti-circumcision group, the
United Nations, issued a document in which it expressed concern about reported short and long-term complications arising from some traditional male circumcision practices." The moderator cut Svoboda off in mid-sentence as evidently his five minutes were up.

Although Dr. Brady had been allotted five minutes to speak, he spoke only briefly, as follows. Activist groups have a tendency to disregard evidence discounting their particular point of view, which does not lead to ethical medical decisions. Brady continued, "non-biased people (meaning physicians like himself and the members of the AAP Task Force on Circumcision) need to be able to review it and to determine what the evidence suggests." He then said, "Dr. Svoboda... er Mr. Svoboda... reiterated a lot of what he said yesterday, but actually a lot of what he mentioned today is inaccurate. But it's what he believes in, and I think that it's unlikely that I'm going to change that, so I'm not going to try."

Of course Dr. Brady's job was not to convince Mr. Svoboda of the merits of his arguments, but rather to convince the audience, which he evidently concluded was "mission impossible." If anything Mr. Svoboda had said had been inaccurate, Dr. Brady would certainly have pointed it out. The fact is that Dr. Brady simply had nothing to say.

Dr. Diekema then said, amazingly, "This business about girls and boys being equal (as if this were a shocking, novel concept, rather than a founding American principle)... no one has ever claimed any potential medical benefit to female genital cutting." Attorney Svoboda replied that that was false and cited a study by Stallings and Karugendo. Dr. Diekema then stated that the criticism of the AAP's 2012 report was by 38 European physicians, many of whom are known to activists against circumcision, but not by European physicians generally. (Actually, circumcision is rare in Europe, many European physicians and medical associations oppose circumcision, and the AAP itself is a medical association.)

Attorney Svoboda then said, "There were arguments both for and against slavery. The default is not to circumcise. The AAP's own committee on bioethics has repeatedly enumerated principles that are violated by circumcision." Dr. Brady said, "That's your interpretation," and Attorney Svoboda replied "No, I'm reading what they said."

Dr. Brady then said, "We are talking about whether parents can harm their children, but that if the health benefits exceed risks, it's not harm." I then said, "That is incorrect. The law is that physicians cannot risk harming, let alone actually harm, their children for religious or other reasons. Under the law, any touching beyond a trifle is harm. Circumcision is harmful: it harms all boys and men."

Dr. Brady said, "It does not harm boys." I said, "It does, they are disfigured, surgery removes part of their skin." Dr. Brady conceded that it removed part of their skin, but said, "other than that, your statements are inaccurate because you have strong opinions. There are a number of things that are removed, it's functional tissue people have removed, parents have the right because they believe it's in the best interests of their child."

**Treating a Healthy Body Part Like a Tumor**

Ms. Aubrey Terron, an intactivist, then gave an eloquent speech. The foreskin, she said, is a healthy body part. Unless people are diagnosed with a medical condition that cannot be treated in any other way, they have the right to keep healthy parts of their bodies. She said, "You are treating the foreskin like a tumor when it is a healthy body part."

Ms. Terron continued, "If you do not have this body part, you are likely biased against it and to dismiss its value. Other body parts could become diseased, like breasts, but you don't apply a risk-benefit analysis to the removal of healthy breast buds. You perhaps do not have a foreskin or value it, and believe that you have a right to intervene and remove it as if it were a tumor. You have to respect the autonomy of the person who owns the body part. It is not your place to take that tissue from a person. You're in such a hurry to take this body part, perhaps you do not understand its value."

Dr. Brady then discussed immunizations, implying that circumcision is preventive medicine like immunizations. "They involve potential risk, although it is low, but there are health benefits." Aubrey said, "Stop immunizing, and what happens?" Dr. Brady said, "Lots of people die." Aubrey said, "Yes exactly, take away circumcision, what happens?" Brady said, "You circumcise more, you have fewer people dying." Attorney Svoboda asked: "Why aren't Danish people dropping in the streets? Why are they healthier than men in the United States?" Aubrey continued with an extremely important point, "So are all body parts up for grabs?"

Mr. Angel Alonso Terron, Aubrey's husband, then asked of the male panelists, "Which of you have a foreskin, and can explain the functions of the foreskin?" Dr. Brady replied — shockingly for a member of the Task Force charged with informing Americans about circumcision — "The foreskin was created before clothing was invented. I don't think anybody knows the function of the foreskin. ... nobody knows the function of the foreskin."

Attorney Svoboda suggested that Dr. Brady should read the studies by John Taylor and others showing the various functions of the foreskin. Svoboda stated that the foreskin is richly innervated and moves in a "gliding action", among other functions that are lost to circumcision. Yet there is not a word about the functions of the foreskin in the AAP's statement. "You should educate yourself about its functions before you issue your next opinion."

Mr. Terron then said, "I have a foreskin and use it on a daily basis. Where I come from, circumcision is rare. When I came to America, I spoke to my American friends about circumcision, and it was clear that their experiences are different. Having a foreskin eliminates the need for lubrication. The foreskin creates a seal and prevents fluids from leaving. If you have only a shaft with a head, it removes lubrication from the vagina."

Mr. Terron then said, "I exposed my glans for one month as an experiment. I noticed that it became dry, and that sensation diminished, but the sensation returned once I covered it again. So the foreskin has protected my body since birth. It's like the moist beginning of the vagina. It (leaving my foreskin retracted) was also bothersome: the glans rubbed against my underwear all the time and it became numb. You are like a group of mechanics telling me why I don't need to drive with power steering without ever having driven a car with power steering before. You have to drive a car to know how a car drives with power steering."
Attempting a World Record

The moderator, Dr. Robert Sade, a professor at MUSC, then said, let’s turn the heat down here. It was story time. “I was the only surgeon on an aircraft carrier. There were long periods of boredom with nothing going on, and to keep the operating room functional, so we could react quickly, I did circumcision. These young sailors would line up at the door. They were anxious to have the circumcision done because they had heard from others that it improved sex. You could last longer. (Robert S. Van Howe, M.D., co-author of a paper we have written in connection with the debate, suggested that perhaps they lined up so that they could avoid active duty for a few weeks.) To many men, this is a very important issue. In fact, we were planning one day to set a record. We never made it into the Guinness Book of World Records, but we tried to do 100 circumcisions in one day. The reduction in sensation is very valuable to many men. It’s beside the point to talk about the loss of sensitive tissue. The satisfaction level is increased after adult circumcision.”

Mr. Terrón asked, “How can sensation be diminished, but satisfaction increased? Some men prefer more sensation.” Dr. Brady cited two studies showing that some men circumcised as adults reported unchanged satisfaction, some said sex was better, and some said it was not better. He concluded (I must add, not very scientifically or credibly) that “somehow circumcision does not significantly alter function, satisfaction, or sensitivity.”

Mr. Terrón said that the data would be skewed. “Men with foreskins may be very reluctant to part with them. If you don’t understand the pros of being intact, how can you give an accurate medical assessment? The opinion of a doctor with a foreskin would be better informed than the opinion of one without a foreskin.” Dr. Brady said, “Physicians can give good advice even if they don’t have a body part. For example, male physicians can inform female patients about the benefits and risks of a mastectomy.” Mr. Terrón replied, “Well, when I asked, what is the function of the foreskin? no one could answer me.” Indeed, Brady had said that no one knows the functions of the foreskin.

The pediatricians on the panel then all said, nodding their heads, “Parents, parents have the right to choose circumcision.” A Jewish professor on the panel, a pediatrician in another field, remarked that Mr. Adler’s use of the term “disfiguring” to describe the effects of circumcision was too strong of a term. “A lot of men and women disagree. Some find the circumcised penis more cosmetically appealing; it’s a matter of opinion.” She continued, “We’re focusing on the individual here but millions of people have been circumcised over thousands and thousands of years. To say flat out that it is wrong, unethical, illegal, and should never be done, is a smack in the face to these millions of people who have had it done.” She continued, “I find it perfectly acceptable and good to do”, and added that the Jewish circumcision ceremony is a lovely experience for the family. Mr. Svoboda asked, “how does the boy feel about it?”

Attorney Svoboda then discussed the practice of foot-binding in China and the fact that some Africans practice female genital cutting. “Those seem terrible and barbaric to us. Is it possible,” Svoboda asked respectfully, as he was throughout the conference, “that our opinions about circumcision are colored by the fact that we are familiar with it?”

Dr. Brady replied that unlike female circumcision, “male circumcision is no biggie.” Female genital mutilation is done partly to reduce sexual function, and male circumcision was never done for that reason. Svoboda said that was untrue: “In the 12th century, Rabbi Maimonides said that the principal purpose of circumcision was to reduce sexual pleasure. In fact, it was introduced in America to prevent masturbation by reducing pleasure.”

Dr. Brady then argued, “If circumcision reduced sexual function, it would have ceased thousands of years ago. Men don’t perceive circumcision to alter sexual function. Men dictate medical practices.” Dr. Brady noted, as had the the Jewish professor, that circumcision has been performed for millennia. “If circumcision were not a good thing, since most societies are run by men, it probably would have ended.”

Mr. Terrón disagreed. “Even in patriarchal societies, men have pride and would be reluctant to accept that they are deficient in any way. If men in Sparta objected to brutality, they would have been called sissies.” His wife Aubrey Terrón agreed that circumcised men are reluctant to accept that they have been harmed.

Then a rural pediatrician on the panel who practices circumcisions interjected, “About 20% of the time, all day long, parents ask, did they take off enough of that damn foreskin? They want more foreskin taken off.” Angel interjected, “Go to Mexico, and you’re not going to find that.” The physician continued: “Mothers say it doesn’t look good, they say, ‘I like it better when it’s shorter.’” Angel said, “Why would the lady care so much what her son’s penis looked like?” The pediatrician replied, “Because they want it to look like daddy’s.” Attorney Svoboda asked, “What other medical procedure is done to make a child look like the father?” The same physician then added that it is much easier to circumcision newborns. “Even slightly older boys squirm and are hard to hold down.” Attorney Svoboda asked, “easier for whom?”

Dr. Brady said, “I don’t think it’s a big deal in appearance or function, and it doesn’t appear that men who were circumcised believe that they were harmed.” Astonishingly, he said, “You (Angel) have given the foreskin a function that it doesn’t really have.” Angel’s wife Aubrey replied, “Yes it does.” Dr. Brady continued, “Women who have had
sex with circumcised and uncircumcised men were likely to express most satisfaction with their current partners.” Angel said, “Maybe that is why they are their current partners.”

One doctor said, “The benefits [of having a foreskin] are modest.” Angel said that in that case, it would be better to let the boy make the decision for himself.

The moderator then announced with evident relief that transportation would be arriving in three minutes, that it had been a very stimulating discussion, and the conference ended.

CONCLUSION A Sweet Victory For Opponents of Circumcision: A Defeat and Embarrassment For the American Medical Profession

So, what happened at the debate? ARC’s goals going into the debate were modest, to induce a small percentage of the medical audience to be more open-minded about circumcision. Svoboda accomplished that. Two young physicians who had given presentations on other subjects told him that he had changed their minds about circumcision. The others physicians were clearly not about to change their minds. So was the debate a draw?

In a word, no: the debate was a complete victory for the activist cause and thus for boys and men, and a defeat and embarrassment to the medical profession. In a masterful performance from start to finish, Attorney Svoboda rebutted every claim factual, ethical, and legal claim that Dr. Brady, Dr. Diekema, and the other physicians made in support of circumcision, complete with citations to the latest scholarly literature and the most recent developments in Europe. There are few people on earth with such extensive knowledge of the science, ethics, legality, and politics of circumcision, and such clarity of speech. The other activists persuasively drove his points home.

Financial Conflict of Interest. The members of the AAP Task Force on Circumcision are not, as Dr. Brady claims, a neutral, unbiased, group of scientists who alone should be entrusted with the health of boys and men. The AAP is a trade association, and like the rural physician, has an obvious but undisclosed interest in perpetuating circumcision, a multi-billion dollar industry when the sale of harvested foreskins to industry is included. In fact, the 2012 AAP policy statement even calls its member pediatricians “stakeholders,” a term usually reserved for investors. In the wake of declining Medicaid coverage for circumcision, the AAP is also calling for increased coverage of circumcision, when they must know the fundamental principle of federal and state Medicaid law, cited by Svoboda, that it only covers medically necessary services, not elective non-therapeutic surgery.

Additional Biases. As the 38 European physicians wrote, the AAP’s members are also culturally biased in favor of circumcision. Many of the Task Force members are religiously biased as well, like the female professor, again making them highly motivated to perpetuate circumcision. Not one of them appears to have a foreskin either, or any interest in knowing its function or effect on sexuality, as any other physician or scientist studying circumcision would be certain to know or study. Had the Task Force been neutral and scientific, its members would have included men with foreskins, European pediatricians opposed to circumcision, researchers, ethicists, attorneys, parents, men angry to have been circumcised, and activists. A neutral and scientific Task Force also would have thoroughly analyzed the anatomy and physiology of the foreskin before extolling the benefits of its removal. Activists, by contrast, have no biases, and it cost them time and money to oppose circumcision: they are motivated only by sincerely held, and as Svoboda showed, justified beliefs.

Intentional Factual Misrepresentations. As Ms. Terrón said, the American medical industry has demonized the normal penis and made circumcision appear normal, when the surgery is rarely performed by physicians today except in the United States. Dr. Brady, Dr. Diekema, and the Task Force have knowingly understated the disadvantages and overstated the benefits of circumcision to sell it to largely uninformed and unsuspecting parents. The AAP report is, fundamentally, a sales pitch.

The disadvantages of circumcision are almost too numerous to count. Infants do not tolerate pain well, as the AAP report claims, even when anesthetics are used, and often they are not. Circumcision is not safe: even the AAP and the AMA admit that it risks many serious injuries, which the AMA callously calls “untoward events”. The risk of serious injury is not .2%; the study the AAP relies upon said 2%; the actual rate may be 10% or higher; and as the AAP frighteningly admits, the real risk is unknown. Dr. Brady’s claim that circumcision is not harmful is plainly false as well: pain is harm; the permanent removal of healthy, functional tissue is harm; turning the penile shaft inside out is harm; preventing the normal function of the penis as Ms. Terrón described is harm; and the loss of sensation and satisfaction to which Mr. Terrón attested, is certainly harm. He even proved by retracting his foreskin for one month that circumcision reduces sexual sensation and satisfaction.

As to the supposed benefits of circumcision, the only possible reason to mention penile cancer is to frighten parents, since it is as rare as being struck by lightning, and can be avoided by washing and not smoking. The claim that circumcision reduces the risk of HIV by 60% also must be calculated to prey on parents’ fear of HIV and to mislead. As Svoboda pointed out, the absolute risk reduction is at best a marginal 1.3%, among adults, in Africa. Even this is unproven. Circumcision
b plainly has not been effective in preventing HIV in the United States. Even if it reduces the risk, the AAP and the AMA properly concluded in 1999 that behavioral factors are far more important risk factors in acquiring HIV than circumcision status. In any event, men who have unsafe sex with women must still use condoms.

The AAP’s widely disseminated conclusion that the benefits of circumcision outweigh the risks, which American parents rely upon, is also manifestly false. It contradicts the AAP’s statements that the risk of serious injury is unknown, and that circumcision benefits only a small percentage of boys and men.

Legally Wrong. The claim by the AAP since 1971 and by Drs. Brady and Diekema that parents have the right to make the circumcision decision for religious, cultural, and personal reasons, which is to say for any reason, is also false. As Svoboda showed, the founding American principles are that every person has the inalienable right to personal security, autonomy, freedom of religion, and equality. Parents can only consent to necessary medical decisions that cannot be deferred. They also cannot even risk harming their children, let alone actually harm them, for reasons having nothing to do with medicine. In fact, both parents and physicians have a legal duty to protect boys from the harm caused by circumcision.

Ethically Wrong. As Svoboda argued, even if circumcision had what the physicians at the conference agreed were at best modest benefits, it is not ethically justified. A physician’s duty obviously is to his or her pediatric patient alone. Physicians obviously cannot take orders from parents to perform surgery without a diagnosis and recommendation, let alone to "look like daddy". The most fundamental ethical rules, which the so-called ethicist Dr. Diekema no doubt teaches, are to "First, Do No Harm", and to respect the autonomy of the pediatric patient to make all decisions about his body that can be deferred.

Final Thoughts. Dr. Diekema claims to reject a rights-based approach to circumcision, but children do have the ethical and legal right to intact bodies, and their rights supersede their parents’, as a court held in 2012 in Cologne, Germany. I reject and everyone should reject the unsupported opinions of the AAP’s Task Force on Circumcision. In a rational world, there would be no task force for amputating parts of helpless children’s genitals. The opinions of Drs. Brady, Dr. Diekema, the members of AAP Task Force are relics of an unscientific, callous, paternalistic, self-serving past. Their opinions and circumcision should be relegated to the dustbin of history.

**Went to Med School to Talk About Ethics**

Aubrey Terrón

I got to see firsthand the raging bias that interferes with the logic of doctors in regard to male circumcision when I attended the 20th annual Pitts Lectureship in Medical Ethics at the Medical University of South Carolina on October 18-19, 2013. Among other debates, there was a debate on infant circumcision between Attorneys for the Rights of the Child founder Steven Svoboda, JD, and the American Academy of Pediatrics’ (AAP’s) Circumcision Task Force member Dr. Michael Brady. Audience participation was encouraged after each debate, and at the all-inclusive seminar that wrapped the conference. Also present was Dr. Douglas Diekema of the same AAP Task Force (who, interestingly enough, gave a great talk on not turning away children/families who have not been vaccinated).

Eye opening in some regards, frightening and sad in others, the discussion made it clear that these people (the most argumentative pro-circs there) are incapable of accepting four things:

1. **The foreskin has function.** Even when a few of the many functions were described in detail by someone who HAD a foreskin, their response was, “You don’t know that,” and they went back to the beginning again with insisting that there are no functions (or none that matter since we wear clothes).

2. **Men WANT their foreskins.** A lot of emphasis was put on various surveys of newly circumcised men showing satisfaction, or anecdotes of men wanting circumcisions while serving in the armed forces. Even though over 99% of circumcisions are forced, over 99% of men in the world left intact from childhood die that way, with thousands of men going to the trouble of restoring their foreskins, it was still stated, “Men do not value their foreskin.” No logic got through. When it was suggested that breast bud removal could provide a great benefit to society’s health, the objection was (of course) that women...
wouldn’t appreciate that when they got older, so, it’s best to leave it for then.

3. Boys have a right to their healthy bodies. I challenged [Editor’s note: in a powerful highlight of the entire event] the bad habit of assuming that the risk vs benefit analysis can apply to healthy body parts, even though it is clearly meant to guide a physician through evaluating NEEDED treatment. The response ended up back at “it’s better,” an opinion. Thanks Doc, that’s very respectful of you.

4. This culture (and they themselves) are biased in favor of circumcision. It was said in several ways by more than one person that if you don’t have a foreskin, and live in a culture that disregards its value, perhaps your views might be skewed, preventing you from acknowledging points 1 – 3. Interestingly enough, this wasn’t denied, challenged, or defended in ANY way. It was almost like they were pretending that they didn’t hear it. Disappointing, but all in all, not a shock. God was only mentioned once, but validity of ritual, validity of culture, validity of tradition, validity of sheer numbers performed, and validity of proxy consent were all mentioned, even though those things have nothing to do with the ethical requirement in medicine not to interfere where interference is not needed.

I do think that some people present actually “got it.” The points were made and made well, biases were challenged with no logical or meaningful retort (other than continuing to argue in favor of circumcision) and I think that it was pretty obvious to the people listening that the points and challenges were valid, which makes it all a success!

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Charleston Debate Marks Turning Point in Movement to Recognize Circumcision as a Human Rights Violation

Steven Svoboda

The Twentieth Pitts Lectureship in Medical Ethics at the Medical University of South Carolina in Charleston, South Carolina, held on October 18-19, 2013, marked an awesome team win that activists for genital integrity were able to achieve when I debated Michael Brady, M.D. and effectively also debated Douglas Diekema, M.D., two members of the American Academy of Pediatrics (AAP) Task Force on Circumcision. Other team members present and helping immeasurably with this landmark success were ARC Legal Advisor Peter Adler, longtime activist Aubrey Terrón, and her husband, Angel Alonso Terrón.

Brady was my opponent in the debate about whether circumcision is legal and ethical. Diekema, despite initial claims of objectivity, joined with Brady as a proponent of circumcision.

Brady gave a presentation on Friday, October 18, 2013 that closely tracked his PowerPoint.

My response followed. Our PowerPoint was by that point persuasive enough that, as they each personally told me later, two (!) of the five physician presenters who are not AAP Task Force members were completely convinced by our arguments and went from being pretty strongly pro-circumcision prior to the event to coming to oppose the procedure based on our arguments. (This also is a good testament to the open-mindedness and objectivity of these doctors.)

Following my presentation was a scheduled 45-minute debate between Dr. Brady and me. We each got our blows in, but it quickly became clear that Brady was unaware of recent political developments and pertinent medical studies.

On Saturday, we were each allowed five minutes to summarize our views. After I spoke for the full five minutes, Dr. Brady was unable to successfully rebut any of my points, speaking for just over a minute in an effective concession of defeat. Brady referred to me in his short talk as "Dr., er excuse me, Mr. Svoboda." On Friday, Dr. Brady had audibly complained about how the organizers had allowed "non-physician presenters" to speak, of which I was the only one.

On Saturday, October 19, after each presenter spoke, an open discussion ensued amongst all eight panelists for about 2.5 hours, the last half of which was focused on male circumcision. Peter, Aubrey, and Angel each made very powerful and effective
points that helped move the discussion further in our direction. Aubrey and Angel also videotaped, as I had arranged with the conference organizers, all conference proceedings on Friday, and were supposed to record Saturday as well but some presenters asked that no recording be done on Saturday and this was agreed to without informing me of the change.

A few of the key points Peter, Aubrey, Angel and I were able to drive home over the two days included:

Even the AAP is calling for further studies regarding the connection (if any) between male circumcision and HIV, and eminent scholar Michel Garenne says you need a condom even if you are circumcised, so what does circumcision gain you?

Aubrey had a great analysis of how Dr. Brady was treating a healthy body part as if it is a tumor, pathologizing functional tissue.

Dr. Brady said in his PowerPoint: If the benefits can't be clearly shown to outweigh problems, then circumcision should not be done. I argued, does not the fact that 38 eminent physicians (37 of whom are in Europe) say in the AAP's own journal that we shouldn't do it in itself cast sufficient doubt that the practice should be stopped?

As I asked near the end of the event, "If circumcision is so great why doesn't the AAP recommend it? I would think the AAP would be taking out ads in the New York Times to say that everybody should get circumcised. Why the weird balancing act in which the AAP says that circumcision is not recommended but that Medicaid should cover it?"

Angel asked if people present could explain the functions of the foreskin and no one answered it, including Brady and Diekema. Brady said, "I don't think anybody knows the functions of the foreskin," then reiterated, in nearly identical words, "Nobody knows the functions of the foreskin." I noted that there was not a word about the functions of the foreskin in the 2012 AAP report, and asked, shouldn't we know something about the functions of the healthy body part that is being removed?

One amusing aspect: Diekema criticized me on Friday for allegedly being unfair in emphasizing a sentence where the AAP makes admission that the complication rates are unknown. So the next day in my five minutes I read three sentences from that same passage in full, quoting directly from the AAP report, and pointing out several other interesting points contained therein. Here's what I read: "The true incidence of complications after newborn circumcision is unknown, in part due to differing definitions of 'complication' and differing standards for determining the timing of when a complication has occurred (i.e., early or late). Adding to the confusion is the conflation of 'early' complications, such as bleeding or infection, with 'late' complications such as adhesions and meatal stenosis. Also, complication rates after an in-hospital procedure with trained personnel may be far different from those of the developing world and/or by untrained ritual providers." Then pointed out all the doubt and uncertainty contained therein: Confusion, complication rates differing, differing definitions, differing standards, unknown incidence. After all this, Diekema alleged in his five minutes that I was still quoting selectively.

The audience saw through all of this eventually. An African woman was smiling at Aubrey toward the end and the whole row of audience members were clearly on her side. Angel and Aubrey and Peter each was awesome. Aubrey had this brilliant time in the sun where she was allowed to speak for over five minutes and threw the whole issue into a new light in a brilliant way by developing the detailed analysis I mentioned of the pathologization of healthy tissue. Angel talked about his own experience being an intact man and no one could argue with that. The circumcision advocates tried to blame female genital cutting on patriarchy and argued that if male circumcision was bad, men who have all the power under patriarchy, would have stopped it long ago. In reply to this, Angel talked about male denial and about Sparta, an extremely patriarchal society where men faced extreme oppression, proving that society-wide male oppression can and does exist, even under patriarchy.

I was able to cite the "well-known anti-circumcision group" the United Nations, the Council of Europe, and all of those other European organizations that I didn't fit into my PowerPoint on Friday. The circumcision advocates couldn't say much about that except they offered the response that I was just citing individuals, not all of Europe. Diekema accused me of oversimplifying, and I responded that no, these issues are incredibly complex and I wasn't oversimplifying anything. Rather, I used the word "Europe" to describe the location of several countries that have recently found circumcision to be illegal. Then Diekema said that those are only physicians' groups, and hence not all physicians, and that I was oversimplifying again. This weak argument essentially refuted itself.

After we effectively prevailed in Saturday's panel, Brady responded by claiming that he had inside information that both "Australia" (presumably the Royal Australasian College of Physicians) and Canada are about to issue position statements echoing that of the AAP. No evidence was presented, however, and one may be forgiven for suspecting that perhaps no such evidence exists.

Today we submitted our paper to the Journal of Law, Medicine, and Ethics, which is publishing a special issue in early 2014 devoted to the proceedings at the Twentieth Pitts Lectureship in Medical Ethics.

This was personally perhaps the single most gratifying experience I have had in my nearly two decades as a promoter of genital integrity.
Intactivist Conferences

Steven Svoboda at brainstorming session, Stone, UK, September 15, 2013

Audience, Univ. of Keele, UK, September 16, 2013

Lena Nyhus presenting regarding her Danish successes, University of Keele, September 16, 2013

Gert van Dijk presenting regarding Royal Dutch Medical Association developments, Univ. of Keele, UK, September 16, 2013

Keele Conference Proves a Resounding Success

Steven Svoboda

I have just returned from the United Kingdom and one of the most pleasurable and productive meetings in which I have ever had the good fortune to participate. Genital Autonomy organized the two-day conference titled, “Promoting Children’s Rights in Europe: Recent Developments” and held at the University of Keele in England on September 16 and 17, 2013.

My presentation—which I will be writing up for publication in the coming months—analyzed the 2012 Cologne court case holding that male circumcision violates human rights and the law and the German legislation attempting to overturn that court case. The title of my talk was “Welcome to the New Era—Four Fatal Flaws in the German Law Legalizing Male Circumcision.” As suggested by the title, I discussed four distinct reasons the legislation is invalid and the earlier court decision is soundly based in medical ethics, law, and human rights. The four core problems are: 1) the law fails to comply with the German requirement of equal protection of males and females; 2) the law is oddly formulated under family law rather than as an exception to the criminal law, which would be expected; 3) the law incoherently attempts to incorporate a consideration of the reason for the procedure; and 4) the law contradicts itself in requiring the procedure be performed even by non-medical practitioners to the existing medical standard, which is impossible since anesthetic must be administered and under German law anesthetic can only be administered by physicians.

The talk went very well and the questions afterwards were quite perceptive. (While I was on the plane home, another German court case was decided in favor of protecting the child’s bodily integrity, and this recent case will also be incorporated into the article I am writing.)

Other speakers included Dutch medical ethicist Gert Van Dijk, Australian-born British barrister James Chegwidden who gave an invaluable review of the legal status of male circumcision in the United Kingdom, Antony Lempert of the Secular Medical Forum, the reliably erudite University of Oxford Research Fellow Brian D. Earp, NORM-UK’s John Dalton, eminent medical historian Frederick Hodges, powerhouse Danish activist Lena Nyhus, the always impressive Norwegian Children’s Ombudsman Anne Lindboe, Global Discourse’s Matthew Johnson, and Michelle O’Brien, who gave a broad overview of the intersex rights movement.

Lena Nyhus’s amazing efforts in Denmark have led to the Social Liberal party passing a motion on September 18, 2013 to oppose male circumcision in the absence of medical justification. She asks that the rest of the world support her work by putting the word out that we are watching Denmark attentively to make sure it does the right thing regarding male circumcision.
(l. to r.) Marilyn Milos, Anne Lindboe, Lena Nyhus, Keele, UK, September 16, 2013

Steven Svoboda presenting regarding flaws in the German law, Univ. of Keele, UK, September 16, 2013

(l. to r.) Brian Earp, Antony Lempert, Keele, UK, September 16, 2013

Steven Svoboda shortly after presenting, Univ. of Keele, UK, September 16, 2013

Frederick Hodges presenting regarding history of circumcision, Univ. of Keele, September 16, 2013

(l. to r.) Michael Thomson, David Smith, Brian Earp, Keele, September 16, 2013

Antony Lempert presenting regarding Secular Medical Forum, Univ. of Keele, UK, September 16, 2013

Matthew Johnson and Steven Svoboda, Keele, UK, September 16, 2013

Harald Winterling presenting, Univ. of Keele, UK, September 17, 2013

(l. to r.) Michael Thomson and Marilyn Milos, Keele, UK, September 16, 2013

Brian Earp presenting on the ethics of circumcision, Univ. of Keele, UK September 17, 2013,
Photos from Keele

(l. to r.) Steven Svoboda asking question, Travis Wisdom, Marilyn Milos, Univ. of Keele, UK, September 17, 2013

Victor Schiering, Univ. of Keele, UK, September 17, 2013

Michelle O’Brien presenting on intersex genital integrity at Univ. of Keele, UK, September 17, 2013

Frederick Hodges walking with Lena Nyhus, Keele, UK, September 17, 2013

Minister Matthew Walker presenting regarding religion and circumcision, U. of Keele, UK, September 17, 2013

Steven Svoboda and Martin Novoa, Keele, UK, September 17, 2013

(l. to r.) Attorney James Chegwidden and Steven Svoboda, Keele, UK, September 17, 2013

James Chegwidden giving his masterful presentation on UK law and circumcision, Univ. of Keele, September 17, 2013

Steven Svoboda and Lena Nyhus, Keele, UK, September 17, 2013
The Cutting Edge: Making Sense of European Legal Developments Amidst Growing Recognition of Children’s Legal, Ethical, and Human Rights to Bodily Integrity

J. Steven Svoboda

Abstract for Presentation at the Thirteenth NOCIRC Symposium, Boulder, Colorado, July 24-26, 2014

The 2012 Cologne and 2013 Hamm court cases from Germany upheld a child’s human and legal rights to bodily integrity. Previous decisions along similar lines were handed down in Dusseldorf in 2004, in Frankfurt in 2007, and in Austria in 2007. These cases—particularly the Hamm one—were decided in a context of increasing acknowledgement of children’s right to bodily integrity from the United Nations, the Council of Europe, and numerous influential medical, ethical, legal, and political bodies.

The legislation passed to reverse the Cologne decision suffers from four core problems. The contention that the Cologne and Hamm decisions violate religious rights is erroneous. Germany lacks a church-state separation and accords parents a level of religious control that is not available in the United States. Also, Germany lacks the precedent-based legal system of US common law. Accordingly, while these favorable cases retain their validity, they must be used with care.


Above: Steven Svoboda presenting to the UN, Geneva, Switzerland, Aug 14, 2001
Below: Steven Svoboda and Ken Drabik at the UN in Geneva, Switzerland, Aug 18, 2001

Feature Articles

Secular Medical Forum Report
...continued from p. 1

and in particular at the UN Human Rights Council (UNHRC) and the UN Committee on the Rights of the Child (UNCRC). The IHEU has official observer status at the UN. The UN Convention on the Rights of the Child (UNCRC) was ratified by the UK in 1989; the USA is one of only two nations not to be a party to the convention.

Articles 14, 19 and 24 of The UN Convention on the Rights of the Child requires state parties to respect the right of the child to freedom of thought, conscience and religion. The UN advises all appropriate measures to protect children from all forms of harm and they advise that all appropriate measures should be taken with a view to abolishing traditional practices prejudicial to the health of children.

On 17th September 2012 the following short statement was read out by the IHEU in the 21st session of the UNHR Council:

International Humanist and Ethical Union
UN HUMAN RIGHTS COUNCIL: 21st Session 10 Sept to 28 Sept 2012
Speaker: IHEU Representative, Josephine Mackintosh, Monday 17 September 2012

Agenda Item 4: Human rights situations that require the Council’s attention
Ritual Circumcision of Male Children
Madam President, The recent German [Cologne district] court ruling outlawing non-therapeutic infant male circumcision correctly places the welfare, and the “fundamental rights and freedoms” of vulnerable children above the unrestrained expression of adult beliefs.

The court correctly determined that: non-therapeutic cutting of a child’s body is an assault; that children are unable to give informed consent; that surrogate parental consent is not valid for an operation with no clinical indication and with the potential to cause serious harm; and that children have a right to be protected from bodily harm.

Such determinations cannot legitimately be overridden by adults convinced that children might be harmed by denying them this forced, irreversible surgery to their most intimate body parts. When the children become adults they can freely decide whether or not to undergo the procedure.

We understand, and have some sympathy with the sensitivities of certain religious groups which may feel threatened or even attacked by the judgment, particularly in the light of recent history. But it would be wrong to describe this judgment as religious persecution, or anti-Semitic; some Jewish voices are calling for an end to the practice and there is even an association called Jews Against Circumcision. Powerful groups must not be permitted to impose their views on the vulnerable on ideological or theological grounds in contravention of international law.

The Royal Dutch Medical Association and seven other Dutch scientific associations concluded in 2010 that the procedure can be harmful and that it violates the boy’s human rights to autonomy and physical integrity.

The German judgment is therefore both laudable and overdue. Reflecting as it does States’ obligations under the ICCPR, it should be followed by all member states.

Our written statement on this issue is available. Thank you, Madam
The written statement covered the medical, legal and human rights aspects of male circumcision starting from the landmark Cologne ruling.

The IHEU also wrote a letter to the UNCRCP on the same subject during this time period.

This letter resulted in an invitation to travel to Geneva within a few weeks to meet with the Chair of the UN Committee on the Rights of the Child to discuss non-therapeutic circumcision.

I was honored to make the journey to Geneva together with the Chief Executive of the NSS, Keith Porteous-Wood and Roy Brown, former President of the IHEU and their main representative at the UN.

On 4th October 2012, we met for an hour with the Chair of the UNCRCP M. Zermatten, Vice-Chair M. Kotrane and Acting Secretary Ms. Rinaldi. We were well received. We were aware at the time that M. Zermatten was approaching the end of his tenure as chair but did not find out until January who was to be his replacement.

I was invited to speak first and began by explaining how a consideration of my GP child protection work and SMF interests had led to a consideration of NTC.

We discussed the basic medical ethic that major, irreversible interventions on children should only be undertaken for therapeutic reasons and only then when there is a pressing medical need to perform the procedure before the child is in a position to consent. And I indicated how this ethic is exceptionally broken in this case, suggesting that this is more of a human rights issue than a medical one.

M. Zermatten responded by mentioning that male circumcision is often performed for hygienic reasons and stated that they had made observations on health grounds where the procedure is carried out ‘traditionally’ with crude non-sterile instruments in a UNCRCP report about South Africa.

M. Zermatten, who told us that he was a Catholic, shared his view that this is a sensitive matter because of the involvement of religion and the general lack of knowledge about it.

He indicated that it had already been discussed briefly by the committee, and was due to be discussed more formally and in more detail following our meeting.

He referred to recent court decisions in Finland and the European court, which had found medical evidence against the practice on the grounds that it is injurious to health. M. Zermatten was very interested to hear more about the medical evidence.

Responding to the implication that the harms relate solely to the lack of hygiene around the operation, I was able to draw on some Freedom of Information data from the UK. The unpublished FOI exercise undertaken by a volunteer in the UK who had written to every hospital in the UK asking for details of circumcision complication rates, had shown hitherto hidden harm within hospitals including 11 cases of serious, life-threatening injuries sustained by babies as a direct result of infant circumcision in one Birmingham hospital in one year.

I explained that Birmingham had commissioned a National Health Service non-therapeutic circumcision service a few years previously so it was likely that many of these seriously-injured baby boys would have been operated on by registered medical practitioners (although with the absence of regulation and recording, it was simply not possible to determine for sure where these babies had had their operation nor who had operated on them).

The Vice-Chair M. Kotrane, raised two main objections relating firstly to religious rights and secondly to the perceived importance of operating at a young age. M. Kotrane, who is a Tunisian professor of law, told us of his own experience of circumcising his sons at the age of three.

Acknowledging the importance of the right to freedom of religious expression, I suggested that it was the child’s right to freedom of religious expression that should be the focus for an operation performed on a child.

From a medical perspective, I explained that assertions about the benefits of early surgery are not evidence-based. Babies and small children are not in a position to come forward to complain and parents who have procured the operation may be reluctant to report problems.

I related the sad case of Angelo Ofori-Mintah from North London, a 28 day old baby who bled to death in 2012 following ritual circumcision and whose death was described by the coroner as a ‘tragic unforeseen accident’.

I drew attention to the excellent work within religious communities to end the practice and quoted from medical associations worldwide which have recommended an end to non-therapeutic male circumcision on children.

After the formal meeting, Secretary Ms. Rinaldi took the trouble to explain to us how best to contribute to the work of the UNCRCP. This information has been extremely helpful and will be of relevance to many organizations.

There are three or four sessions of the UNCRCP every year. During each session, five or six nations will be examined and discussed for their compliance with the UNCoRC. Whilst all signatory nations to the UNCRCP have undertaken to adhere to the principles and letter of the UNCRCP, quite clearly, many don’t!

This rolling process means that approximately every 5 years a nation will come under scrutiny from the committee.

We were fortunate in Geneva to have also arranged to meet for lunch with Ms. Kirsten Sandberg, the Norwegian member of the Committee and acting Supreme Court Justice of Norway. Over lunch we had a useful discussion with Ms. Sandberg. Several months later we learned that Ms. Sandberg had assumed the chair of the UN committee on the rights of the child from M. Zermatten in January 2013.

From the UNCRCP website we learned that Israel would be coming up for review by the UNCRCP in May 2013. Since the majority of boys born in Israel are forcibly circumcised, the SMF decided to make our first submission to the UNCRCP about the situation there. We coordinated with the Israeli organisation Ben Shalem, an Israeli intactivist organisation. In the event, the UN Committee received two separate reports – from the SMF and from Ben Shalem.

The SMF report addressed the available evidence of harm to male children in Israel from the practice of non-therapeutic circumcision.

The SMF report recommended:

1) In Israel, operations on all children and particularly on children’s genitals should only be performed where there is an overriding medical need to operate for an identified therapeutic reason. The Israeli Government should be advised that failure to comply with this recommendation risks breaching UNCoRC articles 19(1) and 24(3)
2) All circumcisions should be performed under internationally-recognised surgical standards.

3) The Israeli authorities should introduce a central registry for all circumcisions. This should document the medical indication, the method used, the operator and after-care provided.

4) As with all other surgical procedures on adults and children alike, a formal written record of location, surgeon and anaesthesiologist, type of anaesthesia and operative complications needs to be kept for each circumcision procedure.

5) The Israeli authorities should take steps to monitor and report on the short and long-term complications from male circumcision; they should actively seek to include evidence from adult males who are suffering the long-term complications of their infant circumcision.

6) All Israeli children should be protected from all avoidable serious harm such as forced ritual genital cutting.

7) Suggested alternatives to childhood ritual circumcision are:
   i) deferral of the procedure until the boy reaches an appropriate age of medical competence to give or withhold informed consent, and
   ii) that genital cutting be replaced by a symbolic ritual.

The UNCRC considered the submissions and included the following in their final report published in July 2013:

41. The Committee expresses concern about reported short and long-term complications arising from some traditional male circumcision practices.

42. The Committee recommends that the State party undertake a study on the short and long-term complications of male circumcision.

The full report is available here:
http://www2.ohchr.org/english/bodies/crc/docs/co/CRC-C-ISR-CO-2-4.pdf

Predictably, Jewish leaders claimed that Israel had been unfairly victimised but all countries in the world allow this to happen.

It would be helpful for other NGOs and even some Governmental Organisations to submit information to the committee on many other nations as they come up for their cyclical review. The danger, otherwise, is that we might see Governments following Angela Merkel’s lead. In Ms. Merkel’s desperation not to upset the Jewish community in Germany she missed the point that the applied lesson of the Holocaust in this case is that groups of stronger people should not be allowed to surgically impose their views on the vulnerable who need protection.

The international language of child protection is one route in which to engage people from within a wide variety of communities and to help them understand that child protection is not gender, race, religion or culture-specific and that all of us would do well to examine how we treat children.

And even the frustratingly small steps we’re witnessing help towards ending a practice that really would be incomprehensible if only child protection were kept in focus at all times.

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The Nether World of Premature, Forcible Foreskin Retractions...continued from p.1

female hymen does for the infant vagina. On average this membrane lingers around for 10 years. At that age, half of pre-pubescent boys – those left to mature naturally – are able to retract their foreskins to see their entire glans. The other half will retain some lingering remnants of the infant membrane, and will be only partially retractable.

The timetable is different for each boy, and there is no such thing as an ‘early’ boy or a ‘late’ one, worthy of note, or worry. (One could, for instance, imagine a culture celebrating the natural appearance of the glans into the open air as akin to the first menses of a young woman, a sign of impending adulthood. One could – but not in English-language cultures.)

PFFR (forcible retraction) is a folkloric fragment of a bizarre, totally invented, medical delusion. It is the step-child of a pre-germ disease-theory (‘reflex neurosis’) which held that all disease results from the irritation of sensitive tissue, for instance, that caused by touching the genitalia. Boys were suspected of being drawn to their genitals by decaying smegma, the natural lubricant and immune-active emollient both genders produce (see AAP 9/12 p.e763). And of course, having touched themselves ‘down there,’ these boys would soon develop, for instance, tuberculosis, or one of a lengthy list of other silly but deadly-serious ailments-on-a-theme: dim vision, hairy palms, insanity – notions that linger as locker room jokes even today. Thus was born the zombie notion that boys need aggressive, systematic, internal genital cleaning in infancy and childhood.

PFFR was also part of the ‘marketing’ of circumcision in the mid-to-late 20th century. Better a single amputation, went the argument, than the melancholy and sexually yucky chore of constantly cleaning out the boy at each bath. It was a brilliant ploy, you have to admit. Also, (and perhaps I have had too much time to muse over it) there is a certain retaliatory or retributive theme in play here, as if the modern parent, especially the mother, deserved an unpleasant task for not consenting to a conformist circumcision, ‘like everyone else.’ For his part, the boy needs to pay something for ‘being lucky.’ Indeed, a common way to chide a parent with a child who needs the slightest medical attention to his intact penis is to suggest, “This all could have been avoided if only you had...” We at D.O.C. think of PFFR as a ‘gateway drug’ for circumcision.

The need for cleaning – let alone painful retraction – is bogus of course, as the penis is self-cleaning and self-defending in childhood. Were that not the case, none of us would be here, as it is doubtful our primate ancestors were so fastidious with their young. As I tell parents in lectures, ‘we are the evolutionary survivors of those whose children never needed such attention.’

Anglophone medicine has nurtured a long tradition of aggressive cleaning of the intact boy, requiring the penis be forced open, destroying this membrane and artificially interrupting natural development, much like forcing open a rose bud to view the rose. It is a cruel and ignorant practice, uniquely painful, which risks infection, scarring, and much worse. But PFFR has remarkable staying power in the folklore-sphere of medicine (a larger body of guesswork and ‘that’s-what-we’ve-always-done’ than you might suppose).

A recent case, right in my bailiwick,
will give you a flavor of the real-world, current legacy of this bizarre 19th century delusion:

In late August of 2013, an educated, articulate, distraught mother emailed me from Bellingham, Washington, a city about 90 minutes north of my Seattle office. She had taken her 10-month-old infant to a clinic, expecting to see her regular doctor. But she was referred instead to an MD she did not know. The infant had a simple case of diaper rash, one that did not respond to her home remedies. She just needed some prescription ointment.

Instead of addressing the rash, the doctor immediately positioned his palm at the base of the child’s penis, right at the pubis, and began to press downward. The mother, realizing what might happen, immediately said, (and these are her words, not mine): “Please don’t do that. His regular doctor has never retracted my boy. Don’t do that! Stop right now!”

But the doctor continued, and forced the child’s glans to pop out fully, which immediately began to ooze blood. He then fumbled as he tried to put the foreskin back in place. While he fiddled, the doctor said, “What are you worried about?” “All doctors do this to uncircumcised boys.” “You should have been cleaning him out all along.” The mother tells me she burst into tears, ‘was livid,’ bundled up her boy and they both cried all the way home.

Prior to contacting D.O.C., she did a great job of reporting this doctor to everyone she could identify – the head of pediatrics, risk management, section directors, etc., even the Joint Commission (a body that regulates and certifies hospitals). The hospital, Peace Health, a chain of Catholic hospitals stretching from Vancouver, BC to California, sent her what they imagined was a conciliatory letter, suggesting the doctor did what he was trained to do, and what he had done for 23 years, that he had two intact sons, and he was sorry if she ‘reacted badly,’ suggesting she was alarmist and hysterical.

There was no discussion of whether what occurred was – or was not – the best medical practice. (Including an omission, if you did not catch the detail, that parent consent for a medical procedure evaporates instantly when the parent objects, and must be re-established before any procedure, no matter how benign, may re-commence. This alone was a legally actionable exhibition of pure arrogance.)

I gave her the standard options D.O.C. offers to parents:

1) Educate the doctor and the hospital with voluminous materials D.O.C. would provide.

2) Educate the doc, AND flood state medical regulators with scholarship D.O.C. would supply.

3) Consider a lawsuit (which we rarely advise, as the costs and aggravation are horrific and the compensation exceedingly unlikely).

The mother chose the second option, to report the MD and the hospital to the Washington State medical licensing authorities.

In the ensuing weeks, I broadcast a parallel complaint letter to everyone I could think of at the Peace Health system, stating that D.O.C. would assist the family. Recipients included the offending physician, the head of pediatrics, the CEO, CMO, risk manager, etc. My technique, ‘fish-bowling,’ is intended to suggest the issue is all around and cannot be ignored, shaming the hospital into reform. I have found this is the only technique that might work, since mere education of the individual offender has proved useless. For one thing, if one clinician, especially a preceptor, does this, acolytes will follow suit.

In this case I even offered to drive to Bellingham and present a live CME on the subject for primary care providers, knowing that this was a ‘cheeky’ offer that they would reject out-of-hand (JDs addressing MDs? Hmmm).

Surprisingly, some weary lower level bureaucrat called me to say that the CME that I proposed was a great idea, and that she would get back to me with a date, mentioning that she would also have a pediatric urologist appear at the same time for ‘balance.’ I said that was fine, a sort of “Bring ‘em on” bravado on my part.

Days later the senior VP for risk management, an attorney, quashed her acceptance of my CME offer, claimed that corresponding with his clients was an ethical violation for an attorney, and that D.O.C. was unduly cynical about their physicians. (Hmmm, OK, no comment.)

In a follow-up, I sent a letter suggesting darkly, inter alia, and not so delicately, that perhaps this was a case of systemic ICD-9-605 fraud, where the medical professional diagnoses the boy with a billable ‘birth defect’ for having what the rest of the world understands as normal anatomy. I suggested he check with his billing department to see if there was a pattern.

There are lessons here, are there not? Let me make them over-obvious for you:

- Forcible retraction is distressingly commonplace,
- the offenders are completely refractory to reform, and,
- with the aid of billing code ICD-9-605,
- the practice ‘drops’ toddlers onto the pediatrician/pediatric-urologist circular conveyor belt, like a suitcase at the airport,
- which involves multiple examinations, more retractions, more referrals, and,
- finally, perhaps a post-natal circumcision to address what was iatrogenic (doctor caused) damage to begin with.

No one loses except the boy, his parents, the insurance company, and/or Medicaid.

In Anglophone medicine, the 19th century is not yet over, and the 21st century opportunities for using children as a ‘profit center’ are nicely underway.

Consider one telling bit of evidence from the American Academy of Pediatrics’ (AAP’s) long-awaited infomercial for circumcision, released in September, 2012. The AAP referred to the boy’s natural membrane like this: “Most adhesions present at birth spontaneously resolve by age 2 to 4 months.” Look it up; it’s at page e763. This suggests to the 80,000 pediatricians in the USA that an infant who is ‘late’ needs medical attention, providing nifty legal cover. ALL boys will be late using a timetable in error by ten years or more. Was this comment merely stupid (it can’t be a typo; even ‘years’ would have been wrong by a full six years)? Or is it devious? I wonder.
On Being an Intactivist Medical Student
Matthew H. H. Young
M.D. Candidate, Harvard Medical School

All students at Harvard Medical School are required to take a comprehensive course on medical ethics entitled “Medical Ethics and Professionalism.” As a capstone to the course, I researched and wrote about the issue of non-therapeutic neonatal male circumcision. I interviewed both proponents and opponents, read online polemics and diatribes from both sides, but ultimately tried to approach the issue from the four cardinal principles of medical ethics—beneficence, non-maleficence, autonomy, and justice—as outlined by Beauchamp and Childress (Principles of Biomedical Ethics).

I found that non-therapeutic neonatal male circumcision violates every principle of medical ethics. Unfortunately, this is not clear to many individuals at Harvard Medical School. Harvard, like many medical schools, completely neglects circumcision in its medical curriculum.

The doctor I spoke to who routinely performs circumcision was very polite, but it was somewhat of an awkward conversation. I did not feel comfortable pointing out to him that he had probably become inured to the ethical objections given that he performs the procedure every day. One female medical student said to me that “it’s just cleaner” to be circumcised.

When I broached the subject of circumcision as an ethical problem with many of my classmates, they asked me with confused looks, “What about it?” They were shockingly ignorant of how circumcision is completely medically unnecessary and a violation of human rights. There have been positive interactions, though.

Our microbiology professor was lecturing on HIV/AIDS prevention with circumcision. I mentioned the ethical issues to him and showed him the recent paper published by 37 European physicians and one Canadian ethicist arguing against neonatal circumcision. He responded reasonably by posting both the original AAP report and the European rebuttal for students to read on our course website. He is the only professor we have had who has addressed (somewhat indirectly) the ethical problems of circumcision.

In sum, it disgusts me when intactivists are viewed as “fringe.” That’s why I am writing. I hope that medical students, as the future physicians of America, can help our country end this terrible practice that should have been eliminated by modern medicine decades ago.

European Efforts to Protect Children’s Rights

Council of Europe Condemns Male Circumcision

On October 1, 2013, under the leadership of German children’s rights advocate Marlene Rupprecht, the Council of Europe (CoE) passed a recommendation number 2023 (by a vote of 78 in favor, 13 opposed, and 15 abstaining) endorsing a child’s right to physical integrity and a resolution number 1952 (by a similar vote of 77 for, 19 against, and 12 abstaining) discussing the right to physical integrity in more detail and specifically supporting genital autonomy for children by opposing several practices including male circumcision, female genital mutilation, and “early childhood medical interventions in the case of intersexual children.”

The recommendation and resolution on “Children’s right to physical integrity” can be found at http://www.assembly.coe.int/nw/xml/Xref/Xref-DocDetails-EN.asp?FileID=20176&lang=EN.

The CoE’s resolution 1952 includes the following statement in paragraph 2: The Parliamentary Assembly is particularly worried about a category of violation of the physical integrity of children, which supporters of the procedures tend to present as beneficial to the children themselves despite clear evidence to the contrary. This includes, amongst others, female genital mutilation, the circumcision of young boys for religious reasons, early childhood medical interventions in the case of intersexual children and the submission to or coercion of children into piercings, tattoos or plastic surgery.

Paragraph 7.5.2 of the resolution states that the CoE “calls on member States to... clearly define the medical, sanitary and other conditions to be ensured for practices which are today widely carried out in certain religious communities, such as the non-medically justified circumcision of young boys...”

It’s been a truly remarkable week. Events are happening for which many of us have been working for a long time.
European Council Passes Anti-Ritual Circumcision Resolution
Jewish Telegraphic Agency
www.JTA.org
October 2, 2013

A resolution that calls male ritual circumcision a “violation of the physical integrity of children” was passed overwhelmingly by the Parliamentary Assembly of the Council of Europe.

The council, a pan-European intergovernmental organization, debated and passed the resolution on Tuesday based on a report by the Committee on Social Affairs, Health and Sustainable Development led by German rapporteur Marlene Rupprecht. The resolution passed by a vote of 78 in favor and 13 against, with 15 abstentions.

The resolution calls on states to “clearly define the medical, sanitary and other conditions to be ensured for practices such as the non-medically justified circumcision of young boys.”

It also calls on member states to “initiate a public debate, including intercultural and interreligious dialogue, aimed at reaching a large consensus on the rights of children to protection against violations of their physical integrity according to human rights standards” and to “adopt specific legal provisions to ensure that certain operations and practices will not be carried out before a child is old enough to be consulted.”

Practices covered by the resolution include female genital mutilation, the circumcision of young boys for religious reasons, early childhood medical interventions in the case of intersexual children, corporal punishment, and the submission to or coercion of children into piercings, tattoos or plastic surgery.

Large majorities rejected five amendments that sought to remove or alter references to the circumcision of boys. An amendment that removed a reference to the “religious rights of parents and families” was supported by a large majority of members.

“Although the adoption of this report is non-binding and does not represent any direct threat to milah, we are troubled at the readiness of the Parliamentary Assembly to dismiss the points made during the debate about religious freedom,” the Milah UK organization told JTA.

The ritual circumcision of boys younger than 18 has come under attack increasingly in Scandinavia and German-speaking European countries both by left-wing secularists and right-wingers who fear the influence of immigration from Muslim countries.

UPDATE: A team of Israeli diplomats has garnered signatures from enough Council of Europe members to propose a resolution which would establish and protect male circumcision as a religious rite, reversing the resolution to protect children from male circumcision. See: www.jta.org/2013/12/20/news-opinion/world/council-of-europe-motion-submitted-in-support-of-ritual-circumcision-rights

Hamm Court Protects Right to Bodily Integrity

For the second time in a little more than a year, a German court has ruled in favor of a child’s right to bodily integrity and against a parent’s right to have a male circumcision performed on a child.

A translated press release from the court regarding the case can be found below.

The actual court decision, in German, can be found here:
http://www.justiz.nrw.de/nrwe/olgs/hamm/j2013/3_UF_133_13_Beschluss_20130830.html

Below is a news article about the decision.

Court: Circumcision Too Risky For Six-Year-Old
The Local (Germany)
www.TheLocal.de
September 26, 2013

A German court has forbidden a woman from having her six-year-old son circumcised because of a risk of psychological damage. The decision comes a year after a similar ruling sparked an international outcry.

Then a court in Cologne said religious circumcision of male infants was tantamount to grievous bodily harm, a criminal act subject to prosecution – prompting furor around the world. In response to the July 2012 ruling, German lawmakers passed a law clearly stating that under strict conditions, circumcision was legal.

But now a court in Hamm in North Rhine-Westphalia has said a woman could not get doctors to perform the religious rite on her six-year-old child because she had not taken into account the psychological damage it could cause him, newspaper the Westdeutsche Allgemeine newspaper reported.

The unnamed woman from Dortmund, who is German-born but of Kenyan descent, wanted to have her son circumcised before visiting Kenya, where it is normal practice for boys when they are very young babies.

More than 80 percent of the Kenyan adult male population is circumcised. The woman had worried her son would not be accepted as a real man by his relatives there unless he had the operation.

The court said the 31-year-old mother was not fit to make the decision about the operation because neither child nor mother were aware of the risks involved in the procedure – including psychological harm, the newspaper reported.

“In this case there are substantial grounds to suggest that the circumcision sought by the child’s mother would damage the psychological well-being of the six-year-old,” wrote the higher regional court in Hamm in a ruling from the end of August that was published on Wednesday.

Potential harm could result from the mother’s intention not to be present at the operation, said the court and the fact that the child had already been christened.

Such “damage” was not necessary and should not be allowed, particularly as both mother and child lived in Germany and only travelled to Kenya very rarely, the court said.

The decision upholds an earlier ruling by the family court in Dortmund suggesting the local youth welfare office should have the final say on the matter.

Last December, German lawmakers passed a law stating circumcision was legal as long as the child’s health was not put at risk, and that the practitioner carried out the rite in accordance with medical standards.
Hamm Regional Appeals Court Defines New Circumcision Regulation
Hamm Regional Court Press Office
www.justiz.nrw.de
September 25, 2013

A mother is prohibited from having her six year old son circumcised. This decision was made by the Third Senate for family matters at the Regional Appeals Court in Hamm by an order on August 30, 2013, which upholds the first instance decision of the District Court – Family Court – Dortmund[, Germany] and thereby defines the statutory requirements of § 1631 d Civil Code (BGB) for circumcision without a medical indication.

In the provisional order proceedings the child’s divorced parents from Dortmund dispute whether the child’s mother from Kenya – at this time married to another man – is allowed to have their 6 year old son circumcised. The child lives with the 31-year-old woman who also has the right to sole custody. The child’s mother wants to circumcise the boy according to the cultural rites of her home country, Kenya, so that during his visits in Kenya he would be regarded and respected as a full man – especially by her relatives. She also regards circumcision as beneficial for hygiene reasons.

The third Senate for family matters of the Hamm Regional Appeals Court ruled that currently, the child’s mother may not let her son be circumcised. The ruling further states that the power to decide on this question remains allocated to the supplementary custodian from child protective services. It states that at this time, the controversial issue between the child’s parents regarding the boy’s circumcision cannot be resolved in favor of the child’s mother. According to the newly created provision of § 1631 BGB the child’s mother, holding sole custody, has in principle the right to consent to medically-indicated circumcision for her son, as long as the boy cannot consent himself. The legal requirements for informed consent by the custodial parent to circumcision, however, are not present. Even if a six year old is not yet in a position to decide on his circumcision himself, the statutory provision requires of the custodial parent and – in the case of children older than six months – even his physician to discuss the procedure with the child in a manner appropriate to his age and development and to respect the wishes of the child in the decision making. In the case at hand such an involvement of the child has not yet occurred.

The consent by the parent(s) entitled to custody is only effective if they have been fully and properly informed prior to the procedure. So far, a corresponding education of the child’s mother has not been stated or shown.

In the present case it is seen as justified to revoke the mother’s right to consent to the child’s circumcision for the time being. Currently, there exists a high probability of endangerment of the child’s well-being if he underwent circumcision. This follows from the Senate’s evaluation of the particular circumstances in this case. The motives of the child’s mother for circumcision can in principle justify a non-medically indicated circumcision. In the present case, however, they carry a lesser weight because the child’s mother has her permanent center of life in Germany, visits to Kenya are rare, and the boy is raised as a baptized Protestant. Furthermore, it is not evident that the boy’s intimate hygiene is at risk without circumcision. The medical risk and possible pain associated with circumcision are not being considered in the decision, because these circumstances accompany any non-medical circumcision. Yet, in the present case, substantial reasons indicate that circumcision at this time, induced by the child’s mother, would negatively impact the boy’s emotional well-being, especially because the mother does not see herself able, according to her own statement, to accompany her son to the procedure – even if he should reject it.

Legally binding decision by the Third Senate for family matters at the Regional Appeal Court/ Hamm from 08.30.2013 (3 UF 133/13)

Christian Nubblemeyer, Press Department Head

Press Office Notice:

The regulation § 1631 d Bürgerliches Gesetzbuch, effective since December 18, 2012 — Circumcision of the male child reads as follows:

Custody right includes the right to consent to a non-medically indicated circumcision of a male child, who is not able to decide and consent himself, as long as it is performed by a father in accordance to proper medical practice protocols. This does not apply, if by circumstance, also considering its purpose, the child’s wellbeing is being endangered.

During the first six months after the birth of the child, individuals appointed by religious communities to circumcise according to Section (1), are permitted to perform circumcisions, if they have been specially trained to do so without being physicians, comparable to a physician’s procedure.

Good News from Sweden: Officials Denounce Male Circumcision, and Bill Introduced to Ban Circumcision

Two separate pieces of good news have come to us this week from Sweden.

On September 24, Swedish legislators introduced a bill that would outlaw circumcision of males younger than 18 years of age for non-medical reasons.

On September 28, Sweden’s Ombudsman for Children as well as representatives of four leading Swedish physicians’ organizations declared that no medical reason exists to circumcise boys, while the procedure causes a range of problems and violates human rights.

Below are articles on both developments.

Motion to Ban Non-Medical Circumcision Introduced in Sweden

Jewish Telegraphic Agency
www.JTA.org
September 24, 2013

A motion to ban the non-medical circumcision of males younger than 18 was presented to the Swedish parliament.
Two lawmakers from the rightist Sweden Democrats party, noting that female genital mutilation is illegal in Sweden, submitted the motion to the Riksdag on Tuesday. A vote on the motion has not been set.

Bjorn Soder and Per Ramhorn wrote in the measure that “boys should have the same right to avoid both complications of reduced sensitivity in the genitals, painful erections, increased risk of kidney damage and psychological distress by permanent removal, and the tremendous violation of privacy that circumcision actually means.”

The motion proposes to scrap legislation from 2001 that says circumcision of newborns is permissible if it is performed by a “licensed professional.”

Jewish ritual circumcisers, or mohelim, in Sweden receive their licenses from the country’s health board, but a nurse or doctor must still be present when they perform the procedure.

The anti-immigration Sweden Democrats party was established in 1988 but only made it into parliament following unprecedented gains in the 2010 elections, when it garnered 5.7 percent of the votes, or 20 seats out of 349 in Sweden’s parliament. The opposition party is the sixth largest faction in the Riksdag.

Rabbi Pinchas Goldschmidt, president of the European Conference of Rabbis, said the proposal “betrays a dangerous ignorance of what is involved in the practice of milah as compared with the abhorrent practice of Female Genital Mutilation.” The motion’s authors “seem to have overlooked the fact that if circumcision were to be banned, that would itself represent the most serious violation of human rights in recent memory,” he added in a statement.

Ritual circumcision of underage boys increasingly has come under attack in Scandinavia, both by left-wing secularists as well as right-wingers who fear the influence of immigration from Muslim countries.

The opposition follows a ruling last year by a German court in Cologne that ritual circumcision amounted to a criminal act. The ruling was overturned but triggered temporary bans in Austria and Switzerland.

Sweden has about 20,000 Jews and 500,000 Muslims, according to a U.S. State Department report from 2011.

**Circumcision Breaches Human Rights of the Child**

The Local (Sweden)  
www.TheLocal.se  
September 28, 2013

There is no medical reason to circumcise little boys; the procedure is painful, irreversible and can cause complications, according to Sweden’s children’s ombudsman and representatives for several healthcare organizations.

“To circumcise a child without medical reasons and without the child’s consent, runs contrary... to the child’s human rights and the fundamental principles of medical ethics,” they write in a debate article in the Dagens Nyheter daily on Saturday.

The ombudsman Fredrik Malmberg, together with representatives from the Swedish Society of Medicine (SLS), the Swedish Society of Health Professionals (Vårdförbundet), the Swedish Paediatric Society (BLF) and the Swedish Association of Pediatric Surgeons (SLF), argues that Swedish law requires that the child’s will be taken into account wherever possible.

Circumcision is a procedure which is typically carried out at a very young age and it is this issue of consent which is paramount, they argue.

“We consider circumcision of boys without the child’s consent to be in contravention of article 12 of UN Convention on the Rights of the Child (CRC) which gives children the right to have an opinion in matters which concern them.”

They furthermore argue for a change in Swedish legislation in order to meet the human rights of the child and medical ethics.

The issue has become topical in Sweden in recent weeks following the submission of a motion to parliament from the Sweden Democrats calling for an outright ban on the procedure.

Furthermore on Monday September 30th children’s ombudsman from across Scandinavia will meet together with prominent medical professionals in Oslo to discuss the issue.

The Ombudsman for Children in Sweden is a government agency which represents the interests and rights on the basis of the UN Convention on the Rights of the Child (CRC).

**Swedish County Eyeing Ban on Circumcision**

Jewish Telegraphic Agency  
www.JTA.org  
December 19, 2013

A county in Sweden is moving ahead with plans to ban the nonmedical circumcision of boys, its leading elected official said.

Per-Ola Mattsson, the commissioner of Blekinge County, said he will up bring a ban on the practice with the county’s health board in February, according to an article published Thursday by the Sydostran Daily.

According to the Dagens Medicin medical news site, Mattsson, who is also chairman of the Public Health Board of Blekinge, said he opposes the practice because minors “have no possibility to say no to the surgery and therefore the county should not perform these procedures.”

Located in southern Sweden, Blekinge County has a population of about 150,000.

In Sweden, nonmedical and medical circumcision may be performed only by licensed professionals, as per legislation from 2001.

Under the legislation, Jewish ritual circumcisers, or mohelim, in Sweden receive their licenses from the country’s health board, but a nurse or doctor must still be present when they perform the procedure. Representatives of the country’s Jewish community told JTA they are pleased with the arrangement, as it does not
Five Nordic Children’s Ombudsmen Pass Resolution to Work for Ban On Non-Therapeutic Circumcision

In a meeting on September 29, 2013, the children’s ombudsmen from the five Nordic countries (Sweden, Norway, Finland, Denmark, and Iceland), and the children’s spokesperson from Greenland, in addition to representatives of associations of Nordic pediatricians and pediatr ıcıe surgeons, have agreed to work with their respective national governments to achieve a ban on non-therapeutic circumcision of male minors.

Here is the announcement (in Norwegian) from Norwegian Children’s Ombudsmann Anne Lindboe (see photograph): http://barneombudet.no/2013/09/29/aldersgrense-for-omskjaering-av-gutter/

Anne spoke at the recent conference in Keele (see photograph at right). Here is a discussion of pertinent events in English by Dr. Morten Frisch, who attended the meeting and spoke to the group about pain and complications.

Nordic Resolution on Non-Therapeutic Circumcision
Dr. Morten Frisch, MD, Ph.D.

Historic Day for Children’s Rights to Bodily Integrity

On September 29, 2013, at a meeting in Oslo, Norway, Nordic ombudsmen for children along with Nordic children’s health professionals’ organizations (i.e. pediatricians’ and pediatric surgeons’) agreed on a resolution urging their national governments to work for a ban on non-therapeutic circumcision of underage boys.

I was extremely pleased to be invited to attend this meeting and give a talk on the aspects of pain and complications in relation to ritual circumcision and to take part in the subsequent discussions leading to the final text.

Anne Lindboe, Norwegian ombudsmann for children should be warmly applauded for this great initiative! It is my strong sense that the clear cut message from today’s meeting will be a hard one to escape for the Nordic governments in their future dealing with the issue of non-therapeutic circumcision.

The resolution in Norwegian can be seen here. My unofficial translation of the resolution into English goes like this (written hastily in the flight back to Copenhagen tonight):

Resolution: Let Boys Decide for Themselves Whether or Not They Want to be Circumcised

Circumcision without a medical indication on a person unable to provide informed consent conflicts with basic principles of medical ethics, particularly because the operation is irreversible, painful and may cause serious complications. There are no health-related reasons to circumcise young boys in the Nordic countries. Arguments that may argue in favor of circumcision in adult men are of little relevance to children in the Nordic area. Boys can make up their own minds about the operation when they get old enough to provide informed consent.

As ombudsmen for children and experts in children’s health we consider circumcision of underage boys without a medical indication to be in conflict with the UN Convention of the Rights of the Child, article 12, about children’s right to express their views about their own matters, and article 24, pt. 3, which says that children must be protected against traditional rituals that may be harmful to their health. In 2013, the UN Human Rights Council has urged all states to end operations that compromise the integrity and dignity of children and are prejudicial to the health of both girls and boys. We consider it central that parental rights in this matter do not have precedence over children’s right to bodily integrity. What is in children’s best interest must always come first, even if this may limit grown up persons’ right to carry out their religious or traditional rituals.
The Nordic ombudsmen for children and experts in children’s health therefore want to work towards a situation, where a circumcision can only be performed, if a boy, who has reached the age and level of maturity required to understand necessary medical information, consents to the operation. We wish a respectful dialogue among all parties involved about how to best ensure boys’ self determination with respect to circumcision. We also urge our governments to inform about children’s rights and health-related risks and consequences of the operation. We ask the Nordic governments to take the necessary steps towards ensuring that boys get the right to decide for themselves whether or not they want to be circumcised.

Oslo, 30th of September 2013
Signed by:
Anne Lindboe, Norwegian ombudsman for children
Fredrik Malmberg, Swedish ombudsman for children

Maria Kaisa Aula, Finnish ombudsman for children
Per Larsen, Chairman of the Danish Children’s Council
Margrét Maria Sigurdardóttir, Icelandic ombudsman for children
Anja Chemnitz Larsen, Greenlandic Children’s spokesperson as well as by representatives of Nordic associations of pediatricians and pediatric surgeons.

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**Nordic Sexology Association Upholds Children’s Right to Bodily Integrity**

On October 10, The Nordic Association for Clinical Sexology (NACS) issued a press release titled, “Statement on Non-Therapeutic Circumcision of Boys,” clearly upholding children’s right to bodily integrity and opposing male circumcision as impermissibly violating that right.

Here is the text of the press release:

Helsinki, October 10, 2013

The following statement on non-therapeutic circumcision of boys was agreed upon by the presidents of the six national member organizations of the Nordic Association for Clinical Sexology (NACS) in connection with its annual meeting in Aalborg, Denmark, on October 3-6, 2013.

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**Statement on Non-Therapeutic Circumcision of Boys**

The penile foreskin is a natural and integral part of the normal male genitalia. The foreskin has a number of important protective and sexual functions. It protects the penile glans against trauma and contributes to the natural functioning of the penis during sexual activity. Ancient historic accounts and recent scientific evidence leave little doubt that during sexual activity the foreskin is a functional and highly sensitive, erogenous structure, capable of providing pleasure to its owner and his potential partners.

As clinical sexologists, we are concerned about the human rights aspects associated with the practice of non-therapeutic circumcision of young boys. To cut off the penile foreskin in a boy with normal, healthy genitalia deprives him of his right to grow up and make his own informed decision.

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In another positive development from Europe, Norway’s Health Ministry is evaluating a proposal to regulate male circumcision. Here are two pertinent articles.

**Norway May Ban Non-Medical Circumcision of Boys**

RT
www.RT.com
November 13, 2013

Norway’s Health Ministry is considering a proposal to regulate the circumcision of boys. Some political parties are calling on a complete ban of the practice on minors, a possibility that would affect Jewish and Muslim communities.

Two years ago, the ministry was tasked with reviewing circumcision and how it should be practiced in Norway. It is yet to finalize its stance, but intends to submit its legislative proposal before Easter next year, Health Minister Bent Hoie told Aftenposten, Norway’s largest newspaper.

The issue was brought to public attention after the recent call by Norway Children’s Ombudsman Anne Lindboe to ban circumcision of boys before age 16, unless the procedure is warranted by medical needs.

“This is not due to any lack of understanding of minorities or religious traditions, but because the procedure is irreversible, painful and risky,” she argued.

Lindboe’s position is shared by some members of the Labor Party, which currently holds the largest share of 55 seats in Norway’s 169-strong legislature and is in opposition to the ruling Conservative-Progress coalition.

“As a modern society, we should work to eliminate practices that expose children and people to unnecessary suffering,” said Labor’s Ruth Mari Grung, who is a member of the parliamentary
Committee on Health and Care Services. A ban is also supported by the Center Party, which has 10 seats in the parliament. Other parliamentary parties are yet to formulate their official position on the issue. Hoie, a Conservative member, who used to chair the Health Committee before getting his ministerial appointment, voiced concerns that a ban would force the groups practicing ritual circumcision underground, where the procedure would be performed by non-medics and pose greater health risks to the children.

The Norwegian lawmakers also disagree on whether circumcision should be covered by the budget under the national healthcare system. Some parties insist that ritual circumcision should be paid for by parents.

According to the newspaper, an average of about 2,000 Muslim and seven Jewish newborns are circumcised in Norway each year.

Regulation of ritual circumcision in Europe made the headlines in June, when a German court ruled that the procedure constitutes a minor bodily harm and outlawed performing it on minors. The decision sparked nationwide debate on the conflict between religious freedoms and protection of children.

The issue was further stressed in early October, when the Council of Europe branded the practice “a violation of the physical integrity of children” and called on EU members to protect children. The latter should include a ban on performing circumcision on those who cannot consent to it, the non-binding resolution said.

Sweden, Finland, Denmark, Iceland and Greenland are among the European countries where public debate on ritual circumcision of boys is hotly debated.

Norway appears to be on the way to protect circumcision for Jews and Muslims so long as they are performed in hospitals.

The Conservative-Progress government is considering suggesting regulations to control circumcisions but with taking into account religious freedom, the Norwegian Foreigner newspaper reported Monday.

A Conservative leader of the committee on health care said that a complete ban on hospital circumcisions “will only lead to this being carried out by non-professionals” with possible risks.

The government’s stand opposes a recommendation by Norway’s Medical Association and the Children’s Ombudsman to ban circumcisions before the age of 16.

Legislators from the opposition Labor and center parties also oppose circumcisions, but Socialist Left Party leader Audun Lysbakken told the newspaper that offering circumcision within the healthcare system “will be the safest solution for the children. He added that religious freedom must be taken account “since a ban would be perceived as a very negative signal among both Jews and Muslims.”

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Court: Circumcisions of Muslim Boys Not an Offence
Kristiina Markkanen and Aleksi Teivainen
Helsinki Times
www.helsinkitimes.fi
December 12, 2013

A person convicted for performing circumcision on two Muslim boys has been acquitted of assault charges by the Helsinki Court of Appeal. The court also acquitted the parents of the boys of incitement to assault.

With the appeals court ruling that the grounds for the District Court of Helsinki’s ruling in 2011 were incorrect, the decision marks a fundamental shift in Finnish judicial practice concerning the issue of boys’ circumcisions.

District prosecutor Eija Velitski has voiced her bemusement with the verdict and affirmed that she will seek leave to appeal with the Supreme Court. “Since all the charges were rejected, I will naturally seek leave to appeal,” she stated.

In 2011, the District Court of Helsinki found an Iranian-Turkish person guilty of assault for performing circumcisions on two school-aged Muslim boys. In addition, the court convicted the boys’ parents of incitement to assault but, deeming the act forgiveable, opted not to impose penalties on them.

The person who performed the operations with a cautery in the homes of the boys has performed several circumcisions in both Turkey and Iran. The incision of one of the boys, however, became infected, forcing the boy to miss school and seek medical attention.

In 2008, the Supreme Court ruled that, if performed in an appropriate manner, a circumcision performed on a boy for religious reasons does not constitute an offence. However, citing the subsequent ratification of the Council of Europe’s Convention on Human Rights and Biomedicine as justification, the district court deemed the circumcisions unlawful.

Both the prosecutor and the defendants lodged an appeal against the ruling – the defendants demanding that the charges be dismissed and the prosecutor that the practitioner and parents be sentenced to probation orders for aggravated assault.

In its ruling, the Helsinki Court of Appeal then concluded that the convention cited by the district court in sentencing applies only to organ transplants, not to circumcisions. The appeals court also referred to judicial practices elsewhere in Europe, pointing out that boys’ circumcisions have not been banned by any European country on grounds of the Convention on Human Rights and Biomedicine.

In addition, the court viewed that Finnish laws do not prescribe that circumcisions must be performed by licensed medical practitioners and that the person who performed the operations had acted with due diligence.

The surgical site infection in one of the boys, the court elaborated, had been
caused by insufficient after-care rather than the operation. The person who performed the circumcision used surgical gloves, sterilised the instrument used, applied local anaesthesia and provided the parents with instructions for after-care, the court added. Accordingly, in addition to acquitting them of charges, the appeals court relieved the person who performed the circumcision from liability for damages. Similarly, the briefcase and instrument used in the operation were returned to the defendant.

Finally, the court recommended that laws on male circumcisions be drawn up to eradicate any judicial ambiguities.

Despite having mulled over such legislative revisions for some time, the Ministry of Social Affairs and Health stated earlier this autumn that no revisions are likely to be adopted in the near future.

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### ARC Updates

#### The National Post Publishes ARC Article

The National Post, one of Canada’s major newspapers, published an article that Steven Svoboda was invited to write after submitting a letter in response to the National Post’s reprinting on September 19 of Mark Joseph Stern’s article, “‘Intactivists’ Against Circumcision,” which originally appeared in Slate on September 18.

Below is the text of the article as published today by the National Post. They did a nice job with the presentation including graphics.

Thanks to several helpful folks who reviewed drafts of this piece and made useful comments.

#### The Perils of Circumcision

J. Steven Svoboda  
The National Post  
www.NationalPost.com  
April 10, 2013

Last month, the National Post published Mark Joseph Stern’s article (“‘Intactivists’ against circumcision, Sept. 19) criticizing anti-circumcision activists, whom Mr. Stern dismissed as “fringe,” “paranoid” and “bizarre.”

But individuals committed to safeguarding children from unnecessary surgical interference include leading scientists, pediatricians, public health researchers, bioethicists, medical historians, and human rights advocates from countries around the world.

Mr. Stern makes much of the so-called “health benefits” of circumcision, but he completely ignores the scientific controversy surrounding their very existence – as detailed by Brian D. Earp of the University of Oxford in a point-by-point rebuttal of Mr. Stern’s intemperate polemic.

Indeed, as a team of 37 European experts (along with the eminent Canadian pediatrician Noni MacDonald) recently wrote, infant circumcision cannot be justified as a “medical procedure” on non-consenting patients. The only health concern of even theoretical relevance to uncircumcised infants is the existence of urinary tract infections (UTIs), which are not only rare for boys, but can be effectively treated with antibiotics rather than pre-emptive surgery — just as they are for girls.

“The other claimed health benefits,” these authors write, “including protection against HIV/AIDS, genital herpes, genital warts, and penile cancer, are questionable, weak, and likely to have little public health relevance in a Western context, and they do not represent compelling reasons for surgery before boys are old enough to decide for themselves.

Since Mr. Stern cites only studies showing potential benefits for circumcision, and fails to cite any studies showing drawbacks (such as pain and loss of 50% of the penile covering) or the many potential complications, his objectivity must be questioned.

Legal authorities in the United States and elsewhere have questioned even the basic legality of non-therapeutic circumcision of children. Two German courts and one Dutch court have endorsed the principle of delaying circumcision until a boy is old enough to make his own decision. In Australia, a comprehensive report on the ethical and legal status of circumcision recommended that it be prohibited except for conscientious adherents of religions and cultures that practice it as a traditional rite.

Stern derides the suggestion that circumcision has an adverse impact on sexual satisfaction, yet a recent paper in the International Journal of Epidemiology found that “circumcision was associated with frequent orgasm difficulties in Danish men and with a range of frequent sexual difficulties in women.” While the foreskin does not have “mythical powers” (as Mr. Stern sarcastically puts it), it is a complex genital structure consisting of sensitive, erogenous tissue, and is an integral part of the penis; its permanent removal, therefore, is not the “simple snip” beloved of headlines. Countless men are unhappy that they were deprived of such an intimate part of their body without having had any say in the matter.

The strictly monetary costs of circumcision include not only the immediate fees, but also the cost to repair complications, and sometimes legal expenses. The makers of the Mogen circumcision device were the target of so many successful actions for botches that they were driven out of business. A recent study in the Canadian Urological Association Journal found: “Most physicians performing neonatal circumcisions in our community have received informal and unstructured training, [leading to] unsatisfactory results [being] witnessed in our pediatric urology practice. Many practitioners are not aware of the contraindications to neonatal circumcision and most non-surgeons perform the procedure without being able to handle common post-surgical complications.”

Far from being the concern of some “vitiolic mob,” circumcision has caught the attention of highly respected moral philosophers. The Journal of Medical Ethics recently published a special issue on circumcision that included several articles voicing strong opposition to the removal of healthy tissue from children’s genitals.

Moreover, several recent landmark events have confirmed the “mainstream” nature of concerns about circumcision. On September 24, Sweden’s Ombudsman for Children as well as representatives of four leading Swedish physicians’ organizations declared that no medical reason exists to circumcise boys, and that the procedure
causes a range of problems and violates human rights. On September 27, the children’s ombudsmen from the five Nordic countries, along with associations of Nordic pediatricians and pediatric surgeons, agreed to work with their respective national governments to achieve a ban on non-therapeutic circumcision of male minors. And on September 28, Swedish legislators introduced a bill that would outlaw circumcision of males younger than 18 years of age for non-medical reasons.

Mr. Stern did get one thing right: “intactivists” certainly are winning this battle for children’s rights. More and more people are discovering the truth about circumcision for themselves, and are coming to realize that a pre-Enlightenment ritual has no business masquerading as medical treatment in the 21st Century.

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**ARC Letter to JAMA Critiquing Sugerman Article**

We submitted the below letter to the Journal of the American Medical Association (JAMA) on September 9, 2013, in response to its recent one-page pro-circumcision article by Deborah Tolmach Sugerman titled, “Male Infant Circumcision.”

**Questions to Ask Regarding Infant Circumcision**

By J. Steven Svoboda, M.A., J.D.
Attorneys for the Rights of the Child

Deborah Tolmach Sugerman’s letter to take for granted the American Academy of Pediatrics’ (AAP’s) claim that the “benefits” of infant circumcision exceed the associated “risks.” Unfortunately, she does not seem to be aware of several major critiques of the AAP’s findings that have been published in recent months. These critiques, including one by 38 of Europe’s most distinguished medical and ethical authorities, substantially undermine the credibility of the AAP report.

Among other problems, the AAP fails to include in its risk/benefit calculus any consideration of the sexual, protective, and immunological functions of the foreskin, all of which are lost to circumcision. The AAP also acknowledges that it cannot quantify the risks and complications of circumcision, thereby conceding the impossibility of a meaningful risk/benefit calculation. Its conclusion, therefore, is based on a mere “feeling,” as it admits in the Journal of Medical Ethics (JME): “These benefits were felt to outweigh the risks of the procedure.”

Sugerman poses eight “questions to ask when deciding about circumcision.” We pose eight “questions to ask when reading Sugerman’s defense of circumcision”:

1. Why are the AAP and JAMA promoting a practice that is no longer common anywhere else in the developed world?
2. Why do the AAP and JAMA say nothing regarding medical ethics? (It has been argued that male circumcision violates core ethical principles endorsed by the American Medical Association.)
3. Why do the AAP and JAMA say nothing regarding challenges that have been raised as to the very legality of infant male circumcision, given the threats it poses to bodily integrity and self-determination?
4. Why do the AAP and JAMA say nothing regarding concerns that infant circumcision may violate the human rights of the child?

5. To what other cosmetic surgical procedures on children are the “personal preferences and feelings” of the parents considered relevant?
6. To what other surgical procedures on children are the parents’ “religious and cultural beliefs” considered relevant?
7. How can the benefits be greater than the risks when the AAP itself admits that it does not know what the incidence of risks are?
8. When will we focus on providing needed medical services to improve the health of all people rather than squandering our resources on an outdated procedure that medical associations around the world agree at best cannot be positively recommended, and may be actually harmful?


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**Steven Svoboda’s and Bob Van Howe’s Journal of Medical Ethics AAP Paper Attacked by Brian Morris in JME**

Brian Morris and colleagues have published in the Journal of Medical Ethics (JME) a paper attacking the paper published earlier this year in the JME by Steven Svoboda and Bob Van Howe, which critically analyzed the American Academy of Pediatrics’ (AAP’s) 2012 position statement and technical report regarding neonatal circumcision. The publication in the JME of the Svoboda-Van Howe paper was accompanied by the concurrent publication of a response by the AAP that attempted to suggest bias on behalf of me and Bob without being able to point to a single specific error anywhere in our article.

Morris’ paper, entitled “Veracity and rhetoric in paediatric medicine: a critique of Svoboda and Van Howe’s response to the AAP policy on infant male circumcision,” is available on our website, www.arclaw.org, as well as the original paper by Van Howe and Svoboda that Morris is attacking. It is interesting to note, however, that Morris seems even more upset with the AAP for not forcefully recommending universal neonatal circumcision than he is with us. Our response is currently being prepared.
 ARC Media Updates

WBAI “Walden’s Pond” Appearance by Steven Svboda Overview of Intactivism, ARC

Steven Svboda’s appearance on Shelton Walden’s long-time “Walden’s Pond” radio show on September 8, 2013 went extremely well thanks to Shelton’s skills as a journalist and his broad knowledge of the issues. In this hour-long show, aired on New York City’s public radio station, WBAI, they were able to provide a brief overview of the current state of intactivism and of the work of Attorneys for the Rights of the Child (ARC).

Svboda led off this particular show by congratulating Shelton for his truly awesome, longtime work on many phases of this issue, as an activist, a journalist, and a human rights advocate. Shelton and Svboda discussed the generally positive trend by which more and more people are coming to question circumcision, whether it be in the form of blogs or peer-reviewed articles that are being published by authors with all backgrounds from throughout the globe, or whether it be a mother who refuses to take a knife to her child without a solid medical reason to do so, which even the American Academy of Pediatrics (AAP) finds itself forced to admit is lacking with infant male circumcision. We also overviewed several recent developments and upcoming events:

1) The 2012 German court case upholding a right to genital integrity and the subsequent legislation purporting to overturn the legal case, both of which Svboda will be discussing on September 17 at a conference organized by Genital Autonomy at the University of Keele, UK.

2) The debate scheduled between Svboda and AAP representative Michael Brady, M.D. at the twentieth annual Thomas A. Pitts Lectureship in Medical Ethics, a conference on “Ethical and Legal Issues in Pediatrics” taking place at the Medical University of South Carolina in Charleston on October 18-19. The topic assigned by the organizers for the paper and talk, which are being prepared with the collaboration of ARC Legal Advisor Peter Adler and Robert S. Van Howe, M.D., is, “Newborn Male Circumcision is Unethical and Should be Illegal.”

3) The recent study supporting the general trend of declining circumcision rates in the United States.

4) Activism by some of ARC’s valued collaborators including ARC Legal Advisor Peter Adler and ARC Webmaster Jonathan Friedman.

The show included several interesting phone calls from callers with a broad range of backgrounds and perspectives on this topic. As always, it was a great pleasure to revisit “Walden’s Pond.”

The show is already available on our website (www.arclaw.org) or at www.wbai.org/server-archive.html.

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ARC’s Steven Svboda Appears on Los Angeles Radio Show Overviewing Recent Important Events in Intactivism

On Wednesday, June 12, 2013, Steven Svboda 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 ARC and of intactivism and we are glad to see that she has returned to active media work.

Svboda and Ms. Sanchez 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 intactivism and the work of Attorneys for the Rights of the Child including the excellent achievements by Legal Advisor Peter Adler and by webmaster Jonathan Friedman.

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Maria Sanchez Show Appearance by Steven Svboda Overview of Intactivism, ARC

On September 12, 2013, Steven Svboda appeared on the “Maria Sanchez Show.” Maria is a longtime friend of ARC and of intactivism; Svboda did their first show together way back in the year 2000. In this 40-minute-long show (available on our website at www.arclaw.org or at http://mariasanchezshow.com/steven-svboda) they discussed some recent and upcoming events relating to intactivism and of the work of Attorneys for the Rights of the Child (ARC):

1) The 2012 German court case upholding a right to genital integrity and the subsequent legislation purporting to overturn the legal case, both of which I will be discussing on September 17 at a conference organized by Genital Autonomy at the University of Keele, UK.

2) The debate to take place between Svboda and AAP representative Michael Brady, M.D. at the twentieth annual Thomas A. Pitts Lectureship in Medical Ethics, a conference on “Ethical and Legal Issues in Pediatrics” taking place at the Medical University of South Carolina in Charleston on October 18-19. The top-
Steven Svoboda Discusses Charleston and Keele Conferences, European Good News on Maria Sanchez Show

On November 22, 2013, Steven Svoboda appeared on the “Maria Sanchez Show.” Maria is a long-time friend of ARC and intactivism; they did their first show together way back in the year 2000. In this half-hour-long show, released by Maria on November 25 and now available as a downloadable podcast at http://mariasanchezshow.com, they discussed some recent landmark events:

1) Pediatrics Ethics Conference in Charleston: On October 18-19, Svoboda participated in the Twentieth Annual Thomas A. Pitts Lectureship in Medical Ethics, held at the Medical University of South Carolina pursuant to a conference titled, “Ethical and Legal Issues in Pediatrics.” Svoboda was the only non-physician invited, and debated the AAP’s Dr. Michael Brady in a talk entitled, “Newborn Male Circumcision–Is It Ethical; Is It Legal?” Svoboda also appeared in a “Seminar on Pediatric Controversies” opposite Brady and Douglas Diekema, also an AAP Circumcision Task Force member. As they each personally told Svoboda later, two (!) of the five physician presenters who are not AAP Task Force members were completely convinced by our arguments and went from being pretty strongly pro-circumcision prior to the event to coming to oppose the procedure based on our arguments. This was a true team victory, with co-author, ARC Legal Advisor Peter Adler, Aubrey Taylor, and Angel Alonso Terron providing awesome support and asking some hard questions the AAP Task Force members simply could not answer.

2) On September 16, Svoboda spoke at the University of Keele in the UK, analyzing the 2012 Cologne court case holding that male circumcision violates human rights and the law and the German legislation attempting to overturn that court case. Svoboda discussed four distinct reasons the legislation is invalid and the earlier court decision is soundly based in medical ethics, law, and human rights. The talk went very well and the questions afterwards were quite perceptive. Awesome presentations were given by a number of others including Antony Lempert, James Chegwidden, Anne Lindboe, and Lena Nyhus.

3) In early October, the National Post, one of Canada’s major newspapers, published an article that Svoboda was invited to write after submitting a letter in response to the National Post’s reprinting of Mark Joseph Stern’s article, “Intactivists Against Circumcision.”

4) Even since Svoboda’s last appearance on this show in early September, we are seeing a consensus continuing to emerge in Europe among medical associations, legislators, courts, and similar bodies that circumcision violates the rights of the child and should be illegal. Recent declarations have been issued by Sweden’s Ombudsman for Children and representatives of four leading Swedish physicians’ organizations, by the children’s ombudsmen from the five Nordic countries, by the Council of Europe, and even by the United Nations. In late September, while Svoboda was on the plane home from the UK (!), another German court held that a German-born woman of Kenyan descent could not authorize doctors to circumcise a six-year-old child of whom she had custody, because she had not taken into account the psychological damage it could cause him.

To all our US-based readers, we wish the happiest of Thanksgiving holidays. We truly all have much for which to be thankful.

In Search of Fatherhood Magazine Again Reprints Steven Svoboda’s Work

We are pleased to report that In Search of Fatherhood magazine is again featuring in their soon to be published Summer 2013 issue a reprint of part three of Steven Svoboda’s article, “The Limits of the Law: Comparative Analysis of Legal and Extralegal Methods to Control Child Body Mutilation Practices.” While Svoboda was interviewed by the magazine for a 2009 cover article, more recently they have issued a press release regarding our work and have published reprints of Svoboda’s articles in each of their last six 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. Anyone interested in a sample copy or a subscription to In Search of Fatherhood can contact editor Diane A. Sears at insearchoffatherhood@gmail.com.
Grassroots Intactivism

San Francisco Pride 2013
James Loewen

Every year Pride celebrations at the end of June draw people to San Francisco to celebrate sexual freedom and human rights. Attendees to the parade now number more than one million people from all over the world. The parade has grown so large that it begins at 10:30 AM and continues well into mid afternoon.

Intactivists marching in the Pride parade brought a beautiful and diverse visibility to the issue of genital integrity for all children, male, female and intersex.

I’ve marched with Bay Area Intactivists (BAI) several times, documenting the BAI contingent and the responses of the public. It’s a curious sensation observing the people flanking the parade route and seeing and hearing their immediate responses to the issue of circumcision when it’s suddenly brought into their focus.

Elwyn Moir, who had travelled from Australia to march with the Bay Area Intactivists, described the emotions while marching as “intense.”

This year I noticed a difference in audience response compared with two years previously. More people were nodding, giving thumbs up, and expressing informed support.

“Isn’t this wonderful,” said Marilyn Milos, marching in the parade for the first time, “So many people are getting our message.”

A phenomenon of the genital autonomy movement is that when we make the issue publicly visible it encourages others to share their personal experiences related to circumcision, which previously had usually been kept under wraps. Many visitors to the BAI booth during the two-day Pride Festival told of their experiences with circumcision, some very tragic.

Bay Area Intactivists exemplifies how a small group of dedicated and very hard-working individuals can produce a cohesive and sustained message, not only at this high profile event but also at many others throughout the year.

You can view several videos covering the Bay Area Intactivists at SF Pride on my YouTube channel, Bonobo3D:
www.youtube.com/Bonobo3D.

Bay Area Intactivists contingent in San Francisco Pride, June 6, 2013
Bay Area Intactivists booth at San Francisco Pride Festival, June 6, 2013
Bay Area Intactivists contingent marching in San Francisco Pride, June 6, 2013
“Los Angeles Will Hear Us” Protest

Marc Angelucci
ARC Board Member

On August 13, 2013 ARC board member Marc Angelucci participated in an intactivist rally at City Hall in downtown Los Angeles. Many of the ralliers wore the Blood-stained suits. Brother K led the ralliers to march in the street holding signs in front of cars that were stopped at red lights. There were occasional honks of support.

Orlando AAP Experience Protest


(Intactivist table outside the AAP Convention, Orlando, Fl, August 26, 2013)

(Bloodstained Men & Their Friends intersection action, Los Angeles, August 13, 2013)

(Group photo on the steps of Los Angeles City Hall, August 13, 2013)

(l. to r.) Jason Fairfield, Brother K, Danelle Frisbee, Jim Tidwell, Nick Kustrius, Kevin R., AAP Convention, October 29, 2013

(l. to r.) Colleen C., Danelle Frisbie, Allison H, AAP Convention, October 26, 2013)
Cincinnati Demonstration

Jeff Cowsert

On the morning of Thursday, October 3, 2013, I met with a large group of intactivists in front of Good Samaritan Hospital in Cincinnati, Ohio to protest a circumcision experiment. The group included representatives from NOCIRC, Intact America and Bloodstained Men & Their Friends, totaling at least 40 intactivists (possibly 50 including children).

We gathered to raise public awareness of, and demand an end to, the circumcision research study that is being forced onto male infants at the hospital. The study’s purpose is to compare the Mogen vs Gomco devices during forced genital mutilation, to observe and document the level of pain the infant expresses on their faces, the amount of bleeding, the need for follow-up surgeries and overall patient satisfaction.

Routine infant circumcision is child abuse—a federal crime as outlined in the Child Protection and Treatment Act—because it disfigures, removes sexual functions, leaves a scar, alters normal aesthetics and causes pain. There are risks of infection, bleeding and even death. Adults have also indicated physical and emotional harm from circumcision.

The inclusion criteria for “participation” in the study are healthy children who are not in need of medical intervention. Since children cannot consent to their “participation” and they aren’t in need of surgery, then this amounts to nothing more than child abuse.

Doctors are sworn to an oath of “first do no harm.” Doctors performing the circumcision study are breaking their oath, violating a fundamental ethical principle. Circumcision also violates the equal protection clause of the 14th Amendment of the US Constitution. Since girls are protected from any cut to their genitals under federal law, boys should also be.

Prior to the protest, many of us sent letters to the hospital and to healthcare agencies requesting a halt to the study based on these grounds, but nothing positive has resulted from these efforts.

The police authorities were very friendly and the hospital security were tolerant— we had no issues from either. The traffic never let up the entire day and we must have grabbed the attention of thousands. We were also blocks away from the University of Cincinnati, which certainly spread awareness to the soon-to-be-parents as well as medical students. Two local TV news stations were present for the press conference and the hospital issued a statement to reporters in support of the study.

The day started with a heavy rain, but not one of us left. We received considerable support throughout the day. It was difficult to gauge the reaction from many. I think this is because the majority of the onlookers were shocked, surprised, caught off-guard or simply new to the idea of revolting against such a widely accepted practice in a region of the US that has the highest cutting rates. Marilyn Milos (NOCIRC Founder) pointed out that she could not recall a time when a protest has ever been organized against a circumcision experiment. We have placed a bookmark in history.
Baltimore Demonstration
Devon Osel

It’s crazy to think people have to stand on street corners to tell people not to cut children’s genitals. Kari said that as we talked about the demonstration on the way home. I have to agree.

There were some nice folks who asked questions, others who said they agreed and were glad we were there. Many others honked in response to a sign asking for such, gave us the thumbs up... but there was also a man who rolled down his window to say, “I’m circumcised and I love it. You people need to get a clue!” Then added, “And my son is circumcised too!”

And a woman who repeated “Mothers should get to decide.” Over and over. “It violates all medical ethics.” “Mothers should get to decide.”

“It violates all medical ethics,” was something I said a lot. There weren’t any answers to that. Instead, things like “Uncut dicks stink.” or “Can’t you people find something more important to worry about?” were typical responses. (There is no rational answer to the question of ethics, which is precisely why the American Academy of Pediatrics avoided any discussion of ethics in its 2012 statement. Doctors who cut the genitals of children without medical IMPERATIVE are colossal failures at ethics and in advocacy of their PATIENTS’ needs and rights.)

“It’s a sexual assault on children, I think that’s pretty important. It violates all medical ethics.”

There was a young woman whose friend was clearly uncomfortable with her interest... she walked by once, but then came back to talk while her friend stayed across the street.

There’s a reason I spend so much time on ethics (or lack thereof): Circumcision proponents have studies; we have studies (and real-world data which debunks the claims of benefit). They have anecdotes; we have anecdotes. They argue rights; we argue rights (of the person who will have to live with the parent-desired amputation for a lifetime).

They CANNOT argue ethics. To do so would be to expose their fatal flaw, their absurd advocacy of the importance of an amputation to please parents as more important than actual medicine and the most basic of human rights to the individual.

Slowly but surely, we will change public perception. Already the circumcision advocates are reeling. They write absurd articles which ignore the key issues, argue a parent’s right to alter an infant’s penis to suit their preference, rely on logical fallacies. They will lose... but they will collect human casualties while we battle.

As a man who is resigned to a life without ever knowing full enjoyment of my body, I have only one goal in the human rights work of intactivism—to spare as many children-to-become-men as I can from this wicked, insidious, body AND mind-altering poison.
Circumcision Crisis Northeast Marathon
Jonathan Friedman
November 16-25, 2013

This past November, Brother K and I met to do a ten-day Circumcision Crisis Northeast Marathon. Previously Brother K had done a Circumcision Crisis Midwest Marathon in October, visiting different cities in the Midwest to hold rallies promoting genital integrity. I had joined in for part of it. I thought we were done until the New Year, but unexpectedly Brother K contacted me with the desire to do a Northeast Marathon with me right before Thanksgiving.

To give a little background, I first met Brother K at GIAW 2013, but have heard about him online through Facebook before then. He’s a legend, a true original. He demonstrated in 1980, formed a group called CARV – Citizens Against Ritual Violence, and wrote a manuscript called, “The Circumcision Instinct.” Brother K is one of the most dedicated individuals I know, ready to take to the streets at a moment’s notice. I’m always amazed watching him suit up and march unabashedly into the intersections with his signs held high above his head.

Brother K and I were the first ones to reach Times Square around 10AM on Saturday, November 16. We donned our bloodstained suits and immediately the tourists’ cameras came out to snap photos of us. Rik Przybanowski from Chicago joined us and was also wearing a bloodstained suit. I had just met Rik for the first time in Cincinnati at the Good Samaritan Circumcision Experiment Demonstration, and was excited to see a dedicated newcomer turn pro. Rik was with us the whole way.

A lot of wonderful intactivists came from all over to join us. Frank McGuiness from Bay Area Intactivists flew in from San Francisco. Cynthia Maloney, a birth professional, drove down from the Boston area. There were also a lot of NYC intactivists, including a couple from Manhattan, Angelica Padilla and Michael Rivera, who brought their three young children.

Times Square has an interesting mix of tourists – foreigners and Americans. Scores of people showed us their support. The constant flow of people taking photos was amazing. I talked with several people who approached me. A nurse. An anthropologist. Women who regretted circumcising their sons. Circumcised men who wanted to know what they were missing. Sometimes I got emotional and told people about my suffering when they asked me why I’m against circumcision. Some people were apparently offended by that.

Protesting circumcision in public, especially in Times Square, can be a very daunting task. I watched as my close friend Opal communicated how she felt about circumcision to a man who listened to her but responded (somewhat sarcastically) with the classic pro-circ retorts for everything. We didn’t even realize until afterwards that his family was on the corner waiting for him (impatiently) during their five-minute-long interaction. Opal kept him engaged and opened his mind to new facts and to challenging the myths.

As we planned to demonstrate from 10am to 3pm each day, Brother K and I packed up and left shortly after 3PM. A group of intactivists stayed beyond that point and held down Times Square for a little while longer, as Brother K and I left New York City with a rental car just before rush hour traffic began. Our next demonstration was to be held in Providence, Rhode Island, so we had a long drive ahead of us.

During the ride, we shared our perspectives and theories about circumcision and about the world. One observation that I shared with Brother K that he found particularly interesting is that men who are circumcised may carry an unconscious rage within themselves because they know that sex will never be as pleasurable as it should be for them but they don’t know why. This rage is often directed at women because women are seen as responsible for delivering the full sexual pleasure that is forever lost to circumcision. As children, boys deserve motherly love and protection from harm. The circumcised man’s mother tragically failed to provide this essential love and protection. Some believe that circumcision harms the love bond between boys and their mothers, potentially impacting future intimate relationships.

In my view, neglecting love and care can be child abuse. Abuse is often cyclical, frequently self-perpetuating, and commonly is difficult to stop. Intactivism is more than just about foreskins. Children who are abused or simply denied physical pleasure and bonding may be more likely to become abusers.

Brother K and I checked into a motel in Mystic, Connecticut for the night, feeling outraged yet enthusiastic about the tour.

As promised, Rik appeared in Providence and we set up at the intersection of Hope and Thayer streets. We met Michelle Merritt and Amber Showalter, two moms with Intact Rhode Island. They were incredibly friendly and shared their stories with us. Cynthia Maloney joined in again for another action-packed day. Tens of people in cars drove by and gave us positive responses. The intersection gave us wide visibility and was perfect for using the huge signs that Rik borrowed from Ron Low in Chicago.

After the wife of Steve Ahlquist, a humanist blogger, saw us demonstrating, Steve rode over on his bicycle. Steve was
excited that we were there and was even more excited when we told him about the tour. Steve interviewed us extensively and published a favorable news article on his website, www.rifuture.org.

After a short while, we decided to head downtown near the mall. Along the way, we had numerous photos taken. When we reached the intersection of Francis St. and Memorial Blvd, Brother K posted himself on the median, holding his signs high above his head, Rik posted up on a corner opposite him with a huge banner, while the rest of us worked the opposite corner and handed out info cards to passersby. Throng of people and tons of cars passed through the intersection. There was a conference nearby with many young students in attendance.

And then it started to rain. We decided to call it a day around 2pm, said our good byes, and disbanded.

Our next stop was in Boston. Cynthia Maloney put Brother K and me up for the night. The next morning we rolled into Boston on a beautiful, sunny day. We set up right in front of the State House, adjacent to the Boston Commons. Throng of people passed by us. I was excited when a man named Kenneth Thomas arrived after reading an email about our demonstration. He had been against circumcision for over 20 years, but had no idea that there was an intactivist movement. The Boston demonstration was a cosmic relief for Kenneth. He finally felt empowered being out in public against circumcision, and I’m glad to have been a part of that moment.

Cynthia arrived for her third and final day with her baby granddaughter and two more women, Mary Bristol and Wendy Weinbeck Grenier, arrived with their children. It’s really empowering having women demonstrate with us. When women demonstrate against circumcision, nobody thinks it’s a joke.

Towards the end we decided to move to another corner where the metro entrance was. A police officer ran over to pose with us in a photo. Then a Jewish man came over to me and started arguing with me. For some reason I kept engaging with him, not realizing that he wasn’t listening, that he was trying to get me to feel upset. I don’t think I won that religious debate, but I definitely realized that I wasn’t out there to debate. I was there to use my voice, to be heard, and vowed not to engage with people who are trying to hurt us or otherwise drag us down.

Then, realizing that the bloodstained men were already in the intersection, I stepped off into the street to join them. There’s something really powerful about having four or more bloodstained men and their friends all lined up. Every head turned towards us. Cameras come out. It’s like intactivism on steroids.

Again at 3pm, we packed up and called it a day, and drove on to our next destination, Hartford, CT. Brother K and I stayed with a friend of a friend of mine, and we got some much needed rest.

The demonstration in Hartford was again groundbreaking. We stood in front of the State House at the intersection of Capitol Ave. and Lafayette Street. At first it was just the three of us, Rik, Brother K and I. Another activist named Asa Rubin came a little while later. We received honk after honk of support. It felt like ecstasy being out there. And then the counter-demonstrators showed up.

Apparently people had heard about our tour and two Jewish men decided to come out and protest our “anti-Semitism.” One of their signs said something about how circumcision was protected by religious freedom. The other one sang Hanukkah songs in Hebrew and compared us to Antiochus, the Greek ruler who banned circumcision (among other things) in ancient Judea. Then, suddenly, one of their signs was ripped in half by the wind. They left shortly after that. I think it’s safe to say that their counter-demonstration was a failure. One guy even came back for more, but gave up again after witnessing how successful we were. Still, it gave all of us a lot to reflect upon.

A few cars drove up to us and stopped to take literature. We decided to try and go to the downtown area, but it was so windy and cold that we immediately rushed back to the State House. Another day with thousands more reached, with thousands more awakened to the reality of circumcision.

The next stop was Trenton, New Jersey. I was a little worried about Trenton being a dud because of its reputation of being desolate. In the end, it wasn’t that bad, in fact it was so good that Brother K and I labeled the day “The Battle of Trenton,” after a famous revolutionary war battle that took place there. Which reminds me of the fact that ‘our forefathers had foreskin!’

In Trenton, we were four total: Rik, Brother K, myself and Craig Adams, whom we last saw in Times Square. Shortly after setting up, a police sergeant drove by and gave us the thumbs up. More and more cars gave us the thumbs up and honked. The Taxation Building was right on the corner of our intersection and was filled with office workers. We created a buzz in the building. By the time lunch rolled around, people were streaming out to take our photos. A lot of people even posed with us.

Our next stop was Baltimore, Maryland. Brother K and I spent the night at my roommate’s friends’ house. One of them was working on a sex ed pamphlet for teens, and will be emailing me the draft when its near completion. He wants to make sure that he gets the parts correct about intact and circumcised penises. They were all really happy to host us and wished us the best.

The protest location was a short driving distance from where we spent the night. Brother K and I met Rik, and we all suited up and prepared our signs. I’m always amazed at Brother K’s resolve,
stepping off the curb into the crosswalk in his bloodstained suit.

More intactivists began to arrive. Mothers from Intact Maryland. Devon Osel and his now-wife Katie [Editor’s note: Devon’s Baltimore report appears on p. 35]. Kenneth Nero arrived with 25 color copies of my pamphlet, “Genital Autonomy: Why Circumcision Must Be Stopped.” He’s a librarian and always ensures that it’s in stock. The protest was extremely successful as we received an outstanding welcome.

Next stop, Philadelphia. As soon as Brother K and I stepped onto the corner of Chestnut and South Sixth St., a stone’s throw from the Liberty Bell, we were approached by a private security agent hired by the federal government who promptly told us, “Move or else you’ll be moved.”

Our options were now reduced to two possible corners. Shortly after we had moved, a man came out of a building and told us that his corner was private property and that we had to move again. He threatened to call the police if we refused. I invited him to do so, and got back to protesting while Brother K called on the federal parks police to ask for help. Brother K quoted the “under 25 law,” which states that a group under 25 members does not require a protest permit for federal parks.

The Philadelphia police sergeant arrived, an intelligent man, reaffirmed our right to protest anywhere, and asked us why we were out there. We explained to him, and he listened and acknowledged how bizarre circumcision was.

During this time, hundreds of cars and hundreds of tourists, many of them high schoolers, read our signs and took photos of us. It was an iconic moment for all of us to have the chance to pose in front of Independence Hall, where the Declaration of Independence was signed, and where the Liberty Bell originally hung. Jake Van der Vliet showed up with a sign that read “Circumcision is a Human Rights Violation.” We walked up and down the lawn and did some intersection actions. Again, I felt like the day was extremely successful.

Now we were on the home stretch back to New York City. I was excited to get back home to see my friends and to do more protesting on home turf.

On Saturday morning we headed back to Times Square where veteran intactivist Laurie Evans (Steven Svoboda did some speaking events with her in the nineties as some of his first activities) and Pulley de Pereda (a European intactivist who marched in NYC Pride 2013) joined us. While Brother K was filming an interview with Pulley, a group of ultra-Orthodox Jewish men were also filming a comic promo for “Thanksgivukkah” (a merging of Thanksgiving and Hanukkah) and interrupted Brother K’s interview.

The man dressed in a pilgrim outfit said, “Sure, we might have gotten the short end of the stick, but we’re all right,” in reference to circumcision. Brother K politely cut them off and got back to his interview, at which point the ultra-Orthodox Jews promptly left.

It was brutally cold so we decided to call off the demonstration at 2pm to save ourselves for the next day.

Union Square on Sunday, November 24 turned out to be by far our best day. There was nothing like it. The day started out slow as we set up on the corner of E 14th St. and Broadway, just outside of the Union Square Winter Market. People gave us tons of positive feedback, honking their horns, giving us the thumbs up, and asking to take our photos. We did get a few naysayers who ridiculed us. Some even shouted angry statements at us, such as: “You should be ashamed of yourselves!”

As Brother K says, it is a shame that we have to do this, a shame that doctors are sitting on their hands, a shame that grown men are on street corners talking about penises.

As the morning turned into the afternoon, hordes and hordes of people were moving through that intersection, and at one point there was a constant stream of photos being taken of us, a constant stream of heads turned towards us. It was like we had discovered a magical formula with the bloodstained suits.

NYU Journalism student Melanië Bouché, a friend of a friend, came to film us. She was amazed at the positive responses that we received.

We kept going past 3pm, but eventually we called it a day to prepare for the early morning Financial District demonstration, the grand finale.

The Financial District protest that concluded our tour on Monday, November 25 went far better than I had expected. We set up at Zuccotti Park—the iconic “Liberty Square” that two years earlier hosted Occupy Wall Street. Immediately after Rik set up his “Honk to Stop Circumcision” sign, an NYPD squad car rolled by and honked at us and the two cops inside both gave us the thumbs up.

After a little while, Brother K and I marched down to Wall Street, passed the Stock Exchange, and stood on the steps of Federal Hall, where George Washington was sworn in as the first president of the United States of America. We hastily posed in front of the statue before a federal parks officer came out and informed us that we had to be on the stairs, and not on the statue. Lots of tourists took our photos.

We walked back to Zuccotti Park and Billy Eliot, a local artist who’s wife is a Doula, joined us. We also met a respected writer and father of an intactiv son who wrote a paper on circumcision years ago but couldn’t get it published. Two Orthodox men who passed by us hit
themselves on the head, evidently to symbolize how they thought we were crazy, and one muttered, “Stupid!” Several more people stopped to thank us and took our photo.

The protest tour was an amazing opportunity. It showed tens, maybe hundreds of thousands of people, that intactivism is on the rise, and encouraged more people to join our movement. There’s no way that people could have done this ten years ago. Facebook and the prevalence of smart phones have been essential tools in organizing and spreading our message. It makes me sad to think what it was like for all of the people who started before me, coming out against circumcision when it was an unquestioned norm. Times have really changed, in large part due to the work of intactivists in previous decades. Not only did I meet first-time mothers with intact sons, but I also met mothers who regretfully circumcised their sons and bravely left their future sons intact. Intactivism is growing so rapidly that I can’t keep up with all the newcomers.

The American people are finally becoming receptive to hearing us, and I’m grateful to be able to play a positive role in all this.

I’m so glad that I got the opportunity to connect with everyone throughout this tour, and I look forward to joining everyone at the Circumcision Crisis Southwest Marathon in February, 2014 is going to be another groundbreaking year, you can count on that.

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News, Views & Reviews

On the Water: Circumcision is Sadism, Not Culture
Neels Blom
Business Day Live (South Africa)
www.bdlive.co.za
July 15, 2013

Every year, untold numbers of boys enter rural initiation schools. Most survive to return as men; many are badly injured, some die. All are sexually mutilated. That is how it goes. There is no point to an odyssey if it is not an ordeal, is there?

The idea of initiation is as old as humanity. Its philosophical underpinning is what Joseph Campbell describes as the hero’s journey. Its purpose is to gain entry into the adult world.

It is a monomyth because it occurs in every society in one form or another; it is as necessary to a co-operative society as the rule of law. Campbell’s quote is apposite: “A hero ventures … into a region of supernatural wonder: fabulous forces are there encountered and a decisive victory is won: the hero comes back from this mysterious adventure with the power to bestow boons on his fellow man.”

Parents may not necessarily accept initiation schools as the best way to introduce youths to adulthood, but they know intuitively that their children will not attain social maturity until they have shown themselves worthy. Arnold von Gennep’s description as a general theory of socialisation describes the process as a rite of passage, in which three steps must occur: separation, transition, and reincorporation.

In South Africa, the isolation at initiation schools represents separation, and what happens at the school is meant to be instructive to the youth so that he may undergo a transition that would render him acceptable to adults for reincorporation into society — as an adult. But that is no more than form.

What we have for content in South Africa is the fabulously toxic mix of sex, religion and money. Sex because it is a privilege of adulthood, religion because the forces of change are occult and sex is mysterious, money because it is possible. The upshot, however, is the sadistic expression of sexually repressed adults in which the boys are partly emasculated as a form of discipline that would permit them entry into a society of equally partly emasculated men. Who needs that?

Rites of passage are essential, but there is no reason to permit the sexual mutilation of circumcision. Circumcisions for purposes other than surgical intervention (rarely necessary) are unnecessary. They serve no function in hygiene (read the medical literature), rob the victims of sexual pleasure (also in the literature), do not prevent the transmission of HIV (the evidence is overwhelming, despite the Department of Health’s assertions) and are associated with a list of life-threatening complications as long as the arms of the brutes who favour this atavistic act of sadism.

The cultural value of initiation is indisputable if the content is applicable to the society we wish to build. Our children’s development is about the future, not some misguided past. We do want our children to overcome challenges, to gain self-knowledge, to belong to a cohort of peers, but sexual mutilation has no function in this. It is up to parents to disrupt this cycle of violence.
Review: The Business of Baby
Review by J. Steven Svoboda


Award-winning journalist Jennifer Margulis, who is also the mother of four children, has written a book that has much to say about the interface of capitalism and our deeply flawed medical system with pregnancy, childbirth, and raising a baby. Surely The Business of Baby, which was famously banned by the New York Times, is not a perfect book. Margulis seems less than a perfectly judicious and objective author, probably likely to favor anything alternative and a sure bet to find fault with most anything that is sold by big corporations that relating to pregnancy or raising a young child.

That is just fine by me. While I was initially skeptical, this book eventually converted me to a view more or less aligned with that of the author. Margulis is an excellent writer, opening her book with two compellingly contrasting stories of prospective mothers, 1) a Serbian-born woman, Marijana, living in London who upon becoming pregnant for the first time, moves back home with her husband; and 2) a New Jersey elementary school teacher, Melissa Farah, having her first child at the same hospital as a close girlfriend, Valerie Scythes, who became pregnant at more or less the same time. The author’s trenchant question: “Which young woman would be better off, the one in a small Balkan country still recovering from a brutal civil war, or the mom in the richest and most powerful country in the world with state-of-the-art medical equipment and know-how?” The answer of course, is that statistically, Marijana is better off, and in fact, both Melissa and Valerie died in childbirth.

In terms of infant mortality, no fewer than forty-eight (!) countries are safer than the United States, which has one of the highest death rates in the industrialized world. An American child is more than twice as likely as a child in Finland or even Singapore to die before his or her fifth birthday.

Meticulously, painstakingly, in many different contexts, the author shows us that “time and time again corporate profits and private interests trump what is best for mom and babies.” Ultrasound is badly overused and doesn’t necessarily provide any clinically useful information, at least not enough to justify the inherent risks of the procedure, but it does contribute to obstetric intervention, which can sometimes even prove fatal. It also may be causing autism.

The author comes up with lots of shocking facts. It is more dangerous to have a baby in the US in the twenty-first century than it was two or three decades ago. Margulis builds a convincing case that Caesarean sections are often performed for the convenience of the doctor.

Margulis includes a chapter on circumcision and the title alludes to the sale of foreskins for high profits. She discusses alterations in baby’s brain chemistry that response from painful stimuli, and the need to respect each person’s genital integrity, all the more so with procedures that are irreversible and not medically necessary.

The author discusses evidence from ARC Board Member David Llewellyn that botched [Editor’s Note: so-called as every circumcision may be considered a botch] circumcisions are much more common than is believed and reported.

Another shocking topic is the medical establishment’s continued hostility to breastfeeding mothers. The US was found to rank last (thirty-sixth out of thirty-six) in a recent “assessment of how well wealthy countries support breastfeeding moms.” The cluelessness of physicians and nurses in believing that a healthy baby would be “choking” on breast milk or would be at risk for “convulsions” without formula supplementation again reminds us of ignorance such as that of Dr. Brady’s comment to me in our October 2013 debate in South Carolina, “No one knows the functions of the foreskin.” Doctors don’t receive adequate training in medical school on either breastfeeding or the intact penis’ functions. Formula, Margulis shows us, is literally killing babies in the US. In Norway, a baby has half the chance to die in infancy relative to here, and one main reason for that is that breastfeeding rates in Norway are among the highest in the world.

Analogies applicable to activism repeatedly crop up in discussions of other topics. Caesarean sections seem to be done so frequently at least in part because they are more lucrative for doctors than normal deliveries. Ultrasound, like circumcision, has come to be routinely performed while incurring significant risks without clearly providing any benefit. Babies are kept in neonatal intensive care units longer than they need to be there because this practice is lucrative, just as financial incentives have similarly helped perpetuate circumcision.

Margulis’ later chapters are less compelling than the early ones. The last one, on the lack of need for well-baby care, is probably the least convincing of all. Before that, the author lost me a bit with her chapter about corporate profits shaping the desire to potty train children at ostensibly premature ages. There may be something to this but it just doesn’t strike me as of a piece with the earlier chapters. And I frankly find it hard to believe, as Margulis claims, that “kindergarten teachers now report having to spend up to one third of their time dealing with urinary and fecal accidents in the classroom.” I volunteered in both my kids’ kindergarten classes and I don’t remember a single such incident occurring throughout two entire school years. I do agree that it is a bit creepy that Procter & Gamble is evidently extremely reluctant to reveal the ingredients in their diapers!

As the husband of a pediatrician and a firm believer in vaccination, which has saved many lives, I also can’t fully embrace Margulis’ chapter on vaccinations. Still, as with the chapter on potty training,
no doubt grounds exist for some suspicion of the medical stories we are fed and the author is to be commended for questioning them. Certainly we may be given pause by the counter-intuitive finding of one recent study that nations that require more vaccines tend to have higher infant mortality. And I can certainly embrace the author’s argument that current vaccine schedules may be driven by capitalism rather than by babies’ best interests, given that breastfeeding rates and general infant health are much higher in Norway and Iceland, where children receive no vaccines before they are three months old.

Jennifer Margulis has written an important and thought-provoking book, the sort of work that it is difficult to get exactly right in every detail, yet exactly the sort of book we need in this day and age. Much can be learned from it about illuminating analogies between other medical practices and male circumcision. I highly recommend it.

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.

R3m Claim for Six ‘Botched’ Circumcisions

Amanda Khoza
Independent Online (South Africa)
www.iol.co.za
October 20, 2013

The parents of six boys from Dassenhoek who were allegedly circumcised without consent are suing New Start clinic for R3 million in damages.

The clinic, which is managed by Society for Family Health and Thatenda Health Care, is a partnership with the Department of Health. It runs six male circumcision centres in KwaZulu-Natal, Gauteng and Mpumalanga.

In May, the Sunday Tribune reported that parents of 19 boys, aged 11 to 19, from Dassenhoek, near Mariannhill, laid charges against New Start over circumcisions.

Some of the boys experienced post-operative complications, swelling or bleeding of the penis or infected wounds. A case of assault with grievous bodily harm was opened.

Police spokesman Captain Thulani Zwane confirmed the docket had been taken to the National Prosecuting Authority for a decision.

The boys were picked up in groups by a man in a vehicle bearing the New Start logo from April to May.

Victor Makhunga’s 13-year-old son’s foreskin was removed at the Umlazi clinic. Makhunga, 46, had wanted to bury the tissue in the yard next to his son’s umbilical cord for cultural reasons. He is one of six parents claiming R500 000 each.

“New Start must tell the truth, we want the matter to go to court because we want to hear what happened. Too much damage has been done,” said Makhunga.

Busisiwe Ntiga, 29, was at work when her 11-year-som was circumcised. She alleges the KZN Department of Health offered them money for their silence.

“One official told us we can be paid before the matter goes any further. They tried to silence us with money but we refused,” said Ntiga.

The KZN Department of Health has failed to respond.

Attorney Naheem Rehman, for the parents, said: “In terms of the Children’s Act, consent is required by a health practitioner before undertaking any procedure. Circumcision of children under the age of 16 is strictly prohibited unless it is done for medical or religious purposes. Any one who contravenes this law faces a 10-year jail sentence or will be fined.”

He said the Society for Family Health had until this week to respond to the letter of demand or summons would be issued.

Director of the society’s South African branch, Scott Billy, said the organisation had not received the letter and they were not aware of the claim.

However, the Sunday Tribune has seen a copy of a registered letter signed on behalf of New Start clinic acknow-
Mother Upset Over Botched Circumcision

Ernie Freeman
MyFox Memphis
www.MyFoxMemphis.com
November 8, 2013

I t doesn’t happen often, but when a doctor botches a child’s circumcision, it’s heart-breaking.

Maggie Rhodes is dealing with that heartbreak right now, after a catastrophic mistake on the operating table.

Removal of the foreskin from a child’s penis is rooted in concerns about health, hygiene and religion. But some question the necessity of the procedure.

Rhodes is sorry she ever took her young son to get circumcised.

“After I went home and I discovered that my son’s penis was not there, I immediately froze, like, oh my God,” Rhodes recalls.

The mother said she couldn’t believe what happened when she took her three-month-old son Ashton to Christ Community Health Center on Broad Avenue for a circumcision in August. She says doctors told her the procedure would take about 20 minutes.

But after a couple hours, Ashton was still in surgery.

“It took them about three hours to do the circumcision and so my baby screamed the whole three hours, like the whole process,” Rhodes said. “Then even when she gave him back to us, he was still screaming.”

Rhodes said the doctor performing the surgery obviously botched the procedure. But when it was over, she says they simply returned her screaming son to her, never telling her about the devastating mistake that had happened in the operating room.

“I should have been notified that something went wrong in this room with your baby,” she said. “I wasn’t notified. They gave me back my baby like nothing was wrong. They said, ‘here go your son.’ Yeah, something went wrong in that room.”

It’s something Rhodes said she didn’t find out about until she went home with a still screaming son, and a diaper filled with blood.

She said her curious sister finally discovered Ashton’s mutilated penis.

“When my sister pulled the cloth back, it was covered in blood and it was no penis there,” Rhodes said.

All that was left was a partial penis and his tiny testicles. Rhodes said Ashton urinates through a hole in his penis. She says she can’t imagine what she’ll say to her son, when he’s old enough to understand what happened to him.

“Like, ‘Momma like, how could this happen to me? How could this happen to me?,’” she said. “How could you explain that to your child that you don’t have a penis that they have to reconstruct one or you probably have might not never be able to have kids? That don’t sit well with me at all.”

Rhodes has hired an attorney and is pursuing a medical malpractice suit against Christ Community Health Centers.

As for little Ashton, a reconstructive surgery planned for October has been rescheduled for early next year.

Circumcision Does Not Prevent Sexually Transmitted Infections

Jonathan Friedman
IntactNews
IntactNews.org
October 11, 2013

A new study* by urologists shows no link between circumcision and sexually-transmitted infections.

Researchers performing a clinical study on over 800 African American men found that circumcision does not prevent STIs (sexually transmitted infections). The most important factor was the number of sexual partners.

Researchers say their results throw into question commonly held beliefs about the connection between circumcision and STIs, which they say are largely based on extrapolations from studies performed on men in Africa. These African studies and their policy implications, which includes the recent reversal of the American Academy of Pediatrics' circumcision policy statement, were widely criticized by a consortium of doctors and human rights organizations.

The latest American study was performed by urologists from the University of Michigan, Ann Arbor, the University of Illinois, Chicago, and Mount Sinai Hospital in New York.

Researchers did not test for HIV in this study.

*J.R. Gonzalez, J. Hotaling, R. Dunn, N. Bar-Chama, A.V. Sarma
A population-based study of circumcision and non-HIV sexually transmitted infections in a contemporary group of African American men: the flint men's health study
Fertility and Sterility - September 2013 (Vol. 100, Issue 3, Supplement, Page S220)
www.fertstert.org

Woman Fined $140 a Day for Refusing to Circumcise Son

Dimi Reider
972mag.com
+972 Magazine
November 25, 2013

R abbinitic judges in the case said they fear the effect that allowing Israeli Jews to freely decide on the ritual circumcision of their own children might have on the global debate over the issue.

An Israeli woman is being fined NIS 500 ($140) every day for refusing to circumcise her one-year-old-son, Israel's Channel 2 reported today. There is no sweeping legal requirement for Jews in Israel to circumcise their children, but the woman is undergoing a divorce process at the Haifa Rabbinical Court, and her husband has appealed to the court to pressure the woman into circumcising the son.

“I’ve been exposed to a lot of information about circumcision and decided not to proceed with the circumcision,” the woman told Channel 2. “I have no right to cut at his genitals and to maim him, and the court has no
authority to force me to.” Her lawyer also
said the rabbinical court does not have the
authority to enforce the procedure, but the
secular family court would. The woman
went on to add she was unemployed, and
cannot afford to pay the fine, which
already adds up to NIS 2,500 ($700). She
said her husband originally had no
objections to avoiding circumcision when
the child was born, but changed his mind
during the divorce process.

The rabbinical judges in the case said
in their decision the woman was opposing
the circumcision as a means to bringing
her husband back to her. They also
referred explicitly to the growing debate
around ritual male circumcision
elsewhere in the world, and voiced their
fear of the precedent that could be created
by a Jewish Israeli woman allowed not to
circumcise her son.

“We have witnessed for some time
now public and legal struggles against the
brit milah in many countries in Europe
and in the United States,” the judges
wrote. “The public in Israel has stood as
one man [sic] against these trends, seeing
them as yet another aspect of displays of
anti-Semitism that must be combatted.
How will the world react if even here the
issue of circumcision is given to the
discretion of any person, according to
their own beliefs?”

Religious courts in Israel hold
complete sway over all matrimonial
issues, including divorce. An appeal to
the Haifa District Court by the woman
was turned down, and the woman said the
only resort left now is an appeal to the
Supreme Court.

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**Ethical Issues in Israel’s Bizarre
Circumcision Case**

Rebecca Wald
Beyond the Bris
www.BeyondTheBris.com
December 18, 2013

A
n Israeli mother ordered to cir-
cumcise her eleven-month-old
son, or face a daily accruing fine,
has today taken her case to the High
Court of Justice, the court of last resort in
that country. The strange case stems from a
divorce proceeding. When it comes to mat-
ters of divorce, the Israeli judicial system
is very different from the American sys-
tem, as this case illustrates. In Israel there
is no civil marriage and rabbinical courts
have jurisdiction over Jewish divorce. So
when the father in this case demanded that
his son undergo brit milah—religious cir-
cumcision—during a divorce-related
hearing, the court cited the importance of
upholding the biblical covenant. Elinor,
the mother, was ordered to pay what
amounts in U.S. currency to a $140-per-
day fine until the boy undergoes brit mil-
ah. Elinor (who is among the approxi-
ately 40 percent of Israeli Jews that aren’t
religious) says she doesn’t want to cir-
cumcise her son at all, that he is fine just
the way he is. She says medical reasons
prevented him from being circumcised at
eight days old in keeping with the Jewish
tradition, and that as time went on and she
learned more about the procedure she de-
cided against it. The boy’s father origin-
ally agreed but then made a surprising
about-face in court, she says. I wanted to
get the scoop on what kind of chance
Elinor’s plea would have on appeal—as
well as some of the ethical issues in-
volved, so I spoke to a prominent Israeli
lawyer and ethicist, a bioethicist in the
U.S., and a political scientist in London
with an expertise in circumcision.

“The is a really bizarre case, the first
of its kind,” said Carmel Shalev, an Israeli
ethnicist and human rights lawyer who
 teaches at Haifa University Faculty of
Law. She told me she thinks the High
Court of Justice will likely rule that the
rabbinical court doesn’t have the author-
ity to force anybody to perform circum-
cision. In Israel, where there is no civil
marriage, Orthodox rabbis, applying Or-
thodox religious law, are the only ones
who may grant a divorce. It certainly
seems like an odd system for those of us
in the U.S. where church and state are
separate. “They aren’t lawyers, they aren’t
professional judges,” Shalev pointed
out to me, adding that their powers are
limited. She said in this case they are ex-
ceeding their authority. “There is no duty
under Israeli law to perform male circum-
cision,” she said. The rabbinical court
system, where women don’t have the
same right as men to obtain a divorce,
was inherited from the time of the Otto-
man Empire and is part of the early polit-
ics of the State of Israel. “People mostly
accept the tradition and don’t make a big
fuss about it,” said Shalev. According to
U.S. ethicist Ruth Macklin, the main issue
for her is one of religious freedom. “Find-
ing people for failing to adhere to a reli-
gious law is not religious freedom. This
should not be the case in a democracy,”
she told me. Macklin is a professor in the
Department of Epidemiology & Popula-
tion Health at Albert Einstein College of
Medicine of Yeshiva University and a Dr.
Shoshanah Trachtenberg Frackman Fac-
ulty Scholar in Biomedical Ethics.

“It’s patently unfair to wo-
men—straightforward sexism—that a
woman does not have an equal right to a
divorce,” Macklin added. However,
Macklin said she doesn’t feel that a par-
etal decision about whether to circum-
cise is an ethical issue. She pointed out
that parents make all kinds of decisions
for their kids, including ones that have
lasting consequences, including whether
to even bring their children up in a par-
ticular religion.

Rebecca Steinfeld, a political sci-
entist at SOAS, University of London, who
has written and broadcast on the history
and ethics of circumcision, told me she
sees it another way. “If the rabbinical
judges coerce Elinor into circumcising her
son, her right to freedom of con-
science would be violated,” she said. “By
compelling her to irreversibly remove a
healthy part of her son’s genitals without
his consent, the rabbinical judges would
also undermine her son’s rights to bodily
integrity—a cornerstone of post-Holo-
caust human rights law—and an open fu-
ture, since he would have to live forever
with his father’s and the judges’ choice.”

Steinfeld points out that “most criti-
cisms of the rabbinical judgment focus
solely on the violation of the mother’s
rights, but it is important to remember that
the child’s rights would also be under-
mined if Israel’s High Court of Justice
fails to overturn this unprecedented ruling.”
A local rabbi is being sued after allegedly botching a bris, the traditional Jewish circumcision ritual, and severing a newborn boy’s penis.

The incident detailed in the lawsuit happened at the Tree of Life Synagogue in Squirrel Hill within the last year.

The Jewish circumcision ceremony was performed by Pittsburgh Rabbi Mordechai Rosenberg – who is also a mohel.

Sometime during the bris, according to the lawsuit, Rosenberg severed the baby boy’s penis.

The baby was rushed to Children’s Hospital, where doctors performed emergency microsurgery.

“If your finger, your thumb was cut off and was put back on, that is pretty exciting,” said renowned UPMC plastic surgeon Dr. Joe Losee.

Dr. Losee was not involved in the boy’s treatment and he can’t talk specifics.

But our sources say it took eight hours. The baby needed six blood transfusions and was hospitalized for nearly two months. Sources describe the reattachment procedure as successful.

Dr. Losee says microsurgery advances every day, but it’s risky.

“Sometimes, it doesn’t always work,” he says. “When you’re reattaching a portion where you include nerves, sometimes the nerves don’t heal well beyond where you reattached it. So there are limitations for sure.”

On his website, Rabbi Rosenberg says he is recognized as a “certified mohel by the American Board of Ritual Circumcision.” His site also says “a doctor’s medical circumcision, usually performed in the hospital, is not considered valid according to Jewish law.”

“That is extraordinarily serious and is extraordinarily rare,” said attorney David Llewellyn.

Llewellyn handles cases involving injury during circumcision – injury brought on by both doctors in the hospital and mohels in religious ceremonies.

“Your average pediatric urologist probably spends about 20 percent of his or her time repairing children who have been circumcised,” Llewellyn says.

According to the American Academy of Pediatrics, one in every 500 newborn boys experience significant acute complications as a result of circumcision.

“This is pretty much unregulated,” Llewellyn said.

He says there is no regulated standard for training or certification of mohels, or any place for reporting injuries from circumcision.

“There’s virtually no regulation of this any place in the United States that I know of,” Llewellyn said. “I think the government probably should require some sort of training if this is going to be done.”

Rabbi Rosenberg told KDKA “I am trained in this.” He also called the case a “tragic accident” and a “horrible situation.” But also said he continues to perform circumcisions.

Sources close to the case say, while the baby is recovering, there’s no way to know if he’ll make a complete recovery. The incident happened about eight months ago.