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Message from the Executive Director
July 19, 2014

This issue marks the completion of the tenth volume of the ARC Newsletter, the thirtieth issue, a nice round number. More momentous news has come to pass since our last issue seven months ago. President Obama’s anti-Semitism monitor, Ira Forman, indicated that he will be working to protect circumcision in Europe. This development was more or less a sequel to earlier news that Texas Republican Steve Stockman has introduced HR 4650, the European Union Religious Freedom Act, which would amend the International Religious Freedom Act of 1998 to include circumcision among human rights that we are ostensibly safeguarding.

Despite occasional setbacks, such as this development and—as discussed in this issue—the resumption of Medicaid funding for circumcision in Florida, we are winning! On January 20, the Danish Medical Association (Lægeforeningen) issued a document in which they state that circumcision is a mutilation and a violation and should be legally banned. The Danish Society of Family Physicians released a short statement agreeing with this document. Israel’s top court has put a hold on the daily fine previously imposed by a state rabbincial court of 500 shekels against a woman for keeping her son intact.

Moreover, we have had a seat at the table at several important recent events: Last October, I debated the American Academy of Pediatrics’ Michael Brady in Charleston, South Carolina and left him unable to respond to our arguments, also converting two members of the conference panel to our side. As articles in this issue report, John Geisheker was invited by Al Jazeera to participate in a recent debate, and Ron Goldman participated in the Council of Europe debate. My close colleague from Australia, Robert Darby, points out that in the UK, a mainstream opinion forum recently ran an op ed regarding female genital cutting that speaks of male circumcision as ethically equivalent:

(www.theconversation.com/the-anti-fgm-campaign-may-undermine-the-well-being-of-those-it-should-be-helping-26533)

This issue is packed with outstanding contributions: 1) an exclusive feature interview with filmmaker Francelle Wax about her fascinating involvement and perspective on the movement; 2) an exclusive feature article by Petrina Fadel
about her unique intactivism history and approach; 3) an exclusive feature article by Mark McQuillen about his attempts to involve segments of the Jewish community in his intactivism; 4) an exclusive feature report by Doctors Opposing Circumcision Executive Director John Geisheker on his recent success in a debate on Al Jazeera network; 5) a preview of the Boulder symposium including a full schedule and abstracts of the presentations ARC Legal Advisor Peter Adler and I will be presenting; 6) Carl Augustson and Intact Kenya’s Kennedy Owino write an exclusive report on their exciting efforts to advance intact awareness in Kenya; 7) Lawn Griffiths provides an exclusive report on the passage of a law in Arizona addressing female genital cutting only; 8) articles about Genital Integrity Awareness Week (GIAW) by Brian Herry and Craig Adams including the activities of Bloodstained Men and their Friends, now an official non-profit; 9) firsthand report on several other highlights in grassroots intactivism including Genital Autonomy Day; 10) an article by Martin N. about the Council of Europe circumcision debate; 11) a review by Steven of the stunning movie “The Act of Killing”; 12) numerous news updates; 13) many photographs; and 14) more.

On January 20, the UK’s Journal of Medical Ethics (JME)—widely acknowledged to be the world’s top medical ethics journal—published an e-letter by Bob Van Howe and I in which we responded to a critique published in the JME by notorious circumcision advocate Brian Morris and colleagues. On March 31, the JME published an e-letter by Bob and I to close the exchange with Morris and colleagues. Our e-letters pointed out that Morris has violated numerous principles of academic integrity in his tireless, quixotic quest to promote the useless, harmful, and antiquated practice of male circumcision.

As one specific example of legal work, ARC attempted to file a friend of the court (amicus curiae) brief in conjunction with Doctors Opposing Circumcision (DOC) and Intact America (IA) in a Florida case involving a parental dispute over circumcision. Permission to file the brief was denied by the court after some strategic errors by our non-intactivist (though sympathetic to our cause) co-counsel.

Peter and I have each submitted an abstract for presentation at the 2014 symposium, to be held in Boulder, Colorado from July 24-26. (The schedule for the symposium appears elsewhere in this issue.) My presentation is titled, “The Cutting Edge: Making Sense of European Legal Developments Amidst Growing Recognition of Children’s Legal, Ethical, and Human Rights to Bodily Integrity.” Peter’s presentation is titled, “Is Circumcision a Fraud?” and examines whether it is a fraud for physicians worldwide to circumcise healthy boys and girls. The abstracts for both presentations appear elsewhere in this issue. Also part of the symposium will be protests for intact rights and a session with pioneers in the movement including yours truly and at least three others appearing in this issue: John Geisheker, Lawn Griffiths, and Petrina Fadel.

The Journal of Law, Medicine and Ethics will be publishing a long article Bob Van Howe, Peter and I wrote and submitted for peer review as part of a special issue devoted to the Charleston conference. Also, I have accepted an invitation to write a paper with Bob Van Howe about the ethics of male circumcision for the journal Journal of Medical and Bioethics. We have a draft article that addresses the topic from a fresh perspective, getting back to basics and discussing some fundamental yet often neglected issues. On March 1, the Journal of the American Medical Association (JAMA) Pediatrics journal published a letter in which we refuted claims previously published in JAMA Pediatrics by notorious circumcision advocate Brian Morris and colleague Aaron Tobian.

I have appeared on the Maria Sanchez Show three times this year and am scheduled to appear soon 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.

Continuing to be available through the ARC website is our “Know Your Rights” brochure, as well as our list of all known significant legal awards and settlements in circumcision-related lawsuits. In Boulder, filmmakers James Loewen and Francelle Wax will be donating their skills to help David Llewellyn and I make a “Know Your Rights” film starring David for use on our website and his.

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 both of its issues so far this year, with each issue reprinting a different article or article excerpt of mine.

Please read our appeal for funding on the next page and, if possible, please support our work to protect children’s human rights. Thank you.

J. Steven Svoboda

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A New Way to Support ARC!

1) Visit Amazon Smile and log in to your Amazon account (create an account if you don’t have one): https://smile.amazon.com (consider bookmarking this page)
2) Under “Pick your own charitable organization,” search for and select “Attorneys for the Rights of the Child.”
3) Go shopping! Every time you start at smile.amazon.com, you help to protect children’s rights! Visit arclaw.org/donate to learn more.
An Appeal for Financial Support
Steven Svoboda

This issue caps our tenth volume and thirtieth issue since we started in the year 2000, and I believe this is the very first time we have put out an explicit funding appeal. We have a golden opportunity before us. Over the past two years, we have had over forty legal cases and law review articles relating to intact rights translated into English from the German, Finnish, and Dutch languages. Some cases proved difficult even to obtain! This has been done to support our presentations regarding German developments at the Helsinki Symposium in October 2012 and in Keele, UK in September 2013, our upcoming Boulder Symposium presentation regarding recent European legal developments, and two major articles we are planning for 2015, one focusing on Germany and the other analyzing worldwide legal developments in intact rights.

Our papers have had significant impact in recent years: Before our unofficial victory over the American Academy of Pediatrics (AAP) in the debate held last October in Charleston, South Carolina, the Journal of Medical Ethics (JME) paper by Robert Van Howe and me about the 2012 AAP policy statement and technical report resulted in a virtually unprecedented response by the AAP in the JME, in which they were unable to contest any of our points. In Charleston, the AAP’s Michael Brady was literally unable to respond to any of our points and effectively conceded defeat; also two physician panelists switched to our side based on our presentation. My pediatrician (and AAP member) wife’s comment was that many more physicians must have switched sides but didn’t have the chance to mention it.

For all our attempts to keep costs down, it turns out that our total translation expenses since we started this work are coming to nearly $25,000. ($10,000 of that amount has already been funded, thanks to an exceedingly generous donor.) This is roughly equivalent to about 2.5 full years’ worth of expenses for us, but of course all other costs have continued while we have also been paying for the translations. This past fiscal year our balance shrank to around 1/4 of what it was at the start of the year.

It’s well worth it, though, as this is a supremely important battlefront where we need to win so as to bring Europe into alignment with us. As I mention in my Message, so many important events have been hitting the news in recent months. We are winning! Indications otherwise are the death throes of a dying modality. The task now is to spread the news and to save as many babies as possible.

The translated materials will be released for general use by activists after my articles are submitted, which should be next year. I am loath to spend other people’s money so we will make sure every dollar is wisely spent. Whatever level of support you may be able to provide would be greatly appreciated and would be put to excellent use.

Donations can be sent to J. Steven Svoboda, 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.

A Behind the Scenes Look at “American Secret”
An Exclusive Feature with Director Francelle Wax

Francelle Wax, Film Director

How did you end up taking an interest in this subject?

Having a couple of English guys laugh in my face at the revelation that in America we’re all raised to think that, for a man, keeping the body he’s born with sentences him to a life of gangrene and near certain death. I subsequently traveled around some four continents and observed that I didn’t find myself having to step over the bodies of intact men. I would ask people – Australians, Italians, Norwegians, Irish - “Do you circumcise? Are you aware that Americans do?” The answer was always the same: “No and no….and why?”

So, discovering that there was this incongruity here between what we in America were doing and what everybody else was doing, I began to suspect that the health claims being asserted by American doctors were bogus. And because this was a matter of science, my response wasn’t just: “Oh, another cute cultural difference, how charming.” It was: “Somebody’s lying.” Either it’s true that the foreskin is a colossal liability, or it’s false, but it isn’t both. I thought to myself: “Somebody’s hiding something here. Why?” That definitely added an element of scandal and mystery, and yes, some dramatic tension. This seemed like the sort of subject matter that would work well on screen.

Also around this time, I was becoming more interested in ethics as they applied to
my own life. I was becoming more conscientious about trying not to let pride get in the way of my doing what I needed to do, and was reflecting more on the issue of content and apology and forgiveness. I came to the conclusion that the emotions I’d previously thought people feared the most, states of anger and sadness, while unpleasant, were nowhere near as threatening as states like guilt and regret, which are typically more persistent negative emotional states.

Once I concluded that it was an aersion to regret that was causing doctors and parents of cut children to refuse to view the issue honestly, that was when I saw a way to couple my interest in ethics with my intrigue about film.

Why a film? How is this a useful tool? Why should people support the film?

In terms of the dynamics of persuasion, a film means that you aren’t putting someone on the spot. Unfortunately, people tend to view conversations that focus on disagreements as debates. Even when engaging in a one-on-one discussion with no one else around watching, some people just don’t like admitting that their position was poorly thought through and they don’t like being the one to change positions. They want to be the persuader, not the persuaded.

When you’re in the audience, you don’t have to represent one view or the other. That pressure is taken off of you. You can emerge from the theater with a new perspective without having to admit that you were wrong.

With regard to the practical aspect, a film can be viewed by people faster than conversations can occur and faster than birthing class lectures. Distribution channels are still being explored, but I’m excited that the 150-word summary of “American Secret” has so far been translated into nine languages. The enthusiasm for the film’s release from outside the States has been very heartening to see.

How does “American Secret” differ from the other films that have been made about this issue?

“American Secret” focuses entirely on the history of how male genital cutting became part of mainstream medicine and why it’s been so hard to eradicate. The film really doesn’t discuss the religious element. This is not at all because I think that there should be a religious exception to a potential ban on circumcision; I definitely don’t believe there should be. But to me, the more creatively interesting aspect of this predicament is how we’ve ended up with purported respecters of science getting away with performing a non-consensual surgery when the rationalizations for doing so aren’t backed up by the data.

“American Secret” is fundamentally about clouded and compromised judgment, ego, and cognitive biases that cause us to trip up ethically.

So, I think that the film offers a novel focus in that respect.

The nature of the problem is quite different when you’re talking about ritualized cutting, meaning a different kind of conversation and a different cinematic approach are needed. When you’re talking about why non-consensual genital cutting persists in groups that offer no pretense of weighing evidence as part of their decision-making process, well, it’s hardly a surprise to find such a practice there. Unsurprising and therefore, creatively less interesting.

What have you learned about the issue since beginning work on the film that you hadn’t known or thought was important?

Well, one question I often ask when I’m interviewing people is: “Why do you think you’re one of the very few people who has noticed that male genital cutting is unethical?” and the follow up question: “Can you think of an earlier point in your life where you noticed a practice that was both legal and common, but which you realized was unethical?” I figured that people would have a lot more to say about viewing themselves as the sort of person to catch that kind of thing. But that hasn’t necessarily been the case, or at least, people have not been able to remember a series of events that may have toned some kind of observational muscle if you will. So I guess I’d say that I’m surprised to learn that it’s still unclear as to what sort of upbringing or life experiences can be a predictor as to whether or not a person will go on to see beyond cultural norms. (We know that travel is one.)

I was also surprised to learn that female genital cutting frequently occurs within clinical settings, and that the majority of it is either less invasive or approximately equivalent to what we do to boys.

I was surprised to discover how well-organized and vocal the “regret parent” scene is. [Editor’s note: Regret parents are parents who have made the decision to circumcise their boy(s) but have later come to sincerely regret it. “Know better, do better” is their motto.]

Have you interviewed any attorneys for the film? How are they unique in what they contribute to the film?

Yes, three of them. Steven Svoboda, John Geisheker, and David Llewellyn. In addition to their ability to communicate clearly to a lay audience about the various legal aspects of male genital cutting, such as the fact that circumcision is already technically illegal under battery laws, and that it violates the Fourteenth Amendment, they are also, perhaps because of the practice gained as litigators, incredibly well-spoken and even funny, in a wry way. This is a good thing because sometimes it’s easier for people to stomach upsetting material if it’s couched in humor. The lawyers offer up some delightful witticisms. Even when I was putting together the Kickstarter trailer it was tough to select which sound bites to include and which to leave out. In the interest of time, I couldn’t include it all. For every great remark in the Kickstarter trailer, there were about five others I had to leave out. But thankfully everyone will get to hear more in the finished film.

How can our readership be helpful in advancing the film and giving it exposure?
It is easier to change people’s minds about what they plan to do than about what they’ve already done. With that in mind one of the biggest priorities for screening is to have “American Secret” shown on university campuses. It seems like a sensible strategy to attempt to get the word out to people before they become parents, or, in the case of medical students, before they become cutters. To that end, if any of your readership are on staff at law schools or colleges and could talk to student groups such as “Law Students for Human Rights” or “Law Students for Social Justice” or similar groups about hosting a screening that would be very helpful. Even better would be if they could partner with some of the clubs from their university’s medical school and co-sponsor the event.

Also, following the screening we’d like to offer a panel discussion not just about the film, specifically, but about the topic in general. If any of your readers feel qualified to sit on such a panel and field questions regarding legal aspects of genital cutting, they should reach out to us at info@coldhardlook.com.

Talking About Circumcision in the Jewish Community
Mark Daniel McQuillen

I am grateful to share with you my experience initiating conversations about circumcision and genital autonomy in the Jewish community.

After I saw the film, “Cut: Slicing Through the Myths of Circumcision” by Jewish filmmaker Elyahu Ungar-Sargon, I started talking to my Jewish friends about circumcision. I decided if Elyahu was initiating dialogue about circumcision and openly questioning the practice, I would too.

As a student of Nonviolent Communication, I do my best to navigate conversations with empathy, compassion, and understanding. I began a correspondence with a childhood friend who strongly identifies with his Jewish heritage and is deeply committed to his local Jewish community, and after a lot of empathy from me and some resistance from him, he opened up and exclaimed, “It’s mutilation, OK! It’s just like female mutilation.” That surprised me because I rarely use the word “mutilation” since it has so much negative charge and tends to shut down conversations. My friend went on to express his hopelessness that circumcision would ever change in the Jewish community, at least “not in our lifetimes.”

I felt a sense of heartbreak hearing how my friend feels about circumcision knowing he has a son who is circumcised. And then I felt an increasing sense of determination. I thought there must be other people who feel the same way and do not express it. I took my friend’s tragic declaration that change would not happen in our lifetimes as a challenge to see if I could foster greater dialogue about circumcision in the Jewish community right away.

I want to mention that I was raised as a Roman Catholic but soon after my Confirmation became agnostic. Recently, I have experienced so many awe-inspiring synchronicities that I have become open to the possibility of a divine power and have become much more interested in spirituality. After the conversation with my friend, I posted some comments about circumcision to an online Jewish forum which resulted in a brief discussion with a rabbi. I then discovered, synchronistically, that his synagogue was nearby where I lived. So, after twenty-five years of avoiding organized religious worship, I decided to attend a service.

During the service, I was moved by the rituals and wisdom, and I was inspired by the rabbi’s words. I sensed an awakening in me. After the service, I talked with a few members of the congregation and I was very open with the fact that I am circumcised and upset about it. I also shared my experience as a man restoring glans coverage through regular stretching.

One woman I talked with welcomed the conversation enthusiastically. I sensed her relief that I had raised a taboo subject. She admitted that she had been deeply worried when she was pregnant that she would have a boy and that she was glad she had girls so that she did not have to deal with circumcision. As our conversation continued, she called to her friends, “Hey! Come over here. Mark’s talking about circumcision!” Even though several people disagreed with my perspective, they were very interested in what I had to say and appreciated my sensitive way of expressing it.

I set up a meeting with the rabbi to talk about my interest in Judaism and to share my perspective on circumcision. He was very empathetic to my pain but insisted that circumcision is required by Jewish law. I told him I was restoring my foreskin, something he had never heard of before. And I asked him, “If I were to convert to Judaism would I have to be circumcised again?” To which he broke out in laughter. I admitted it was genuinely funny, while at the same time I was asking sincerely. He thought about it for a few moments and then told me that since I had been circumcised already I would not need to be circumcised again. There is however a ritual that involves drawing a drop of blood which I would need to do.

I gave the rabbi some printed materials and a copy of the film “Cut” which he
graciously accepted, and after that I started attending the synagogue regularly and participated in Torah study. I made many good friends and I spoke with them about circumcision. Most of them appeared to be sincerely interested in what I had to say even if they did not agree. I even met some people who did agree with me including a mother who had decided not to circumcise her son. She told me her son, who is now grown, thanked her for not having him cut. After I had a number of conversations at the synagogue, a few people told me they supported genital autonomy.

One active member of the synagogue and regular participant of Torah study welcomed the circumcision discussion and told me “Sometimes it takes an outsider to help people see things in a new way.” That encouraged me. I took further inspiration from the story of Moses who was an outsider to the Hebrew people having been raised as an Egyptian. I recognize that one of Judaism’s central themes is the emancipation from slavery in Egypt. What fascinates me is that I have read that circumcision was a practice the ancient Egyptians imposed on their slaves.

On a few occasions, I gave flyers to people I spoke with at the synagogue which had general information about the topic and listed a website with more information. On the day I gave a flyer to the rabbi’s wife, the rabbi contacted me to let me know that I was no longer welcome at the synagogue. A few months and a few letters to the rabbi later, he welcomed me back, but soon after that he told me to not to return again when I shared with him by email that it was reported in the news that a child had just died after being circumcised.

Around the same time, I wanted to open the conversation on a broader scale so I sent emails expressing my perspective to Jewish leaders and I started posting about circumcision on the Conservative Judaism Movement’s Facebook wall. Although some of my posts were deleted, many of my posts were kept up. I have continued to post regularly about circumcision and other topics.

After more than a year, virtually all of the comments I post remain up. I am very grateful to the Rabbinical Assembly for not taking down my comments, especially considering I post some bold material. Most recently I posted a link to the paper, “Is Circumcision Legal?” published on the ARC website. I interpret this to mean some Conservative rabbis are willing to hear me make the case for genital autonomy even if the Conservative rabbi I met with is not.

“Sometimes it takes an outsider to help people see things in a new way.”

An exciting twist in this story is that after I read an article posted to the Conservative Movement’s Facebook page about women fighting for egalitarian worship at the Western Wall in Israel, I joined the online conversation. It seemed this was a wonderful opportunity for me to apply my recent nonviolent communication training and help people with different perspectives find common ground.

Before long I had become Facebook friends with several progressive women in Israel who are members of the group the Women of the Wall. I also became friends with several traditional women who oppose the Women of the Wall and have their own group called the Women for the Wall. I began managing a Facebook page meant to foster dialogue between the two groups. I also mediated a private email exchange between two leaders of the groups. Having nurtured these friendships online, I now had the opportunity to talk about circumcision with influential members of the Jewish community.

In a sense, I had taken the circumcision conversation to the Western Wall. One member of the Women of the Wall surprised me when she told me she had read the book, “Marked in Your Flesh,” after I had recommended it, and she thought it was great. She agreed with me about the importance of protecting genital autonomy although sadly it was too late for her sons. I am hopeful that more and more progressive Jews understand that protecting genital autonomy relates to egalitarianism.

I also had the opportunity to share my perspective on circumcision with the traditional women and their friends in a lively Facebook discussion. Although many of them told me they strongly disagreed with me, they expressed how interesting they thought my perspective was and were grateful for the respectful way with which I expressed it. I did not expect to persuade many people in this conversation, but I was very glad to be able to initiate a dialogue and invite people to think about circumcision in a way that was new to them.

I continue to post comments to the Conservative Movement’s Facebook page and to write letters to Jewish leaders. I also have been attending Reform and Renewal synagogues and do what I can to open the conversation about circumcision. In addition, I have been going to events at a nearby Jewish urban farm attended by many young adults. I was very happy to discover that many young people have already thought about this issue and already agree that protecting genital autonomy is very important. I am hopeful that over time the circumcision conversation will be increasingly welcome in synagogues and in the Jewish community in general.

This has been an amazing journey of spiritual awakening for me, full of sharing, learning, and friendship. It seems cosmically appropriate that I recently discovered that I was born on the first day of Passover. I believe it means I am on the right path, and I look forward with wonder and gratitude to wherever this path may take me.

I have a request for the members of the Attorneys for the Rights of the Child. I ask that you please talk with your Jewish friends and family about circumcision. Please be extremely sensitive to what a
strongly held tradition *brit milah* is and how it relates to Jewish identity. Avoid judgmental language if you can and be as compassionate as possible when you share your perspective. You may discover that your friends and family greatly appreciate you bringing it up, even though they may be uncomfortable at first as most people are. Of course, you'll find some people do not appreciate it, but that's OK. It has been my experience that most people value open-mindedness. So when you offer to share your experience and some materials about circumcision with a generally open-minded person, and they absolutely refuse to hear you or consider what you have to share, that is a good thing. It helps them recognize that they are not open-minded about this issue and it invites them to do some personal exploration.

Thank you for this opportunity to share my experience and I welcome any feedback, questions, or suggestions.

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**Driven by a Purpose**

Petrina Fadel

Sometimes a purpose gets dropped in our laps when we least expect it. I could never have imagined in my wildest dreams that on October 2, 1981, my life would forever be changed by a television show that I watched, seemingly by chance. Looking back now, I realize that this happened not by chance, but by God’s design, to touch my heart and to prompt me to get involved in trying to make life better for baby boys yet to be born.

That particular Friday evening, my husband and I were waiting for his brother to come for a visit. We sat down to watch television to pass time. The show “NBC Magazine” came on, with a segment about infant circumcision called “The Casual Cut.” As I watched the show, I became more and more shocked by what I saw and heard. I listened as one doctor after another explained that there were no valid medical reasons for performing routine circumcisions on baby boys. One doctor who did circumcisions said that circumcisions were mainly done for parental preference in the United States. In horror, I watched and heard short segments of a newborn baby boy being circumcised. Edward Wallerstein, author of the book *Circumcision: An American Health Fallacy*, told how circumcision is not practiced in most other countries. He called it a “cop out” that American doctors do not stop performing medically unnecessary circumcisions, but instead take a neutral position by saying they’ll let the parents decide.

I was stunned. Why had I never before heard any of this? Why had most parents never heard this? I did not know any of this when my oldest daughter was born in 1972, more than a year after the American Academy of Pediatrics had said that “there are no valid medical indications for circumcision in the neonatal period.” Why, before my second daughter was born in 1977, was I asked upon admission to the hospital if I wanted my baby circumcised if I had a boy? No medical doctor had up to that point in time even mentioned the word circumcision, let alone told me it was unnecessary surgery, but now a woman working in admissions was soliciting me for this surgery.

When I thought back to being questioned this way, I became more and more angry. If my second child had been a boy, I would have known nothing about circumcision, and my baby would also have suffered terribly from this surgery. Why were doctors painfully amputating the healthy foreskins of eighty-five percent of American baby boys in 1981, without anesthesia, when there was no valid medical reason for it?

Today I know the driving force in medicine is money, but back then I didn’t understand why doctors would do such a ghastly thing to baby boys when no national medical association in the world recommends it. Seeing this show turned out to be a defining moment for me. For the very first time, I understood how some in my own family had suffered needlessly as a result of unnecessary circumcisions, and I was outraged. This should never have happened to them. The medical reasons were bogus, and the damages are real. It made no sense then. It makes no sense now.

I had a lot to think about, but not many ideas on what I could do to help protect baby boys from medically unnecessary circumcisions. My first step after watching this show was to read Edward Wallerstein’s book, in an attempt to educate myself about circumcision. Then I spoke with my friend who was a La Leche League leader. Together we signed a letter to the editor that I composed to send to two local newspapers, telling people the facts about circumcision. I was afraid at first to put my name alone on this letter, since most people in the United States do not talk openly about circumcision. For me, this was just the first step in a long, evolving journey.

I don’t remember how, but somehow I learned of a childbirth group fighting against infant circumcision. I contacted this group. I arranged for a speaker to come speak about circumcision to two local childbirth classes. I ordered booklets and learned that genital cutting is practiced not only on baby boys in the United States, but also on females in Africa and the Middle East. In some of
these countries, young girls are subjected to circumcision, excision, and infibulation, and I inwardly wept as I read what is done to girls there and saw photos of this inhumane practice. I thought of my own daughters. No child, male or female, ever deserves to be treated this way. Children deserve equal protection from both male and female genital mutilation.

The year 1982 brought forth with it the birth of my third daughter. During my prenatal care, I told my doctor to write “No Circumcision” on my chart if I had a boy. While walking in the hospital hallway one evening after my daughter was born, I suddenly heard the gut wrenching screams of a baby, coming from behind the closed curtains of the nursery. I overheard others say that this baby boy was being circumcised, and I saw the baby’s father standing in the hall joking about it. I could not bear to hear what this poor baby was being forced to endure. I rushed back to my room, closed the door, stuck my fingers in my ears, and tried to block out the pitiful cries of this baby. Nothing I did worked. The baby’s screams were so loud and so desperate that they reached to the far ends of the hall, and I felt like screaming too.

The screams of this poor child, who could not escape the doctor’s knife, were burned into my brain. I felt sick inside. This was not the way a baby should be welcomed into the world. This was not the way to love a child. The doctor who was torturing and mutilating this child had no respect for this child’s human rights or human dignity.

I determined then and there that I would do everything within my power to try to stop circumcisions wherever I could. This became my goal and my purpose, and I went home driven by a power I could not explain. I may have been just a wife and mother, but I would not let that stop me from trying to make a difference. I had a mission, and I would not be able to live with myself if I didn’t try to help these children. I felt sick at heart that I couldn’t help this defenseless child, but I would do whatever I could to try to help others. The Christophers’ [Editor’s note: a Christian inspirational group] motto of lighting a candle instead of cursing the darkness became an inspiration for me going forward.

**Why did the screams of a baby boy being circumcised hit a nerve in me in such a powerful way?**

Every day, sitting at my dining room table, I typed out letter after letter to newspaper editors about infant circumcision on an old, manual, Signature typewriter. This time, only my name appeared on these letters. One by one, I mailed a letter each day to every daily newspaper in the United States. Within a couple of years, I had contacted every newspaper, large and small. I gave an address in the letter for people to write to for more information, and I took great joy in the response of one mother who wrote that she protected her baby boy as a result of my letter. Even if my efforts resulted in only one child being protected, that made it all worthwhile. That would be one less child who suffered for no good reason.

The most common reason parents give today for circumcising a son is so he will “look like” the circumcised father, which perpetuates this abuse from one generation to the next, while ignoring the best interests and bodily integrity rights of the child. (When American doctors sold circumcision to mothers in the past, most fathers were intact, so their circumcised sons did not end up “looking like” them.) The child, who is created perfectly by God, is not allowed to look like himself if he is circumcised to “look like” someone else. Instead, the baby is forced to suffer terribly to satisfy the father’s ego, and the mother suffers too when she abandons her protective, maternal instincts and allows this to happen to her child. Why can’t parents love and accept their children as they are? I feel so blessed that my husband never put any pressure on me to harm our son for self-centered reasons, as some fathers do. His actions were instead loving and selfless, and I admire him for that.

If parents could see what happens to a baby during an actual circumcision, I think most would be so horrified that they would never allow this to happen to their sons. Today I realize that too many doctors don’t want parents to see an infant circumcision, because then parents would say no to circumcision and doctors would lose out on that income, but back then I didn’t realize this. Many parents who circumcised their sons out of ignorance, both now and in the past, are later filled with regrets, and some have even apologized to their sons for not protecting them. Some circumcised men today have on their own chosen to undergo the lengthy process of non-surgical foreskin restoration, to try to undo some of the harms caused by circumcision and to feel whole once again. Other men wish they could bring lawsuits against the doctors and hospitals responsible for circumcising them unnecessarily as infants.

When I finished writing to every daily newspaper, I went on to send letters to Christian newspapers and college newspapers. I donated Wallerstein’s book on circumcision to my local library. I obtained a copy of a video showing an actual infant circumcision and had that aired on local public access television stations. I wrote to physicians and childbirth educators where I live and made them aware of this video to use in their classes. One obstetrician, who originally was from Germany where circumcision is rare, called to thank me. After doing all these things, I reached the point where I became physically and emotionally exhausted. I hit a roadblock. I ran out of ideas. I needed to rest.

In the years that followed, I prayed that God would guide me and give me new ideas on what I could do next to help
protect babies. He had chosen a most unlikely person to try to educate the public about circumcision. As a high school senior, I had been voted the quietest girl in my class, in a class of over five hundred students. Now I was plastering my name all over the United States in an attempt to convince parents to protect their baby boys from painful, medically unnecessary circumcisions. What was I thinking? Discussing this taboo subject in public was not going to make me many friends. It brought negative comments from some. Before this, I did not realize how controversial a subject circumcision could be. This path was not a path I would ever have chosen for myself. As a mother living a fairly simple life out in the country, I remember thinking that God could certainly have chosen someone far more sophisticated for this purpose than I.

Why did the screams of a baby boy being circumcised hit a nerve in me in such a powerful way? I can only guess, but I suspect it is because I find it easy to empathize with these babies. Circumcision is a form of sexual abuse, and no child should be victimized by sexual abuse. In addition, I was diagnosed with insulin-dependent diabetes at the age of nine. Diabetes has taught me firsthand a lot about pain and suffering and loss, and also something about compassion. The daily insulin injections I take are painful but necessary to stay alive. The blood tests I do are also necessary for me to maintain control, but the suffering and loss experienced by these babies from circumcision is not medically necessary, and that is what makes this so appalling to me. What kind of a culture have we Americans created, where we think that a baby boy is not perfect when he is born, and we want a doctor to do painful, penile surgery on him to fit our misguided notions of what we think he should look like? Why are doctors and others so deaf to the screams of these children, children who are telling us to stop this cruelty?

Circumcision is not a loving or nice thing to do to baby boys, and it is no more acceptable here than is female circumcision acceptable in countries where that exists.

For a time, my efforts to work toward stopping unnecessary circumcisions took a back seat. That purpose remained within me, but family responsibilities trumped any outside efforts I might have made. I did send a video and information to my sister-in-law, who protected her second son from circumcision when he was born in 1986. When her first son was born in 1981, she said a nurse told her that she “had to” sign the circumcision consent form, so she did. What this nurse told her was not true. She did not “have to” sign that consent form, but she didn’t realize this at the time.

In 1987, my fourth child, a son, was born prematurely. Shortly after my son’s birth, I told his neonatologist that under no circumstances was my son to be circumcised. My son’s doctor, who was outspoken against circumcision, went back to the intensive care nursery and told the nurses to write “No Circumcision” on my son’s chart. (The only person who should ever make a decision about elective circumcision is the male himself, since this is HIS body and rightfully HIS choice. Involuntary circumcision removes that choice from the only person who should be making it. Leaving a baby intact respects the male’s choice, and most intact men never choose to be circumcised. Solicitation of parents for infant circumcision by American doctors and hospitals is a practice that should have ended years ago.) Later, when I was well enough to walk down to the nursery to see my son, all of the nurses there told me that after the doctor told them what to write, they all began to smile and cheer. These nurses know what circumcision does to baby boys. Unfortunately, too many parents do not. When I returned to the hospital later for my six week check-up, the obstetrician solicited me for circumcision at my last visit with him. This was his last chance to make money from me, if he could convince me to mutilate my son. I told him no, but I found his behavior so disgusting that I wished later that I had said more.

After some reflection, several years ago I decided to change doctors and go elsewhere for annual checkups. When I had questioned my doctor in 1982 during my prenatal care, he told me that circumcisions were medically unnecessary, that he had seen infants die from them while he was in medical school, but that he circumcises babies anyway if parents want that. Since I could no longer in good conscience go to a doctor who would mistreat children this way, I wrote a letter to him explaining why he was losing me as a patient. Today I refuse to go to any doctor who kills children before they are born or who mutilates them after they are born. It is hard to find ethical doctors who live up to this standard, and who follow the medical dictum to “First, Do No Harm,” but I won’t lower my standards. A doctor who will not respect the rights of children is not a doctor I want to see or pay.

Whatever my efforts against circumcision have been through the years, my efforts pale in comparison to others who have done infinitely more. Marilyn Milos of California played a key role in 1982 when she produced a videotape of a baby boy being circumcised at a hospital and started showing it to expectant parents. As a nurse, she was fired for educating parents about circumcision, which turned out to be a blessing in disguise for so many babies. This firing led her to found the National Organization of Circumcision Information Resource Centers, and to devote herself full-time to the purpose of educating the public about circumcision. Today the circumcision rate in California has declined to around twenty percent, largely due to Marilyn Milos’ educational efforts and Medi-Cal’s decision in 1982 to stop wasting tax dollars on infant circumcisions.

Another woman with a purpose, Rosemary Romberg, wrote the book Circumcision: The Painful Dilemma, which
was published in 1985. She too was interviewed on the television segment “The Casual Cut,” and spoke out eloquently in opposition to routine infant circumcision. A group of purpose-driven nurses in New Mexico founded Nurses for the Rights of the Child and became conscientious objectors at St. Vincent’s Hospital in Santa Fe. These nurses refuse to participate in any way with the circumcisions of baby boys, but they had to fight the hospital to gain that right. Others have written books, worked at baby fairs, written letters, given speeches, lobbied legislators, displayed and demonstrated at medical conferences, and so much more. Collectively, all of these efforts have seen the circumcision rate in the United States drop closer to 50 percent today – still way too high, but significantly lower than in the past. As more parents become educated about circumcision, the circumcision rate continues to drop. Education is ultimately what will probably put an end to this cruel practice. Doctors will not stop circumcisions on their own, unless forced to do so by more lawsuits brought against them. I am so glad for the sake of my three grandsons that they did not suffer the pain and trauma of circumcision and were left intact. They had a peaceful and loving start in life, something I wish all children could have.

New opportunities for me to reach more people about circumcision opened up when we got a computer and were connected to the Internet. Once again, I sent letters to newspapers and other publications throughout the country. I sent letters to thousands of state legislators, encouraging them to drop Medicaid funding of unnecessary circumcisions. My letter to one Jewish legislator in Arizona convinced her to take the initiative to defund Medicaid circumcisions in that state. In 1999, only six states in the United States did not pay for Medicaid circumcisions. Today, that number has increased to eighteen states. Insurance and Medicaid payment for medically unnecessary circumcision drives up health care costs for everyone. I do not take credit for these successes, since others have worked hard to achieve these goals. I have played a small part, though, and my role has helped in the total effort.

I draw great strength and inspiration from my Roman Catholic faith. As a lay Catholic, one of my goals today is to get U.S. Catholic hospitals to stop performing non-therapeutic infant circumcisions. While looking at the Catholic Catechism years ago, the words in paragraph # 2297 jumped off the page at me. A sentence under, “Respect for bodily integrity” revealed to me where I should next focus my efforts. This sentence reads, “Except when performed for strictly therapeutic medical reasons, directly intended amputations, mutilations, and sterilizations performed on innocent persons are against the moral law.” These words confirmed for me what I already knew in my heart. Stopping infant circumcisions at U.S. Catholic hospitals is the morally right thing to do. Infant circumcisions are non-therapeutic foreskin amputations, and no Catholic hospital should be performing them in violation of Catholic Catechism teaching, Catholic hospital Ethical and Religious Directives, and New Testament teachings.

In 2002 and again in 2004, I wrote to all of the U.S. Catholic bishops and cardinals, and even the Pope, urging them to stop non-therapeutic circumcisions at U.S. Catholic hospitals. Circumcision at Catholic hospitals in other countries is not a problem like it is here, since infant circumcisions are not done routinely in most other countries. The small number of bishops who did respond to my letter failed to grasp the moral and ethical concerns surrounding this issue, and some still believed the old health myths. The vast majority of U.S. Catholic bishops never had the courtesy to respond, which was frustrating to me. I went on to write to over six hundred U.S. Catholic hospitals. Some administrators referred my letter to their ethics departments for consideration. I discovered that unfortunately, when ethics about circumcision come into play against profits from circumcision, profits win out. Catholic hospitals don’t live up to their own stated teachings. This lack of concern by U.S. Catholic bishops and U.S. Catholic hospital administrators that “respect for bodily integrity” is being violated at U.S. Catholic hospitals is nothing less than scandalous.

In March of 2003, one day before the deadline to submit an article to the American Journal of Bioethics, I learned of an article that was soon to be published in that journal, written by two Jewish men in defense of non-therapeutic infant circumcisions at U.S. Catholic hospitals. I knew I had to respond, but I wasn’t quite sure how to go about doing that with so little time. I recall thinking that here I was, a mother of four and grandmother of two at that time, with only a B.A. After my name, and God was asking me to respond to an article written by two men with Ph.D.’s after theirs. What, in heaven’s name, was God thinking? I didn’t know then how I was going to write an article on such short notice, but somehow God provided me with the exact words I needed to say. My article appeared in that magazine later that spring, and that article and many others appear at the Catholics Against Circumcision website I helped others create at www.catholicsagainstcircumcision.org. I felt great joy when a Catholic father from Kansas wrote to say that he protected his second son from circumcision after reading the articles at this site. I also researched and have posted online at www.wisewomanwayofbirth.com/circumcision-dirty-little-secrets-exposed a long and growing list of botched circumcisions and infant circumcision deaths – heartbreaking tragedies that never should have happened to children.

The spring of 2003 brought with it one further development, when the editor of The Linacre Quarterly, the journal of the Catholic Medical Association, wrote
to say that he wanted to print my letter to him in their next issue, as an open letter to Catholic physicians. I had already written letters to Catholic newspapers, Catholic magazines, and various Catholic groups about circumcision at U.S. Catholic hospitals, and now this letter would openly confront Catholic physicians who were doing medically unnecessary circumcisions. It seemed incomprehensible to me that I had gone from being a young mother watching a television show about circumcision in 1981 to being an activist challenging the Catholic hierarchy and the Catholic medical establishment in 2003 to do the right thing, but that was where God had led me, accompanied by all of my fears and misgivings. In the beginning, I kept asking myself, “What will people think of me if I do this or that?” I had now reached the point where it no longer mattered what people thought of me. If God asks me to do something now that will help babies, it does not matter if people attack me personally. What matters most is that baby boys are spared from painful, unnecessary circumcisions and allowed to live their lives as God has created them to be. In the years since 2003, Catholic publications have printed more articles against circumcision by other Catholics, including one in the National Catholic Bioethics Quarterly in 2012.

From 2005 to 2008, I worked extensively on a project that got thousands of educational DVDs into the hands of childbirth educators, midwives, and doulas who were contacted across the United States. I spent months finding email addresses for thousands of childbirth professionals. This project came about from an idea God unexpectedly gave me one day out of the blue. This DVD shows not only an actual infant circumcision, but also discusses in detail the anatomy and functions of the foreskin and how circumcision adversely affects the sexual experience for both men and women. I worked with others to create a circumcision resource page for childbirth educators and expectant parents which childbirth professionals were told about in the letter they received. Many wrote back to say that baby boys had been spared from circumcision after parents saw the DVD and learned more, and they expressed their gratitude for having these much needed resources to share with parents. Some conveyed their hope that circumcision would become a thing of the past, much as the horrific foot-binding of little girls in China was abandoned a hundred years ago and is now a thing of the past.

In the beginning of this journey, I had hoped to see good results happen overnight. While that desire is still there, I have learned that sometimes one person puts down a foundation, others build upon that foundation, and then others in due time get to see the results. Similarly, my purpose at this point in time may be to only plant seeds, but hopefully others in the not too distant future will get to reap the harvest. It is not important who succeeds in reaching a goal, but that ultimately the goal gets reached.

It may seem to some that others have higher or loftier purposes in life than do I. After all, how much glory is there in fighting against the forced genital cutting of children that is euphemistically called circumcision? Americans do not get placed on pedestals or receive accolades for fighting against that. Nevertheless, God makes each one of us different, and He does not give to me the same purpose that He gives to you. Some of us are given humanitarian purposes like feeding the hungry, sheltering the homeless, visiting the imprisoned, or caring for the sick. Others of us are called to be the voice for those who cannot speak for themselves. We are all given ordinary purposes in life, but we are not all called to do the extraordinary. Some of us fulfill God’s purpose in our lives by performing our ordinary duties well – working hard to support our families, loving and caring for our children, helping our neighbors in the communities where we live. These ordinary purposes in life are no less valuable just because they are shared by so many. All of the good purposes in life, whether they are ordinary or extraordinary, are significant in the eyes of God.

If God does touch your heart with a special purpose, and He asks you to do something that goes beyond the ordinary duties of your daily life, it is your choice whether to say yes or to say no. Saying no might be the easier path to take, but saying yes could help others in ways you never imagined. In the beginning, you can never tell where a given path might lead you, with all of its twists and turns, but ultimately the journey will be far more rewarding if you say yes to God’s plan. In the end, when all is said and done and your own personal journey on earth is over, hopefully people will see that the world has become a better place as a result of your having lived in it and the actions that you took while you were here. One day I hope my epitaph will sum up my life and work this way: “She cared for and about children.”

References

Interested in intactivist events?
Just visit www.IntactNews.org/events for a convenient map of upcoming intactivist events worldwide. If you don’t see your event listed, email your event info to: events@intactnews.org.
A New Generation of American Men is Tired of Being Disrespected
Brian Herrity
Genital Integrity Awareness Week
Washington DC
March 24-30, 2014

This year I decided to attend the fabled week-long protest in our nation’s capital commemorating Genital Integrity Awareness Week. I knew the event would be trying, as protesting is never a walk in the park, although I didn’t quite know what to expect. It was clear that the weather was not on our side this year, ranging from freezing temperatures and snow to cold and rain. I was concerned because my schedule permitted me to protest just Wednesday through Friday, about half the event, and I wanted to maximize the impact of my demonstrating. I was pleased to see that not one of my colleagues was about to let a little rain or snow get in his or her way, because neither was I. Up against a national crisis like baby circumcision, there is no time for a day off.

My checklist of protest supplies was thorough: a sturdy traveler’s portfolio with my homemade signs, picket sticks, clips, a ski jacket, a bloodstained suit, my beanie, some dried fruit and nuts, and a Nalgene water bottle. I also came with leaflets of information and my computer, so I could upload photos and videos to Facebook when I found the time. I arrived early Wednesday at Washington Dulles airport on the redeye from California, waited to meet up with Brother K an hour later, and then the two of us headed directly to the Capitol.

We arrived at the West Lawn about noon. I borrowed gloves from David Wilson (the one item I failed to pack) and then put on my Bloodstained Man suit for the first time ever. I would realize shortly how powerful a Bloodstained Men and Their Friends protest can be, but at the time it was nearly freezing and the winds were intense, so we decided to set our luggage down and get moving. Brother K and I quickly proceeded to march down the Mall toward the White House to find some bigger crowds. Immediately I understood the importance of this event’s location: springtime (such as it was) in Washington DC means large numbers of young people, and this was strategic in sharing our message. Group after group of students from all age groups, some groups too large for a head count, passed us all day. The students couldn’t help but stare, take photos and ask questions. I realized quickly the power of informing young people, since they are the next generation of parents. The future sons of our nation depend on them for protection from genital cutting.

I experienced some powerful interactions with kids at the White House on Wednesday. First, a young man came up to me as his classmates followed him; I suspect they were in ninth grade. He asked me about our protest, so Brother K and I proceeded to inform the students about forced infant circumcision in America, as well as the human rights aspects surrounding the issue. We handed out dozens of leaflets of information to the group before they left, and my new young friend gave me a sincere hug and said, “Thank you!” before he departed.
Soon after the group left, a small boy and his parents passed us. The child was no older than three. With great curiosity he asked his parents what our bloodstains meant: “What’s that, Daddy?”

“Don’t worry about it,” his father desperately mumbled. The family shuffled off quickly, but the boy couldn’t take his eyes off of my bloodstained pants. He just looked at me with a confused smile as his parents led him toward the White House. His parents tried to pretend I wasn’t there.

Then some high school kids broke away from their class and approached us, and one of the girls asked me to explain our protest. The students were naturally curious, since prior to this inquiry they had little to no information on the topic. They were incredibly open-minded and asked for any literature we had available. The group stayed and talked with us for as long as they were able, until their teacher led them to their next stop. After our encounter with the high school students, the young boy I mentioned above circled back with his parents. The man and woman ignored me as they passed, but their son turned and faced me. The boy backpedaled to follow his mom and dad, and he gave me a final wave before he turned. He could tell that our message was important, and he appeared to be thanking me for exposing him to it.

Each of those encounters was heavy yet enlightening to me. In response to our protest, opponents of the genital autonomy movement will often exclaim, “This isn’t appropriate for kids!” but I have to disagree. Children easily understand forced genital cutting, because the message is simple and plain: cutting babies is harmful. But adult men’s blindness or resistance to the truth highlights the full extent of circumcision’s damage. Circumcision is so much more than a physical cut. It is a psycho-social disease that affects people’s rational thinking about cutting children, and the disease’s severity grows the longer the host is blind to it.

Infant circumcision takes its toll on the human psyche. From the liberating relief felt by an intact man when he finally learns he is not a freak, to the shocking reality a young adult learns about when he hears what his society does to baby boys behind closed doors, to the frustrated curiosity felt by a boy whose parents won’t answer his question, circumcision creates an unnecessary world of secrets, betrayal and heartbreak.

…”circumcision creates an unnecessary world of secrets, betrayal and heartbreak.”

The engagements I just mentioned made me realize how important it is to reach children with our message, because many adults have been brainwashed by society and then have difficulty understanding the truth about the horrors of genital cutting. I’m not suggesting that children are our only target audience, but before traveling to DC I was more comfortable talking with adults about this issue than I was with kids, and the trip changed that. A child’s reaction when he learns what infant genital mutilation is, and how America welcomes baby boys to this earth, can only be described as a genuine expression of horror. Children don’t have egos to protect that may blind them to reality, and they understand when you put things in straight-forward terms: “America protects its girls from circumcision but not its boys. Infant circumcision is unnecessary and harmful, and both boys and girls deserve equal rights to protection from forced genital surgery.”

The goal of our street protest was to reach thousands, if not millions of people from all demographics through the media. We also focused on reaching every passing group of students with our message. Seeing the young tourists reminded me of my school field trips as a boy. I remember those quite vividly, especially the vibe of adventure such trips held for me in elementary school. Unpredictable events can happen on school outings and often stick with kids. Field trips are more fun and impactful than in-class teachings because they’re hands-on, up close and personal. The Bloodstained protest was an unanticipated sight for students visiting DC during GIAW, but their reactions became predictable to us: pull out the smart phone and take a photo.

The rest of my trip consisted of walking up and down the national mall to demonstrate in front of various Smithsonian buildings, and each day’s pinnacle was a protest with Bloodstained Men & Their Friends in front of the White House. We returned to base camp each day with hundreds of photos of the Bloodstained Men & Their...
Friends meeting groups of students and tourists pleased to see our protest.

Most of the kids we talked with had at least heard of circumcision, and they were very intrigued to learn more. They did not all agree with us, particularly those in the older groups, but the majority still appeared to understand that boys and girls deserve equal protection under the law. Many who approached us took and held on to leaflets of information, unless their chaperones confiscated the handouts from them. Censorship was high.

We can all agree to disagree on things, but infant circumcision brings out a rage in adults like I’ve never seen before in a debate. Whether or not one is a victim of genital mutilation, the procedure creates a negative impact on the American people as a whole. American parents are decent people, and they aren’t cutting their boys’ penises out of malice or spite; they’re cutting their boys’ penises because they’ve been tricked into doing so by the circumcision industry. Consequently, when a boy hears that his circumcision has harmed him, the initial acceptance of the mutilation is often complicated, as most children could never imagine their parents inflicting irreversible damage upon them – particularly for no reason beyond social conformity. I still haven’t found an easy way to break the truth to victims, or even to those who have inflicted circumcision upon their children. But, for whatever reason, I find children to be the most open-minded and I strongly believe that informing the young people of this nation is turning the tide.

I had so many fantastically powerful encounters on this trip. From tearing up with inexplicable frustration to laughing with profound joy, the most impressionable moments were always driven by children. As clichéd as it may be, children are our future; they are vulnerable and easily damaged, and they deserve to be protected by their elders. Children need to be spared from harm, not subjected to it. Our opponents often tell us that circumcision is a “personal choice,” and that all parents have the right to choose, but these people don’t understand what “personal choice” means. The genital autonomy movement is not about taking anyone’s rights away; it’s about defending the fundamental rights of the person to whom they belong. My body belongs to me, and our protest drove that point home to many young Americans.

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Genital Integrity Awareness Week: Expanding My Intactivism
Craig B. Adams
Washington, DC – March 24-30, 2014

I attended my first GIAW in 2014. I arrived in Washington, DC on Thursday afternoon via car from my New Jersey home. Jonathan Friedman met me at the Washington Seminar Center, which intactivists had rented for the week, and we walked the few short blocks to the West Lawn of the U.S. Capitol Building.

I began my intactivism just last fall by joining Bloodstained Men demonstrations in Manhattan and New Jersey with Brother K, Jonathan Friedman, Rik P., and Cynthia Maloney. It was nice to see them again. I met Ryan McAllister, James Loewen and filmmaker Francelle Wax [Editor’s note: Francelle is interviewed in this issue on p.5]. I also met many other intactivists.

I donned a Bloodstained Man suit and held a handmade sign that read, “Circumcision Harms Boys.” I spent the afternoon greeting tourists as they got on and off tour buses. Rik P. roamed the lawn dressed as Darth Vader and held a sign reading, “Evil Empire Requires Baby Circumcisions.” He was certainly the most photographed intactivist.

I had dinner with Jeff Cowert. We sat next to Danielle Owens and her two boys, who were finishing up dinner. I would later see them on the lawn and at the march. Jeff discussed his work with Intact Humanity. He said that there are already laws in place in the U.S. and other democratic nations that protect boys from forced circumcision. We need to demand enforcement.

After dinner, Jeff and I walked to the restaurant next door where Norm Cohen of NOCIRC Michigan had organized an Intactivists Dinner and Sharing Circle. We sat and listened to several intactivists share personal stories. David Wilson told of the events in his life that motivated him to start GIAW. He stressed how vital it is to have a single large gathering in support of the genital integrity movement. Matthew Weyer, a brave young man, moved me with his story of intactivism. I talked briefly to Kathy Combs, a regret mom, whom I admire and had wanted to meet. [Editor’s note: Regret parents are parents who have made the decision to circumcise their boy(s) but have later come to sincerely regret it. “Know better, do better” is their motto.]

On Friday, I joined Brother K, Brian...
Herrity, Charlie Suzi Chapler, Shelley Wright, Hollie Redinger, and other intactivists as we took our Bloodstained Men protest to the White House. With our signs held over our heads, we lined up behind the steady stream of photographers taking photos of the White House on a warm, sunny afternoon. Hollie walked among the tourists, bringing attention to our demonstration. She said such things as, “Doctor needs a new boat. Sell your son’s human rights for $300.”

Many tourists turned around and took photos of us. Brother K said that each picture saves a baby. If posted on social media, each photo can potentially be seen by several hundred people. Several tourists, asked to take their photo with us and we obliged. We were very excited when we met tourists from Denmark and Norway.

Friday night a number of intactivists joined us at the Washington Seminar Center for mini-lectures by veteran intactivists. Michael Dulin said the language we use to educate others is important. He said that we shouldn’t use the word “circumcision” because that is the word that religion and medicine uses. He said using the words “mutilation” and “forced genital cutting” are too strong. He tells others that he is against the forced body modification of children.

Saturday morning before the march from the Capitol to the White House, I joined Brother K and Intactivist Glen for a three-man Bloodstained Men demonstration at the Natural Museum of Natural History. The weather was not pleasant, with a light drizzle, but there was a steady stream of visitors going in and out of the museum, ascending and descending the steps.

We stood across the street by a crosswalk and held signs over our heads. Brother K held his sign reading, “Circumcision Horror Bloodstained Men.” My sign said, “Circumcision Harms Boys.” Glen’s said, “Education Not Amputation.”

We immediately met with opposition. A middle-aged man with a New York accent scoffed at us. He demanded to know who had arranged for us to be there. He heckled us, saying something about “hide the dimes.” He looked around for support but received none. Rather, many people who caught sight of us took out a camera or phone and snapped a photo. A few people gave us the thumbs up sign. We held our signs over our heads for about three hours.

We returned to the West Lawn Saturday afternoon for a group photo. It was now raining steadily. James Loewen took
our photo. And then we started a march to the White House in single-file fashion on the side walk. We held our signs. Some of us spoke out, saying such things as, “My body, my rights,” and, “Intact genitals are a human right.” Few saw or heard our message today. We arrived at the White House about an hour later soaking wet but in good spirits. Not many tourists had braved the rain to see the White House this day. However, James Lowen and Francelle Wax filmed our march, and many of us took photos to document GIAW. GIAW was a great opportunity to boost my intactivism, and I look forward to participating in more public intactivism.

Genital Autonomy Day - London
Patrick Smyth
Men Do Complain
May 7, 2014

We are trying to raise public awareness about the harm caused by non-therapeutic male circumcision by taking the issue out onto the streets. The public for the most part are receptive and supportive. We get the occasional “It never did me any harm” remark but that is to be expected. The Cologne ruling respects the rights of the child and recognizes the harm that is intrinsic in the cutting of a healthy child’s genitals. Therefore, it is a ruling that deserves publicity. We will be out again next year on May 7th!

Activists march in Cologne, Germany on Genital Autonomy Day, May 7, 2014

(l. to r.): Francois, Richard Duncker, Iris Fudge, Dr Peter Ball, Patrick Smyth and Geoff Coates in Parliament Square, London on Genital Autonomy Day, May 7, 2014

Activists in Cologne, Germany on Genital Autonomy Day, May 7, 2014
The American College of Obstetricians and Gynecologists held their annual clinical and scientific meeting on April 26-30 in Chicago, Illinois. Events were held at the Sheraton Hotel and Towers and at the McCormick Convention Center.

Ron Low and Chicagoland Intactivists organized demonstrations at both the Sheraton and the McCormick locations. Many obstetricians and gynecologists took photos and showed their support.

On the third day, Lynita Stamps, a mother with an eleven-year-old son, passed by and told the story of her son’s botched circumcision. Video of this story is available at www.intactnews.org.

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**NOCIRC of Nebraska Booth**

Janet Tilden

The weekend of April 12-13 was the seventh annual Omaha Health, Wellness & Fitness Expo. Thanks to generous donors and dedicated volunteers, NOCIRC of Nebraska has had a booth at the Omaha Health Expo every year since 2008. (You know who you are, and I am very grateful for your help!) The vast majority of people who stop by our booth are supportive and enthusiastic. Many of them tell us, “I’m so glad you’re here!”

The pro-circ people usually glance at our banner (“Today’s Parents Say NO to

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(l. to r.): Jonathan Friedman (ARC Webmaster/Newsletter Editor), Arlis Feldt, Matthew Weyer, Daniel Strandjord

ACOG attendees take a photo with Rik Przybranowski (dressed as Darth Vader)

Lynita Stamps, a passerby, telling her son’s botched circumcision story

(l. to r.): Ron Low, Carrie Dahlby, Rik P.

(l. to r.): Janet Tilden and Jonalee Amato at the Omaha Health, Wellness & Fitness Expo, Omaha, Nebraska, April 12, 2014
Circumcision”), and then avert their eyes and walk away rapidly. This year, though, one pro-circ woman did a double-take and asked me in a tone of disbelief, “You mean you guys are AGAINST circumcision?” I replied, “Yes, that’s right. Would you like to know why?” She shouted “NO!” and practically ran away before I could say anything else.

Here are a few highlights from the weekend:

A young man from the Sports Authority booth told me that his fiancée thinks circumcision is a good idea, but he doesn’t want it for his child. I gave him brochures and a DVD, along with my warmhearted support.

An older man repeated the words on the banner: “Just Say No!” In the course of our conversation I said, “Men need everything they’re born with. There’s no extra stuff.”

A young woman with a Russian accent told me that she is a vegan married to a dairy farmer. She’s against circumcision but her husband’s family is for it. She and her husband don’t have any kids yet, and I gave her a pep talk about being like a mother lion protecting her young.

A married couple told me that their son had been born prematurely at the University of Nebraska Medical Center 16 years ago and that the doctors at UNMC had refused to circumcise him at that time. These parents postponed the decision and ended up leaving him intact. They had never seen anything like our booth before, and both of them were visibly happy to receive such strong support for not circumcising their son. The mom told me that her son is totally unself-conscious talking about sexual topics.

A young-looking grandmother told me that all of her grandsons are intact. (Yesss!!) A woman said that her daughter is pregnant, and I gave her a DVD and brochures.

A former LaLeche League leader told me that her oldest son was born in 1976 and her husband had insisted on circumcision despite her objections. When Dad saw how painful it was for his son to be circumcised, he said, “I don’t know why I ever thought this was a good idea.” They had three more sons and left them intact. All of their grandsons are intact. The circumcision cycle has been broken in this family.

Three teenagers (two boys and a girl) looked at my picture book of celebrities titled “Guess Who ISN’T Circumcised” and one of the boys said, “I should be in here!” They seemed happy to see so many famous men who are intact like they are.

The Health Expo was a good experience once again, and I am already looking forward to the 2015 Health Expo, scheduled for April 11-12. By the way, April 12th is my birthday, so I will be staffing the booth on my birthday two years in a row. It’s definitely worth it!

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**San Francisco Pride Weekend**

James Loewen

I recently spent a productive week recording Genital Autonomy events around the San Francisco Bay Area.

On Thursday, June 26th a protest organized by the Bloodstained Men and their Friends visited three locations in Walnut Creek, including Kaiser Permanente hospital, where countless children have been subjected to genital cutting, routinely for many decades. Hospital officials came outside and attempted to intimidate us but quickly retreated indoors to the protesters’ chants of, “Shame on you, blood rituals are not medicine!”

Several doctors on the street openly scorned the activists, one angrily shouting at us that parents had the right to cut their children. “Girls too?” we asked. She stormed back inside.

Many workers from within the hospital, exiting at lunch time, expressed their enthusiastic support and gave us the thumbs up.

On Friday, June 27, Bloodstained Men and their Friends demonstrated at the San Francisco in the Embarcadero district, on the crosswalks busy with people going to and from the Ferry...
Building. The bright blood-red crotches on the stark white clothes of the protestors grabs immediate attention, the messages on the signs further explain.

Everyone passing by on foot or wheels saw this spectacle; reactions were varied. A boy about five years old innocently asked his father, “Why do the men have blood marks on their pants?” The father stumbled in an attempt to change the subject.

The driver of a “muscle” car screamed out as he sped by, “You guys are retarded!”

Meanwhile many people expressed support with friendly smiles, thumbs up, or stopped by to ask questions and share their stories.

On Saturday, June 28, the two-day Pride Festival began, celebrating sexual freedom, gender expression and liberation. Bay Area Intactivists staffed a booth at the festival distributing literature and talked with hundreds of people. During the day, thousands of people passed by and read the signs. Many stopped to talk with activists and learn the truth about genital cutting of children, male, female and intersex. This year Forgen also staffed a booth and spoke with hundreds of people about using regenerative medicine to regenerate a complete foreskin.

On Sunday, June 29th, Bay Area Intactivists marched in the San Francisco Pride Parade. The spirit was high, the weather was perfect and people were watching intently. This marked the tenth year that intactivists have marched in this enormous parade and the transformation of public response to our message over that decade is palpable. As we marched down Market Street, we saw the faces of thousands of people watching, their expressions very thoughtful. We heard countless exuberant expressions of support. Thousands of people took photos, circulating the images and messages far and wide.

A huge thanks to all those who dedicated time, organizing skills and donations to make these events happen!

Bay Area Intactivists at SF Pride
David Wilton
ARC Legal Strategist

The San Francisco Pride parade and festival occurred again this year on the last weekend of June. Bay Area Intactivists (BAI) marched in the parade with a contingent of between 40 and 50 people, including about half a dozen children. BAI was joined by Marilyn Milos of NOCIRC. She and all the others handed out cards and other literature with the intactivist message to thousands of people who lined the parade route between 1st and 8th Streets along Market St.

BAI also staffed a booth at the festival held in the Civic Center both Saturday and Sunday where many more hundreds of people stopped to discuss the issue and take yet more literature. As has occurred in previous festivals, numerous volunteers from as far away as New Zealand stood with signs hoisted aloft up and down UN Plaza in front of the BAI booth trumpeting...
the intactivist message. There were no negative incidents this year save one when a young intoxicated woman lost control of her apparent anger and assaulted James Loewen and another volunteer in front of the BAI booth. Neither was seriously hurt. James managed to get some video of the incident.

Also this year, Foregen, a biomedical non-profit working on regenerative medicine projects to treat circumcision, was present. They staffed their booth adjacent to the BAI booth both Saturday and Sunday. Eric Clopper, an enthusiastic newcomer working with Foregen, had a productive weekend informing many utterly surprised attendees of this new area of research and hope for millions of unhappily circumcised men.

Following the Sunday festival, 20-30 newly energized and optimistic volunteers retired to a local restaurant for sustenance and war stories of the weekend’s events, all pledging to return next year.
Toronto World Pride

The Children's Health and Human Rights Partnership (CHHRP)

Canada's only registered Not-For-Profit intactivist organization, the Children's Health & Human Rights Partnership, had a successful presence at World Pride 2014 which took place June 27th - 29th. There were more than 12,000 marchers in the Pride Parade representing 350 groups, including eight marchers from CHHRP. The parade route travelled over a dozen city blocks in 30 degree (86F) heat and took more than 5 hours to run its course. Outreach Director Tim Hammond and CHHRP Volunteer Dan handed out more than 3,000 circumcision information cards to spectators along the sidelines. CHHRP also had two information booths over a 3-day period; one during the always-packed StreetFair and one in the Family Pride section at a local school.

![Image: CHHRP volunteers at World Pride]

Chicagoland Intactivists at the Chicago Pride parade, June 29, 2014

Dr. Christopher Guest leading the CHHRP contingent in the Toronto World Pride parade

(l. to r.): Daniel Strandjord, Ron Low, Matthew Weyer, Jonathan Friedman (ARC Webmaster/Newsletter Editor), Angela Knopf, Jeff Cowert, and Terri Dowell at the Indiana Intactivists booth in Indy Pride, June 14, 2014

CHHRP Technical Director Dave Saving and CHHRP Nursing Director Kira Antinuk, RN stop by for a visit.
Al Jazeera, Brian Morris and Doctors Opposing Circumcision: The Al Jazeera Debate
John Geisheker
Executive Director
Doctors Opposing Circumcision

Invitations from the media to comment on circumcision are invariably problematic for intactivists. Most of us have been burned by journalists—misquoted, ridiculed, blindsided, summoned in urgency and then ignored—and have become understandably skeptical. So I was on high alert when in a single week Doctors Opposing Circumcision (D.O.C) was summoned first by Talk Radio Europe and then by Al Jazeera TV, a U.S. Affiliate of the popular Mideast TV network.

The TRE interview proved to be an enjoyable, cheery encounter with a friendly interviewer, though I had to rouse myself at 4 AM for the event. The Al Jazeera program “The Stream” asked me to discuss so-called “voluntary” medical circumcision in Zimbabwe, which is allegedly being performed to combat HIV. So I studied the Zimbabwean HIV situation as fast as I could. (Dire problem; tragic HIV infection rates of 20% in adults, which is more than 33 times the U.S. Rate of 0.6%).

When I asked the producer who would be DOC’s counterpart, the moderator admitted it would be “a guy from Australia.” I knew instantly it had to be the Dark Lord himself, Brian Morris, Australia’s circumcision shill extraordinaire, the pro-circumcision energizer bunny.

The eventual TV interview was a weird experience. Al Jazeera rented a TV studio in my hometown of Seattle, where I was directed to sit alone in a tiny room with fake books. The studio had apparently scheduled other interviews, with participants formally dressed only from the waist up. I learned too late that I could have arrived in boxer shorts with shirt and tie, for all the Al Jazeera audience would know, an interesting temptation.

I was instructed to speak directly into a black box with a red light and a pair of cardboard eyes pasted to it. No actual camera person was present, no one to shout for quiet on the set. When I asked if I would be able to see the other participants in real time, I was told the seven-second broadcast delay used by Al Jazeera made that impossible.

A TV interview setup like this is just as challenging as a radio interview, there being no visual cues for when to jump in politely, nor any sense of how one is coming across. It is disorienting and unforgiving.

Brian Morris and acolyte Richard Wamai, both circumcision enthusiasts, were indeed in evidence, with their well-rehearsed dog-and-pony show, but I only actually ‘saw’ them later. A member of Zimbabwe’s parliament, the Hon. Jesse Majome, participated by phone.

During the introduction of the topic, Al Jazeera ran public service announcements that Zimbabwe’s health authorities had been using to encourage circumcision participation. I had a good chuckle over one in particular: A husband is saying he loved his wife so much he got himself circumcised “to protect her from HIV.” She agrees that he did it out of devotion to her and is very proud of him.

Hmmmm—Let’s think about this for a second:
1. He’s HIV-negative and faithful to his HIV-negative wife. So far, so good.
2. He feels the need to “protect his wife” by being circumcised, so he submitted to it.
3. Why does he need to be circumcised if he is HIV-negative and is faithful to his HIV-negative wife?
4. Easy conclusion: The wife wishes to protect herself in case he is not being as faithful as he seems to be.

As an Australian colleague advised me, “You won’t get to say what you want and it will all be over in a trice.” He was absolutely right. When my turn came, I declared what I think is the main flaw with the circumcision-to-eradicate-HIV plan: young men will line up for a surgery that will supposedly allow them to forgo condoms and to convince naïve village girls they are immune from HIV. Otherwise, why would they suffer the procedure? Fortunately the member of the Zimbabwean parliament agreed with me, though she focused on the problems of the “message.” That may have suggested to Morris and company that all they need to do is to tweak their message.

Morris and his colleague were keen to insist they are scientists, but neither is a physician nor an epidemiologist. Both denied that risk compensation behavior has been seen in the field, despite unmistakable evidence to the contrary.

It has been said that circumcision suffers from a “great silence,” and benefits from any publicity. This is especially true of the Al Jazeera demographic: young people in cultures where circumcision is endemic and unquestioned. To that extent the program was a success, though it left me with days of regret about what I had no chance to argue.

Last time I checked, the actual interview was unavailable to US viewers, but there are some versions on Youtube I’m told. The lively blog discussion that followed may still be found here:

[Editor’s Note: With some detective work, activists may be able to find means to view the interview.]
Arizona Lawmakers Ignore Males’ Human Rights as they Toughen Female Circumcision Penalties
Lawn Griffiths

Back in mid-February, we Arizona intactivists got excited when a Sun City state senator filed a bill in the Arizona State Senate to impose a stiff penalty for female genital mutilation. Senator Judy Burges called for it to be a Class 2 felony with at least a $25,000 fine. We quickly pointed out that while we also opposed female cutting, there was already a federal law passed in 1996 to cover the issue. We also asked why Senator Burges didn’t add an amendment to her bill to also protect males from genital mutilation, namely, from the assault of routine infant circumcision? Let’s make things fair, we urged the Senator. Let’s protect all our people from sexual assault.

In reaction to the bill’s filing, Senator David Bradley (D-Tucson) was quoted in the press as suggesting that “perhaps the proposal should be extended to procedures done on boys.” When we saw that, we wrote both senators. Two of our finest voices for boys’ genital rights traveled to Tucson one Saturday to discuss the issue with Sen. Bradley, hoping he might work to amend the bill or to raise a debate. When you are a Democrat in the Arizona Legislature, with both houses solidly controlled by Republicans — and mostly very conservative Republicans to boot — you don’t get very far. There is little evidence that Sen. Bradley pursued protection for males. Some would say it will snow forty inches in Phoenix before male circumcision is curbed in this state given the mindset and political culture.

Senate Bill 1342, tagged “Unlawful Mutilation – Female Genitalia,” moved swiftly through the Senate’s Judicial, Health and Rules Committees. In the Senate, the bill was approved in early April on a “consent agenda,” packaged with other bills that were approved without comment. Exactly eighteen seconds were devoted to discussing it on April 3, when the Arizona House approved it. All votes were unanimous, and it went to female Governor Jan Brewer who signed it into law on April 24.

How can the lawmakers not see the new law’s hypocrisy, double standard and violation of equal protection?

The text of the new law can be found at www.legiscan.com/AZ/text/SB1342/id/945234. It could be so easily adapted to include males as well.

Activism in Kenya: Fighting the Forced Circumcision Law
Carl Augustsson and Kennedy Owino

As many of us know, there has been a sick and misguided program to promote mass circumcision in Africa as a way to prevent AIDS. Thankfully, we have Africans who are fighting back. One such African is Kennedy Owino. He is the head of Intact Kenya and the liaison contact for the National Coalition for Men in Kenya.

He recently informed me of a disturbing proposed law in Kenya’s Siaya county to make circumcision OBLIGATORY for infants and even adults. Fortunately, this law will never see the light of day, thanks to great people like him and others.

Mr. Owino is a member of the Luo tribe, one of Kenya’s largest with about 13% of the country’s total. This is also the tribe that Barack Obama’s father came from.

Unlike most of Kenya’s tribes, the Luo do not circumcise. Other tribes in Kenya have traditionally circumcised as a part of a rite of passage ceremony. Other tribes in Kenya, even before this latest AIDS push, have in the past put pressure on the Luos to circumcise. The Luos rightly see this as an attack on their culture.

(l. to r.) Hon. Oriaro and Kennedy Owino

The following is an account by Mr. Owino (he visited Siaya county on February 14, 2014):

The proposed bill to make male circumcision mandatory to both newly born male babies and men in Siaya County will not see a single ray of light at the end of the day, a Siaya County legislator has said. The bill will continue to gather moss and not the assembly hearings.
Speaking at the Mwalimu Guest House in Siaya town on Friday, February 14 when Intact Kenya paid him a courtesy call, Honourable Leonard Otieno Oriaro, the Ward Representative for Central Alego ward in Siaya County said that the bill must be aborted at conception since it will violate the right to genital integrity of men and male babies born within Siaya County.

According to Hon.Oriaro, some of the Luo cultural practices can more effectively help contain the spread of HIV/AIDS in the county than the current trend of promoting mass male circumcision which will make youths more reckless in their sexual behaviour.

Hon. Leonard Oriaro praised the initiative Intact Kenya is taking to save male babies and men in Siaya county, the whole of Kenya and Africa from the rite. He said he will organise a forum to popularise Intact Kenya and to make it a fully recognised movement.

In attendance were three other Members of the County Assembly (MCAs). One kept repeating at close intervals that he won't be circumcised, reinforcing Hon.Oriaro's stand that young children cannot make informed decisions and parental consent should also not be sought because it is their bodies and choices are theirs to make only as maturely grown adults of eighteen years or over.

At one point, Hon. Oriaro sorrowfully narrated to me how most of his male primary schoolmates have succumbed to HIV/AIDS because they mistakenly assumed that circumcision would protect them from vulnerability to the epidemic. Being that the majority of them were from the neighbouring Luhya ethnic group, they were circumcised as a rite of passage to initiate them from childhood to adulthood.

This is not the first time the MCA has spoken out against the mass mutilation of boys. His rejoinder to the proposed bill appeared in a local newspaper, The Daily Nation, a day after the news of the male circumcision law was reported in the local media.

Hon.Oriaro is an aggressive, intelligent politician who has initiated many development projects in and out of his Central Alego Ward. That explains why he won the seat by landslide.

One drunk man decided to circumcise himself one evening using a kitchen knife just because the former Kenyan prime minister Raila Odinga had endorsed mass male circumcision of the Luo ethnic group. Were it not for the quick intervention of neighbours who rushed him to the hospital, the man would have died since he bled profusely.

The MCA, together with his other three colleagues who were also in attendance, left the meeting with printed copies of 101 reasons not to circumcise: how the circumcision solution in Africa will increase HIV infections, functions of the foreskin, how circumcision does not protect Luos from HIV, how circumcision causes problems in sex lives, etc.

Among the four MCAs, only one was initially pro-circumcision. However, he showed signs of budging towards the end of the meeting.

Hon. Oriaro assured me that he has unwavering support in the Siaya county assembly.

He said that the information we share on the internet does not reach a lot of Kenyans, since most of them do not have internet access, so he said that we need to be making visits and seminars to meet and educate Kenyans.

Hon. Oriaro recommended that we need to translate our articles into the local Kenyan languages so that many Kenyans can understand the information put across.

He suggested that we should arrange to be interviewed by some of the local radio stations.

Hon. Oriaro also noted that mass male circumcision programme has been marred with several cases of corruption.

Hon. Oriaro also advised Intact Kenya to look for adequate funding from donors to enable us carry out our work effectively so as to reach people all over the country.

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**British Medical Association Hearing on FGM Resolution**

Antony Lempert
Secular Medical Forum

Most doctors working in the United Kingdom belong to the British Medical Association (BMA). The BMA is primarily a trade union organization and also has a strong voice and the ear of Government in terms of medical policy and ethics. Each year, the BMA holds a 4 day meeting, the Annual Representatives Meeting (ARM) for BMA representatives to debate policy. Motions passed at the ARM immediately become BMA policy.

In 2006, the Medical Ethics Committee of the BMA produced a document on the law and ethics of male circumcision (which is available here: http://jme.bmj.com/content/30/3/259.full.pdf+html) setting out guidance for doctors. This guidance variously advises doctors on both therapeutic and non-therapeutic circumcision. However, the document creates confusion by setting out principles for therapeutic procedures from which non-therapeutic circumcision is seemingly given exemption on the extraordinary grounds that the medical benefits of circumcision are apparently moot and the harms have not been proven. In contrast, good medical practice based on basic medical ethics contend that it is not the responsibility of others to prove harms but of proponents to demonstrate clear evidence of overall benefit particularly with regard to invasive surgery. These
principles are yet more important when considering invasive surgery on people unable to give their consent.

With regard to any therapeutic intervention the BMA correctly promotes avoidance of 'unnecessarily invasive procedures' yet the forced genital cutting of young boys for the religious or cultural preferences of their parents is represented as somehow a presumptive religious right of the boys' parents and not subject to the injunction on procedures carried out for 'therapeutic' reasons.

The BMA guidance recognizes that 'children who are able to express views should be involved in the decision-making process', recognizes that 'the legality of non-therapeutic circumcision is not uncontroversial' and claims that (in 2006), there is sufficient doubt about the medical benefits of circumcision to permit an expression of 'no policy' from the BMA. Intriguingly, the BMA guidance notes that the Human Rights Act (2000) may yet result in a successful challenge to the status quo.

In 2011, I first submitted a motion for debate at the BMA ARM on forced male genital cutting via my local BMA division, Shropshire, for which I have been one of 2 BMA representatives since 2009. In 2014, I submitted a motion for the 4th time- this time on gender-neutral forced genital cutting. On each occasion, my Shropshire motion has not been prioritized by the BMA agenda committee for debate at the ARM and is effectively kicked into the long grass.

The gender-neutral Shropshire motion this year was motion 344:

That this meeting notes resolution 1952 of the Parliamentary Assembly of the Council of Europe (PACE) in October 2013. Resolution 1952 explicitly includes both female genital mutilation and the circumcision of young boys for religious reasons within the ‘…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 meeting:

i) Calls for all children to be safeguarded from serious harm whatever their gender and whatever the beliefs or social status of their parents or guardians;
ii) Deplores the fact that children are still suffering from serious harm caused by ritual genital cutting resourced by the NHS and performed by GMC-registered doctors;
iii) Insists on gender equality of GMC policies in respect of non-therapeutic forced genital surgery of children;
iv) Calls for no further commissioning or funding of non-therapeutic genital surgery of children in the NHS.

Instead another motion calling for explicit protection from genital mutilation just for girls was prioritised for debate. The debated motion was as follows:

That this meeting calls on the UK Government to protect girls and young women from the illegal practice of female genital mutilation (FGM) and calls for:

i) promotion of joint training and strategy on FGM for health, education, social work, police and prosecution services; (passed)
ii) appropriate prosecution of perpetrators of the crime; (passed)
iii) the government to follow the example of France and implement physical examination of girls which may require the reinstatement of school medical services. (rejected)

After much consideration, I put in a speaker slip to speak against this motion being the only way that gender-neutral forced genital cutting would even be aired at the ARM. The motion was debated on the 25th June. It was encouraging that, despite many representatives wishing to speak both for and against this motion, the chair of the ARM with whom I had had earlier email correspondence on this subject, called me to speak first after the proposer of the motion. I was given the standard 2 minutes to explain to the 400 or so BMA representatives why this motion breached the BMA’s own discrimination policy, why forced genital cutting should be viewed as a whole rather than making selective comparisons between the many various forms of forced genital cutting which all breach the human rights of a child, and result in a wide variety of harms including death and lifelong misery irrespective of gender. My focus was on child safeguarding and international consensus on the harms of cutting the healthy genitals of a normal child. The danger of speaking against an FGM motion is the challenge in so many minds that 'you can't compare FGM with male circumcision'. In fact, the point I raised was that it was not I making such a comparison, rather those who seek to divide child safeguarding from forced genital cutting along gender lines by virtue of selective harm comparison.

Another speaker also spoke along similar lines. Disappointingly, neither of our views were represented in the ensuing medical press coverage. However, there was support expressed from some of the BMA representatives at the meeting including one who had had to take the difficult decision of divorcing her husband in order to protect her son from the circumcision he had already procured on her other son against her explicit wishes and behind her back whilst she was out one day. Next year I will again put forward a motion for debate on gender-neutral forced genital cutting.
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
ARC Executive Director

Abstract for Presentation at
Genital Autonomy 2014
Boulder, Colorado, July 24, 2014

The 2012 Cologne and 2013 Hamm court cases from Germany upheld a child’s human and legal rights to bodily integrity. Previous decisions were handed down in Düsseldorf in 2004, in Frankfurt in 2007, and in Austria in 2007. These cases 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.

Is the Circumcision of Children a Fraud?
Peter W. Adler
ARC Legal Advisor

Abstract for Presentation at
Genital Autonomy 2014
Boulder, Colorado, July 24, 2014

Is it a fraud for physicians worldwide to circumcise healthy boys and girls? The implications would be profound since in the U.S., the statute of limitations begins to run upon the discovery of fraud. Plaintiffs also would not need to prove intent to deceive: when a fiduciary relationship exists, as here, material misrepresentations and omissions constitute constructive fraud.

Physicians have committed fraud by circumcising millions of boys without parental consent, by falsely diagnosing boys with phimosis, and by charging Medicaid for circumcision since 1965 as Medicaid does not cover unnecessary elective surgery. Physicians also often obtain parental consent by exaggerating the benefits of circumcision while understating, not disclosing, or lying about its disadvantages. If physicians told parents the truth about circumcision, few would consent to it.

Physicians also have created the self-serving myth that parents have the right to make the circumcision decision for religious, cultural, or personal reasons. Even if parents did, no physician in the world has the ethical or legal right to operate on healthy boys or girls. Thus, every circumcision of children is a fraud and exposes the physician to long-term liability.

Genital Autonomy 2014 Conference Program
University of Colorado
Boulder, Colorado USA
July 23 - 26, 2014

Wednesday, July 23, 2014 (optional)
1700 - 1930: Registration for early arrivals – Meet & Greet with light refreshments
1800 - 1900: Introduction of the pioneers of the Genital Autonomy Movement
1930 - 2200: Screenings: Three films: Introduction to Intersexion – Hida Viloría
Intersexion – Grant Lahood, John Keir, Mani Bruce Mitchell
The Hidden Trauma: Circumcision in America (excerpt) – Brendan Marotta
American Secret: The Circumcision Agenda (excerpt) – Francelle Wax

Thursday, July 24, 2014
0800 - 0900: Registration – tea & coffee
0900 - 0915: Welcome
0915 - 0940: 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
0940 - 1005: The Cologne judgment: A curiosity or the start sign for condemning circumcision of male children without their consent as a human rights violation? – Jonathan Bernaerts
1005 - 1030: Is circumcision of children a fraud? – Peter Adler
1030 - 1100: Break
1100 - 1125: “Normalizing” genital surgeries of intersex children – Hida Viloría
Friday, July 25, 2014

0830 - 0900: Registration – tea & coffee
0900 - 0905: Welcome
0905 - 0930: For their own good: The insidious nature of religious child maltreatment – Janet Heimlich
0930 - 0955: Altered hearts: Circumcision and Christian responsibility – Chelsea Collonge
0955 - 1020: Non-circumcising families in the Jewish community – Lisa Braver Moss
1020 - 1050: Break
1050 - 1115: An unlikely activist’s journey Beyond the Bris – Rebecca Wald
1115 - 1140: Celebrating Brit Shalom – Rebecca Wald & Lisa Braver Moss
1140 - 1205: Talking about genital modification: A linguistic approach – Harald Winterling
1205 - 1230: Whose political correctness? Changing language, viewpoints, and tactics in today’s intactivist movement – Georganne Chapin
1230 - 1345: Lunch
1345 - 1410: Media-friendly messaging – Glen Callender
1410 - 1435: Moving through regret: A blogging journey – Jennifer Anderson
1435 - 1505: Brain states of experience, brain states of change – Annie Brook
1505 - 1535: Break
1535 - 1600: Circumcision of Infants and Children: Short-Term Trauma and Long-Term Psychosexual Harm – Gregory Boyle
1600 - 1625: The whole person: Genital cutting, emotional life, and being human – Elwyn Moir
1625 - 1650: How to help? Training and counseling in Finland – Tiina Vilponen
1650 - 1715: Unconscious cruelty: Exploring the emotions behind genital cutting – Richard Schwartzman
1715 - 1930: Dinner on your own
1930 - 2130: Evening sessions (Optional) Experiential Workshops
For men: Revealing the wound, restoring dignity – Riu Ashlie
For all: I am sorry, my beautiful child – Rue Hass

– OR –

For all: I am sorry, my beautiful child – Rue Hass

Saturday, July 26, 2014

0830 - 0900: Registration – tea & coffee
0900 - 0905: Welcome
0905 - 0930: Intactivism and human rights 'gate-keeping': Agenda-setting and agenda-vetting in transnational human rights networks – Charli Carpenter
0930 - 0955: The business of circumcision – Jennifer Margulis
0955 - 1020: The midwife and circumcision: Guardian of the normal – Donna Macris
1020 - 1050: Break
1050 - 1115: Professional leadership strategies and barriers in Canada – Kira Antinuk
1115 - 1140: Current developments in Denmark – Lena Nyhus
1140 - 1205: An intact penis is better: Intactivism in Israel – Eran Sadeh (via Skype)
1205 - 1230: FGM in Indonesia – Katharina Kunze
1230 - 1345: Lunch
1345 - 1410: The danger of harmful traditional practices: The case of Liberia – Leonid Walter Dunn
1410 - 1435: The CHANGE Project – Katharina Kunze
1435 - 1500: Standing up for the rights of all children – Soraya Mirè
1500 - 1530: Break
1530 - 1555: The psychology of circumcision communication and social change – Ron Goldman
1555 - 1620: Towards the eradication of the genital mutilation pandemic – Harald Winterling
1620 - 1645: Tactics without strategy: Sun Tzu, The Art of War, and GA futures – Paul Mason
1645 - 1710: Why Europe is leading the world – David Smith
1710 - 1720: Closing Remarks
1830 - 2200: Banquet – cash bar
After dinner speaker: Care for the carer – Brian Luke Seaward
Music / dancing
Rocky Mountain Circumcision Protests
Bloodstained Men & Their Friends

Bloodstained Men & Their Friends (a registered non-profit) will protest in Denver on the two days before and the two days after the Genital Autonomy 2014 Symposium at the University of Boulder, Colorado.

All intactivists are welcome, either in street clothes or bloodstained suits. We’ll be handing out literature, and talking to as many people on the street as possible.

ARC Updates

Svoboda and Van Howe Refute Claims by AAP and Brian Morris in Journal of Medical Ethics

The Journal of Medical Ethics (JME) has published an e-letter by Robert Van Howe, M.D. And Steven Svoboda in which they respond to a critique published in the JME by notorious circumcision advocate Brian Morris and colleagues. The Morris piece attacked the paper Van Howe and Svoboda published in 2013, 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 somewhat remarkable concurrent publication of a response by the AAP that attempted to suggest bias on behalf of Svoboda and Van Howe without being able to point to a single specific error anywhere in our article. The Svoboda-Van Howe JME article also influenced the October 2013 debate at the Medical University of South Carolina between the AAP’s Michael Brady, M.D. And Svoboda, in which Brady effectively conceded defeat, finding himself unable to rebut a single one of our numerous arguments and citations. The e-letter is available at http://jme.bmj.com/content/early/2013/08/16/medethics-2013-101614.abstract/reply#medethics_el_16775. 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 at http://arclaw.org/sites/default/files/j-med-ethics-2013-morris-medethics-2013-101614.pdf. The original paper by Svoboda and Van Howe that Morris attacked can be found at http://arclaw.org/sites/default/files/svoboda-van-howe-aap-jme-2013.pdf.

As many people know, and as our e-letter notes in detail, Morris has violated numerous principles of academic integrity in his tireless, quixotic quest to promote the useless, harmful, and antiquated practice of male circumcision.

Svoboda’s Refutation of Brian Morris Published by JAMA Pediatrics


Here is the text of Steven’s letter (references omitted):

Circumcision Is a Religious/Cultural Procedure, Not a Medical Procedure

To the Editor: Morris and Tobian note that parents are granted wide latitude in authorizing surgical procedures for their children. But that latitude is not unlimited and is fiduciary in nature. Fundamentally, male circumcision is a religious and cultural cosmetic procedure, not a valid medical procedure.

Almost 70 years ago, writing in a much less child protective era than the present, in Prince v. Massachusetts, the U.S. Supreme Court held that “neither rights of religion nor rights of parenthood are beyond limitation… Parents may be free to become martyrs themselves. But it does not follow they are free, in identical circumstances, to make martyrs of their children [emphasis added]…”

Morris and Tobian refer to the asserted “rarity” of “adverse outcomes” from circumcision. Yet as the American Academy of Pediatrics tells us, “The true incidence of complications after newborn circumcision is unknown.” Moreover, unlike other medical procedures such as immunizations, which prevent serious childhood diseases, male circumcision provides no benefit to the vast majority of boys or men (and robs them of the most sensitive portion of the penis). Hence the serious injuries that do sometimes result from this needless procedure, up to and including death (estimated to be in the 3 digits annually in the United States), are truly unjustifiable tragedies.

Morris repeatedly cites his own polemics in an attempt to back up his plea that circumcision is safer in the newborn. Yet there is no evidence that the procedure is safer or better tolerated in infancy, and evidence exists to the contrary.
Morris and Tobian’s contentions about “medical” benefits—claimed since the late 1800s—have been repeatedly shown to be weak, most recently in a powerful 2013 statement by 38 distinguished physicians from throughout Europe and Canada. Urinary tract infections strike girls much more frequently than boys, and in all such cases are treated with oral antibiotics, not surgery. But if genital surgeries on girls did reduce such infections, would Morris and Tobian favor rolling them out universally? Could they even advocate research into the question without falling afoul of medical ethics? The clear and obvious answer is no.

Circumcision breaks the cardinal ethical rule for physicians; “First, do no harm.” With the scarce medical resources we have available today, it is time to call a halt to this procedure, which even the American Academy of Pediatrics cannot claim has benefits sufficient to justify its universal practice.

ARC’s Adler and Svoboda Write Letter about HIV and Circumcision that NCFM Sends to Gates

Attorneys for the Rights of the Child’s Legal Advisor Peter Adler and Executive Director Steven Svoboda have co-authored a letter sent by the National Coalition for Men (NCFM; www.ncfm.org) to the Gates Foundation. Text of the letter appears below.

Open Letter to The Bill and Melinda Gates Foundation
July 16, 2014

Everyone should applaud how your Foundation is funding proven methods to slow the spread of HIV and AIDS in sub-Saharan Africa, including testing, teaching the so-called ABC’s (Abstinence, Be Faithful, and Condoms), retroviral therapy, treating schistosomiasis (which causes vaginal bleeding) and STDs, and helping to lead the search for an HIV vaccine. It is time, however, for your Foundation to stop funding the scientically, morally, ethically, and legally unjustified program to circumcise 38 million African men as an HIV preventive strategy. After seven years and 6 million circumcisions, your program has failed.

1. Biased, Deeply Unethical Trials and Buried Results. The mass male circumcision program is being justified based on four randomly controlled trials (RCTs) conducted in sub-Saharan Africa. The RCTs suffered from numerous ethical, scientific and methodological flaws that render the results meaningless. Worse, one of the RCTs produced evidence that was quickly buried suggesting that circumcision may increase male to female transmission of HIV by 61%. Moreover, the African circumcision program may be completely unnecessary, as a Ugandan RCT showed that intact men who wait at least ten minutes to clean their penis after sexual intercourse are 41% less likely to contract HIV than circumcised men. Thus, the program’s targets could be achieved without a single circumcision and at minimal cost versus a projected cost for the current program of $16 billion. African men and women should have been informed of these facts critical to their health and safety.

2. Circumcision Offers Men Little or No Protection From HIV. Some Africans are being told, and many will reasonably assume (why else are they being circumcised?) that circumcision will protect them from HIV, but that is false. Circumcision is no vaccine. Circumcised or not, men who have sex with HIV infected females risk becoming HIV positive. Africans should be informed as follows: “For highly exposed men, such as men living in southern Africa, the choice is either using condoms consistently, with extremely low risk of becoming infected, or being circumcised, with relatively high risk of becoming infected.” Even if circumcision did reduce the relative risk by 50%, Garenne concluded, “a 50% reduction in risk [if true] is likely to have only a small demographic effect.

“Observational studies of general populations have for the most part failed to show an association between circumcision status and HIV infection.” Thus, the true protection that circumcision provides to men from HIV infection is negligible or nil.

3. Ironically, Circumcision Will Likely Increase HIV Infections Among African Men and Women. Experts have concluded that “circumcision programs will likely increase the number of HIV infections.” First, only 30%-35% of HIV in African men is attributable to sexual transmission, not 90% as experts initially claimed. HIV in Africa is often blood borne, spread by contaminated needles. Circumcision surgery in Africa often causes HIV. The problem will be much worse when millions of Africans are circumcised in multiple, often unsterile venues on a rushed basis by poorly trained workers. Second, volunteers, reasonably believing that they are completely or substantially protected from HIV, are less likely to use condoms, and circumcised men are less likely to use condoms anyway. Third, mass circumcision diverts resources from the proven methods of HIV prevention listed in the introduction. Thus, your mass male circumcision program will not only fail but will backfire.

4. Circumcision Is Also Painful, Risky, and Harmful. Africans report surprise at how painful circumcision is. Even if local anesthetics are used and given time to work, they are largely ineffective, and pain continues during the healing period. Even the American Academy of Pediatrics’ Task Force on Circumcision concedes that circumcision risks a long list of minor injuries, serious injuries (including hemorrhage, infection, deformed penis, and loss of all or part of the glans or of the entire penis) and death. In the
United States, the risk of injury is estimated to be between 2% and 10%. In Africa, the risk of injury is much higher, estimated to be 17.7% clinically and 35.2% for traditional circumcisions. As the AAP conceded in its 2012 policy statement, the true extent of the risks associated with circumcision is unknown.

5. Circumcision Diminishes Every Man’s Sex Life. Circumcision removes one-half of the penile covering, the size of a postcard in an adult. The foreskin is replete with blood vessels and specialized nerves such as stretch receptors. The foreskin is, and circumcision removes, the most sensitive part of the penis. African men will be outraged to learn that circumcision not only has failed to protect them from HIV but has forever diminished their sex lives. Female partners of circumcised men also report reduced sexual satisfaction.

6. Africans Are Being Misinformed, Coerced, and Exploited. African men are not being informed of the truth, that circumcision is painful, risky, and harmful; that in itself it gives little to no protection from HIV, and the surgery itself may infect them with HIV. Serious ethical violations are occurring as usually poor Africans are being offered valuable incentives to volunteer such as free medical care. Boys as young as fifteen years old are being coerced, such as being offered team uniforms and equipment in exchange for being circumcised.

7. Call For Action. Your Foundation’s mass circumcision program violates science, medical ethics, and the law. Your Foundation should immediately terminate its misplaced support of the African mass circumcision program. Your Foundation should also immediately initiate a comprehensive investigation into the program led by unbiased experts, ethicists, and of course Africans. Otherwise, the legacy of the Gates Foundation, and inevitably your personal legacy, will be that you and your Foundation funded one of the most harmful medical programs in human history, and also that you and your Foundation failed to stop it after being informed that it had failed.

Respectfully submitted,
Harry Crouch,
President National Coalition for Men

ARC in the Media

Steven Svoboda Appears Three Times on “The Maria Sanchez Show”
Steven Svoboda

I appeared on “The Maria Sanchez Show” three times from January-July 2014. Maria is a longtime friend of ARC and activism for intact rights; we did our first show together way back in the year 2003.

On January 8, I had the pleasure of doing something I don’t ever remember doing before in a media appearance, namely, overviewing the entire history of circumcision and of activistism. We also reviewed some of the important events of 2013, including: the growing recognition of genital integrity at the United Nations (as reported on in our December 2013 newsletter by Antony Lempert of the Secular Medical Forum), Lena Nyhus’ awesome work in Denmark, the important statement by the five Nordic Children’s Ombudsmen, the September 2013 case out of Hamm, Germany that reaffirmed the right to genital integrity under German law, the October 2013 pediatric ethics conference in Charleston, South Carolina at which we (ARC Legal Advisor Peter Adler, Aubrey Taylor, Angel Alonso-Terron, and I) effectively won a debate with Dr. Michael Brady and Dr. Douglas Diekema (the latter participating informally, as it were) of the American Academy of Pediatrics, and the ground-breaking September 2013 conference I was fortunate enough to attend and to present at, held at the University of Keele in the UK. I also mentioned that the paper that came out of the Charleston event, co-authored by Adler, Robert S. Van Howe, and me, and addressing the legal, ethical, and human rights implications of male circumcision, will be appearing in a special issue of the Journal of Law, Medicine, and Ethics that will be devoted to the proceedings from Charleston.

I predicted that the current advocates of circumcision at the AAP will be re-canting their positions within a decade, and also that within a decade rates will be significantly lower than they are today. Our task, I noted, is to protect as many children as possible until that day that we know is coming when this practice will end. As stated in a recent communication to me by one of the physicians on the panel with me in Charleston who changed his mind based on our presentation of the facts, “If there is no evidence to support circumcision, then why perform an unnecessary procedure?”

On March 17, I overviewed some recent developments including:

1) growing European support for intact rights including the momentous recent broadcast of the debate at the Council of Europe; and

2) letters and articles that I published recently in the Journal of Medical Ethics and the Journal of the American Medical Association (JAMA) Pediatrics rebutting falsehoods from Brian Morris. I also talked more generally about how every movement has a Morris analog or two and how he actually assists our work by helping us to remain focused and inducing us to ratchet up our accuracy and commitment to the highest possible level.

On July 9, I reviewed some recent developments:

1) The recent flurry of developments including repeated good news from abroad (Finland and Sweden each moving toward passing a law banning circumcision, Israel’s High Court of Justice overturning the rabbinical court’s holding and protecting a son from forcible circumcision, progress at
the United Nations, and the class action filed against a pharmaceutical company’s use of foreskins in producing its products) and not so good news (the Obama administration’s recent suggestion—in concert with some US legislators’ attempt to pass a “European Religious Freedom Act”—that it will defend “circumcision in Europe,” Florida’s resumption of Medicaid funding, and passage in Norway of a law and in Denmark of guidelines regulating yet tolerating circumcision).

2) I pointed out the flurry of debate that has ensued, to a large extent as a result of the activism of people throughout our movement, and that such ferment is typical when a movement gains in influence and power as the intact rights movement has been doing. We have had places at the table at three important recent events—the October 2013 debate between Steven and Michael Brady of the American Academy of Pediatrics which we effectively won by leaving Brady unable to respond to our points; the January 2014 Council of Europe discussion on male circumcision in which Ron Goldman participated (and which is reviewed in detail on this page), and the April 2014 Al Jazeera debate in which (as John discusses on p.24) John Geisheker participated.

3) I previewed my upcoming presentation analyzing European legal developments at the Boulder, Colorado Genital Autonomy Symposium and briefly discussed this very exciting event. I also praised the many young scholars and activists full of fresh new ideas who have joined the movement including feminist scholar Travis Wisdom, ethicist Brian Earp, ARC Webmaster and Newsletter Editor Jonathan Friedman, and countless others.

**European Developments**

**Council of Europe Discussion**

**Martin N.**

The Council of Europe (CoE) is an international organization promoting co-operation between all countries of Europe in the areas of legal standards, human rights, democratic development, the rule of law, and cultural cooperation. In October 2013, the CoE passed a resolution and a recommendation, both opposing male circumcision as a violation of boys’ bodily integrity. The Parliamentary Assembly of the Council of Europe (PACE) held a debate on circumcision in Strasbourg, France on January 28, 2014.

Two films were screened preceding the Council of Europe’s debate on circumcision. The first film, *It’s a Boy* by Victor Schonfeld, is highly critical of circumcision, and follows a Jewish circumcision ceremony performed in London.

The second film was produced by the Israeli government—which has observer status—and argued that circumcision is an integral part of religious life for Jews. It was directed by Israeli Knesset member Nachman Shai who was present to express outrage at the 2013 PACE resolution recognizing male circumcision as a violation of bodily integrity. Mr. Shai said, “Circumcision has many medical advantages, and almost no medical disadvantages if done by experienced people, particularly if done at an early age.”

The debate could have gone much worse than it did. The gentleman presiding over the debate tried to lay out the purpose of the hearing at both the beginning and the end – the latter, because he correctly determined that some were trying to turn the hearing into a referendum on the goodness of being bereft of foreskin.

Perhaps the most obnoxious speaker was the young Turkish urologist. He exaggerated every possible statistic for circumcision and quoted Brian Morris as if he were quoting the Qur’an.

Here are some of the impressions I jotted down as the hearing progressed:

Well-regarded French urologist Bernard Lobel, a survivor of the Nazi occupation of France, ranted that circumcision is not a mutilation because the foreskin has no sexual or erectile function. He quoted from Brian Morris’s meta-analysis, and insisting that no men anywhere in the world ever complain about being circumcised. The fundamental rights of parents are crucial, Lobel claimed, in deciding what is right for their children.

Mesur Selcuk Silay, a youthful Turkish urologist, spoke next. He insisted that the medical data are clear: if you are not circumcised, you have a 30% risk of getting a UTI, a high risk of penile cancer, a much greater risk of STIs, and a 66% greater risk of HIV. Half of all uncircumcised men require medical attention in their lifetime! (Nearly all men, and women, require medical attention in their lifetime.) Properly done, circumcision is painless, and to fail to do it will cost millions in public health dollars (a quote from
Johns Hopkins). It will cost a minimum of 400 Euros ($600 USD) more per boy in health costs if circumcision is skipped. He compared circumcision to vaccinations and tonsillectomies. He said no adults are traumatized that they lost their tonsils as children. Circumcision cannot traumatize! It can only make one proud.

The next speaker was Dr. Wolfram Hartmann, president of the German Pediatric Association. He was a much less dynamic speaker than the previous two speakers who spoke passionately for circumcision. Hartmann looked down and read rather dully off a piece of paper. His manner of speech was dry and stayed closer to the message than the previous two. The hyperbole and exaggeration of statistics of the French and Turkish speakers was impressive, if desultory, and got great applause. Hartmann focused on human rights and bodily integrity, concepts that the pro-circumcision camp reject out of hand.

Dr. Ronald Goldman spoke next. He started by emphasizing that he is Jewish, and he is compelled to speak out against circumcision specifically because he cares about children, health and religion. He said, “We are inflicting unrecognized harm. This harm is greater than not practicing circumcision. Many Jews in America and Israel support this view.”

Circumcision is not only a painful intervention, putting some children into shock, but it routinely causes post-traumatic stress disorder symptoms. One reason there has not been a legitimate public debate on the issue is that circumcision is a trauma passed from father to son. Circumcising sons is a way for a father to avoid facing up to the trauma of his own circumcision. Ron cited many anecdotes from mothers who regret their child’s religious circumcision. Ron closed by saying that if parents are to be able to consider circumcision adequately and fairly, they must be informed of all aspects, including the fact that there are widespread psychological consequences.

He sounded rather fair and unbiased, acknowledging that parents will continue to make choices. Ron spoke well.

Following those four invited panelists, randomly selected members of the audience were called upon to speak.

A Swiss woman speaking in French, apparently a former member of this council, said that children have 100% rights, not 50% rights, and this includes the right to physical integrity. Restricting circumcision doesn’t necessarily restrict the rights of the parents. She said the Council proceeded by the book in its previous anti-circumcision resolutions and was not wrong.

“We are inflicting unrecognized harm. This harm is greater than not practicing circumcision.”
—Ron Goldman

An Israeli man claimed that there should not even be a discussion or debate. Jews have been circumcising for millennia and it is an established parental right. It has clear benefits, but that’s not even the point. PACE should not have ever brought up this issue because circumcision is a protected right of families. An Israeli delegation will continue its campaign across Europe to shut down this discussion.

A Moroccan man tried to make some point regarding the differences between circumcision and excision. One can be good, one can be bad. “Circumcision is not excision!” he said. He specifically asked whether the pro-circumcision speakers, in their capacity as urologists, have ever heard men complain about being circumcised. As a Muslim and a physician, he doubts any ever complain. He felt that the hearings have been held fairly.

A woman from Cyprus, speaking in English, emphasized that it was not a medical hearing, it is a human rights hearing. She is a member of the committee that raised this issue, and feels strongly that the mandate of PACE is to protect human rights, and there is no more important human right than physical integrity. She strongly endorsed the October 2013 resolution.

A woman from Azerbaijan, a Muslim, said that the most important job of PACE is to respect freedom of expression and freedom of religion, so the October 2013 resolution is misguided and family customs and religion should not be disregarded or disrespected.

A young Italian man said he has listened carefully, particularly to claims that circumcision is painful and harmless. He sounded like he was pro-circumcision. He disagreed with Dr. Hartmann that Muslims cut their sons later than Jews do. He said that it is incorrect, the trend has been for Muslims to cut their sons within days of birth. Religious rights must be respected.

A French doctor spoke a lot of words and yet said very little. It sounds like his point was that circumcision is not just an operation, it is an identity and that identity must be respected – the parental right to form communities and cultures through circumcision must be acknowledged and protected.

Filmmaker Victor Schonfeld spoke forcefully on the point that circumcision is an injury, a violation, and is rarely chosen by adults. If circumcision truly offered all the benefits that the first couple of speakers claimed, European men would be lining up to get cut. Obviously they aren’t and don’t, which is why religious circumcision is carried out on children – who cannot consent or resist. Circumcision and circumcisers represent the height of arrogance. Schonfeld was inarguably the most dynamic speaker on our side, matching the passion of the Turkish urologist on the panel, though far outdoing him in accuracy.

An older French speaker ranted about Abraham and antiquity. He said that nothing this assembly does will stop religious parents from circumcising.
Christian Bahls, executive director of MOGiS e.V., a German charity representing victims of violence, spoke next. He said that circumcised men have felt for too long that they have had no voice for the world to hear about their violation. He himself is a victim of sexual violence. Bahls said that he has spoken extensively with victims of FGM and MGM, and the descriptions from both camps are similar. He said that the resolution cannot be strong enough that foreskin amputation (his words) is a human rights violation.

A French man ranted that circumcision is the removal of an insignificant snippet of skin, and not painful, similar to cutting the umbilical cord. We allow parents to cut children’s hair and nails, so why should we try to stop this? Leave parents alone!

A French woman said that the council should reconsider its resolution because it compromises the religious rights of parents.

A French rabbi spoke next. Unless circumcision can continue to be practiced as it is now, Jews will not be able to live in Europe. He represents the Council of European rabbis. Think what kind of message it sends to religious people that a cherished practice is harmful!

Now the speakers are coming much too fast and speaking too briefly to summarize here. We heard from Guy Sinden, a Franco-German human rights activist, and Harald Winterling, a representative of Intakt in Germany. Both spoke passionately against circumcision and of its harms.

A bombastic representative of the European Jewish Congress, Philip Carmel, deplored the “horrible point” that PACE has reached, in questioning religious circumcision. If appropriate medical and religious experts had been called months ago, to the original hearing, PACE never would have adopted this hateful resolution last October.

A French surgeon, apparently Jewish, claimed to have circumcised 5,500 males and had never seen a problem; certainly none have ever come back to complain. As for the circumcision of children, it comes down to the attitude of parents: if parents believe that circumcision is good, then the child will believe his circumcision is good. So our real problem is that we’re not educating and empowering parents enough to embrace and appreciate circumcision and pass this along to their children. He appreciated the pro-circumcision speakers as experts, and disregarded the anti-circumcision speakers as mere activists. Presumably that includes Dr. Hartmann, the head of the German Pediatric Association – who later said he resents being disrespected in this way.

Dr. Matthias Schroeder, a pediatric neurologist in Germany, said that previous speakers were ridiculous in claiming that circumcision is safe and has few complications. He sees the aftermath of circumcision every day, and knows that it has many complications. So do all of his colleagues.

My impression is that the pro-circumcision speakers generally had vested religious interests in speaking out, vastly exaggerated the good that they claim circumcision does, vastly underestimated or disregarded the harms, and mostly expressed indignation that anyone would even think that a dialogue was appropriate. The matter should be closed and left alone. The pro-intact speakers kept trying to make the point that victims are routinely being drowned out, shut down and not heard, and this has to stop. Hearings like these at PACE are necessary to bring this issue out into the open and let people express how circumcision has affected them – instead of listening to religious leaders who will always contend that no one complains and that circumcision is harmless.

Representative Marlene Rupprecht, sponsor of the original resolution, was invited to make comments about her resolution and the Assembly’s processes. She said, “It is the rights of the child that are foremost in our minds... I ask you to understand what motivates us.”

The last one to speak was the chair, who closed with comments that apparently many had misunderstood the purpose of the hearing, and had come today to vehemently defend circumcision and make impassioned pleas to stop the dialogue, expecting a vote then and there. He chided them, but I don’t recall how he described the actual intent of today’s hearing. He thanked everyone for coming and said he thought many points of view were heard.

Overall, it looked better for us than nearly all such events go, if simply because it was nearly evenly balanced. Usually the other side does its damnedest to ensure that we are underrepresented and drowned out, such as on television talk shows. The leadership of the Assembly is to be commended for actually trying to hear all sides, a result that the pro-circumcision forces greatly fear and attempted to prevent.

To Cut or Not to Cut? That is the Circumcision Question

Roiling Europe

Cheryl Wetzstein
January 28, 2014
The Washington Times
www.washingtontimes.com

The political battle over circumcision is intensifying in Europe, as medical professionals and their allies have renewed a push to curb the procedure for infants and young boys.

But in a debate being closely watched by U.S. doctors and health care officials, governments across the European Union appear to be backing away from outright legal bans in the face of powerful opposition from medical supporters of the practice and faith leaders who say religiously observant parents should have the right to have their sons circumcised without social objection.
In the United States, newborn circumcision remains popular — although rates are slowly declining — and there is talk that male circumcision could be promoted in the U.S. as an HIV-prevention policy as it is in African countries.

A committee of the European Parliament met Tuesday to discuss the topic once again. The Council of Europe, the continent’s biggest human rights organization, passed a resolution in October calling for a critical look at “nontherapeutic circumcisions.”

Children’s rights are human rights, and one of those rights is “physical integrity,” Marlene Rupprecht, former lead researcher on the issue for the council, said Tuesday. The issue “has a lot of baggage,” she said, but argued that the rights of the child must be distinguished from the rights of parents.

Circumcision is widely practiced in Jewish and Muslim communities. In Judaism, an infant boy is to be circumcised by the eighth day of life as part of Abraham’s covenant with God. In Islam, boys are circumcised, often by age 10, as part of a celebration of their faith.

No European country bans circumcision of infants and boys, and some analysts predict that efforts to outlaw the practice altogether will simply force circumcision underground.

But efforts to curtail circumcision are growing. The Council of Europe’s resolution is nonbinding, but could be used one day as the basis of law in some of the council’s 47 member states.

European leaders also are working on a strategy to promote the rights of the child by 2015, and one of the main objectives is to end “all forms of violence against children.”

Circumcision has been identified as a concern because it is painful, not medically justified and an irreversible procedure to which newborns and boys cannot consent.

In September, the national ombudsmen for children in six Nordic countries — Denmark, Norway, Sweden, Iceland, Greenland and Finland — said non-therapeutic circumcision performed on a child who cannot consent “violates fundamental medical-ethical principles.” Moreover, the critics said, such circumcisions conflict with the United Nations Convention on the Rights of the Child, which says children have a right to express their views on all matters that concern them and must be protected against “traditional practices that may be prejudicial to their health.”

In Tuesday’s session in Strasbourg, Dr. Wolfram Hartmann said he and other German pediatricians have concluded that circumcision is not harmless nor pain-free, and parents cannot consent to such a procedure for their boys.

Boston psychologist Ronald Goldman said he wished in particular to address his fellow Jews: “Circumcision is a trauma,” he said. “Some infants go into shock because of the pain, and some men experience long-term physical and psychological problems.”

United Kingdom film producer Victor Schonfeld, whose anti-circumcision documentary, “It’s a Boy,” was shown prior to the council session, noted that if circumcision were as revered as others say, men would have the procedure done as adults. Instead, it is forced on children who cannot resist, said Mr. Schonfeld, who has publicly regretted that he, as a Jewish father, put his newborn son through a circumcision.

Religious resistance

But religious leaders and their allies are rallying in defense of the practice and are reminding their audiences that circumcision has deep historical roots, rarely causes harm and is protected by freedom of religion — which means objections to the procedure amount to an attack of faith.

Circumcision has “obvious and clear benefits,” Istanbul pediatric urologist Dr. Mesrur Selek Silyay told the Strasbourg meeting, citing data on preventing sexual disease, including work conducted by the American Academy of Pediatrics.

Dr. Bernard Lobel, a French urologist and surgeon who has seen “1,000 penises a year” in his professional practice, rejected the idea that circumcision deforms the male organ. How can people say circumcision for religious reasons is mutilation, but circumcision for medical reasons is not? he asked. It is “not a question of mutilation.”

A second film shown before the meeting was produced by the Israeli government, which has observer status at the Council of Europe. The film showed how circumcision is an integral part of religious life for Jews and how it has few or no medical disadvantages when performed by experienced people.

Other circumcision supporters at the meeting said complaints about the procedure were rare from adults, that children do not have a say in other procedures, such as getting their tonsils removed, and that respect for diverse cultural and religious traditions was important.

Legal, medical issues

To date, circumcision proponents have prevailed, notably in Germany.

In June 2012, a German court in Cologne made news when it ruled that circumcision did “bodily harm” to boys and infringed on a child’s “fundamental right” to “bodily integrity.”

The court acquitted a doctor after the Muslim boy he circumcised had to be hospitalized for heavy bleeding, on the grounds that he had not broken any law. But the court also concluded that circumcision of minors for religious reasons should be outlawed and that neither parental consent nor religious freedom justified the procedure. It ruled that doctors who carry out circumcisions in the future should be punished.

Jewish and Muslim leaders and their allies quickly denounced the ruling.

By December 2012, German lawmakers enacted a law permitting male infant circumcisions for nonmedical purposes, but only under certain circumstances: Both parents had to consent to the procedure; it could be performed only with anesthesia on a healthy child; and
qualified religious leaders could circumcise newborns, but infants six months or older could be circumcised only by a doctor.

In the United States, a clear majority of newborn boys are circumcised, although rates have fallen. In 1981, about 65 percent of boys were circumcised; in 2010, it was 58 percent, according to the Centers for Disease Control and Prevention. The highest circumcision rates in 2010 were in the Midwest, with about 70 percent of boys undergoing the procedure, compared with about 40 percent of boys born in the West.

Circumcision opponents typically reject the idea that adult circumcision is an effective HIV-prevention procedure.

The United States is spending millions of dollars to promote voluntary male circumcision in Africa because studies show that circumcised men have a significantly lower risk of acquiring HIV from infected women. Global public health officials have set a goal of 20 million voluntary circumcisions by 2015.

Swedish Medical Association: “Require Consent for Religious Circumcision”
January 25, 2014
Swedish Daily
www.svd.se

For medical reasons, the Swedish Medical Association would tighten rules for cultural and religious circumcision of boys in Sweden. Circumcision should only be allowed after consent from the boy. But Minister for Integration Erik Ullenhag (FP) would not change the current rules.

The Swedish Medical Association’s Code of Ethics and Liability Council now stands unanimously behind a statement about ending male circumcision without prior consent. It should be done when the boy is no less than 12 or 13 years of age, in a hospital and with information about the pain and the risks that surgery entails.

Going so far as to completely ban the procedure, as discussed in Finland, is not realistic in the current situation. But basically the Swedish Medical Association wants to raise the possibility of surgical circumcision being replaced by a symbolic circumcision, or similar ceremony. The Swedish Medical Association is willing to have a discussion with Jewish and Muslim representatives.

“We are not religious experts, but for medical reasons, we can not affirm a procedure that removes tissue on the genitals where the risk is so great for serious complications. Research from Denmark shows that there will be complications at about five per cent even when interventions are made in health care. That one in 20 suffer from an infection or bleeding is too great a risk, especially when it is not performed for medical reasons, said the ethics and responsibilities officer of the Council, Thomas Flodin.”

Omid Aghajari, an intern at the Karolinska Hospital in Solna, thinks it’s obvious that this is about what the Swedish Medical Association culturally deems wrong or uncivilized.

“They should engage in important health issues instead of acting as morality police. Moreover, they are inconsistent. They claim to protect the child’s autonomy, but they are reluctant to discuss the issue of abortion which kills a fetus without its consent, or the issue of passive and active euthanasia.”

Moreover, he believes that it is wrong in principle to emphasize that the risk of complications could be severe for the boy.

“Complications are usually minor and are treated with antibiotics and bandages, leaving no lasting harm. It can be rather more involved and difficult for a child in his teens,” says Aghajari.

Integration Minister Erik Ullenhag (FP) believe that it is enough with the legislation that exists. A ban will only lead to circumcisions being done outside the health system.

“I have never met any adult man who felt that circumcision was an assault. The procedure is not very extensive and parents have the right to raise their children according to the faith and tradition to which they belong. If we prohibit it, we must also address the issue of the Christian ritual of baptism,” says Ullenhag.

He is also skeptical about the fact that SMA wants Jews and Muslims to change a religious custom.

“The majority in our society must listen and accept the rights of minorities to their own traditions.”

Circumcision Divide Between Denmark and Israel
Morten Frisch
January 24, 2014
The Copenhagen Post
www.cphpost.dk

Denmark may soon be the first country in the world to issue a ban on non-therapeutic circumcision of boys. Meanwhile, Israel tries hard to block changes that are broadly perceived in Europe as a clear step forward in children's human rights.

[Editor’s Note: Since the date of this article, as we report on p.49 of this issue, Israel’s high court overturned the rabbinical court’s prior holding and upheld the rights of a boy against a circumcision that his father was trying to compel. Positive developments are happening almost everywhere…]

In two fresh statements, Danish doctors express deep concern over ritual circumcision of boys. The Danish Society of Family Physicians, whose 3,000 members include two thirds of all
general practitioners in Denmark, announced in December that circumcision of underage boys with no proper medical indication is nothing short of mutilation.

In a separate statement, the overarching Danish Medical Association recommended earlier this week that non-therapeutic male circumcision should wait until the boy or young man is old enough to provide informed consent. An editorial in Jyllands-Posten, the second largest national newspaper in Denmark, urged the Danish government yesterday to ban ritual circumcision of underage boys, and a result poll among readers of BT, another large national newspaper, showed that 87 percent of well over 26,000 votes were in favour of such a ban.

Not surprisingly, Israel has a quite different view on this matter. In December 2013, an Israeli delegation of Knesset politicians travelled to Paris in an attempt to overturn a visionary, human rights-based resolution that was passed by a comfortable majority of the Parliamentary Assembly of the Council of Europe (PACE) on 1 October 2013. The PACE resolution 1952 recommends that member states start moving towards abolishing all kinds of physical assaults on children, including non-therapeutic circumcision of boys and girls. The Council of Europe is the continent’s leading human rights organization with a current total of 47 member states, each of which has signed the European Convention of Human Rights. Israel is neither a member, nor has it signed the European Convention of Human Rights but, since 1957, Israel has held observer status in the Council of Europe.

In the Israeli media, readers have repeatedly been told that the widely-held European stance against ritual circumcision is rooted partly in anti-Semitism, and partly in fear of an expanding Muslim population in Europe. Such anti-religious rhetoric is unjustified. The vast majority of Europe’s opponents of ritual circumcision are religiously tolerant, but consider cutting off an important part of a non-consenting, healthy child’s genitals to be contrary to modern ethics. This view was clearly expressed in September 2013 in a common statement of the ombudsmen and spokespersons for children in Norway, Sweden, Finland, Iceland, Greenland and Denmark. To most Europeans circumcision is an ethically problematic ritual that is intrinsically harmful to children: every child has the right to protection of his or her bodily integrity and the right to explore and enjoy his or her diminished sexual capacity later in life.

Infant circumcision’s negative long-term impact on human sexuality has been recognized by Jewish authorities for ages. Scholars like Philo of Alexandria (appr. 20 BC - 50 AD) and Moses Maimonides (1135-1204) knew well that reduced penile sensitivity was not an unfortunate side effect of the brit milah; rather it was part of the point: to diminish the animalistic sexuality of men. It takes more than a strongly media-promoted literature review by the world’s leading circumcision advocate, Brian Morris of Sydney University, to eradicate the bulk of scientific evidence and several thousands of years of knowledge. Circumcision ablates the most sensitive part of a boy’s penis and thereby diminishes his sexual sensitivity for the rest of his life. In October 2013, the Nordic Association of Clinical Sexologists stated that the bodily injury associated with circumcision is a violation of the boy’s sexual autonomy.

The head of the Israeli circumcision delegation, Reuven Rivlin (Likud Beytenu), has repeatedly referred to a series of highly questionable benefits from circumcision. His source of information is a 2012 policy paper on the topic by the American Academy of Pediatrics. However, Rivlin has unfailingly forgotten to inform readers that this policy paper has been seriously criticized for cultural bias by pediatric societies, general medical associations and 38 medical professors, doctors and researchers from 17 countries across Europe and Canada. Unlike their US colleagues, European doctors do not accept the postulated health benefits of circumcision as being well-documented, including the claimed reduction in risks of urinary tract infections, sexually transmitted infections, HIV/AIDS and penile cancer. And, importantly, even if the claims were valid, they would still not constitute a compelling argument for circumcision boys before an age at which they can make the decision themselves. Moreover, while parents are generally told that circumcision is a safe and painless procedure, the truth is that no available local anesthetic is able to provide pain relief, but only some level of pain reduction, and even the most efficient method has a failure rate of six to eight percent. Additionally, a non-trivial proportion of boys – five percent according to a recent Danish study - will experience significant procedural or post-operative complications, even when the operation is carried out by experienced pediatric surgeons in a university hospital. In rare instances, complications can be fatal. This little-heard of, but well-known fact is the humane Talmudic reason for permitting Jewish parents to forgo circumcision of their son if two older brothers died as a result of the procedure.

On January 27, a motion for a new resolution, conceived by the Knesset’s circumcision delegation to marginalize
the recently passed PACE resolution, will be discussed in the Bureau of the Council of Europe. If successful, it will lead to a new debate and a new vote in the Parliamentary Assembly during the spring of 2014. Hopefully, the Bureau of the Council of Europe will have the resolve to stand up for children’s rights, despite this pressure.

Although religious proponents of circumcision often claim otherwise, the growing European opposition to ritual circumcision of boys is by no means a movement against Judaism, Islam or religiosity in general. It reflects instead an increasing awareness that children are humans, and that all humans have inalienable rights from day one, a view that is supported by a growing number of Jews in Israel, the US and elsewhere around the world. As pointed out in a recent article by Jewish scientist and blogger Rebecca Steinfeld, under Jewish law a boy with a Jewish mother is a Jew, whether he is circumcised or not: circumcision does not confer Jewish status.

Today’s and tomorrow’s children should be protected against irreversible and medically unnecessary alterations of their bodies. When they reach the age of majority (typically 18 years), they can freely choose to undergo any ritual surgery they might want. Hopefully, 2014 will be the turning year when politicians across Europe will agree with their doctors, ombudsmen for children, sexologists, and human rights advocates that religious arguments must never trump the protection of children’s basic human rights. To cut off functional, healthy parts of other people’s bodies without their explicit and well-informed consent can never be anybody’s right – religious or otherwise.

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**Danish Doctors: Circumcision of Boys is Mutilation**

Jens Anton Havskov  
January 20, 2014  
BT  
www.bt.dk

Doctors are now speaking out: circumcision is a violation and should be banned

**G**eneral practitioners have drawn a thick line in the sand on a (in more than one sense) sensitive area: Circumcision of boys is the same as mutilation, unless there are specific medical reasons for it.

The Danish Society of General Medicine, DSAM, has laid this out in a consultation response to the Health Protection Agency, which has set a deadline for Tuesday January, 21st to come up with objections and comments to a new revised draft Board “Guidance on Circumcision of Boys.”

The Danish Society of General Medicine has approximately 3,000 members and includes, among others, two-thirds of all the country’s general practitioners, so that it is a group that speaks with authority.

In response to the Health Protection Agency it gives the clear message: “The Health Agency has sent ‘Guidance on Circumcision of Boys’ in consultation. The DSAM’s [Board of Directors] has discussed the draft consultation and agree that circumcision may only be performed when there is a medical indication for it. If circumcision is performed without a medical indication, it is a case of mutilation.”

Genital mutilation of girls was made illegal in Denmark in 2003. But baby boys can still legally be circumcised, an action that is done for religious reasons by Jews and Muslims.

It is estimated that between 1,000 and 2,000 baby boys are circumcised at home each year, and some of those for the sake of religion, in private.

Chief Medical Officer Professor Morten Frisch, MD PhD, is one of the most notable opponents of circumcision. He has researched the topic and has, among other activities, published an article in 2011 that aroused international attention. In the article he went over the many negative consequences, circumcision has or can have, not only physically but also psychologically.

Morten Frisch says to BT:

“It’s earth-shattering that the practitioners, now, for the first time, have come out and found at the outset that circumcision is the same as mutilation. This is a very important sign, and it may very well be the beginning of the end for boys’ ritual circumcision in Denmark.”

Master of Laws Hans Jørgen Lassen has through his specialty exposed that Denmark is moving on the edge of both the Danish law and international conventions by allowing circumcision. Together with Morten Frisch, he has – like DSAM – sent a consultation response to the health protection agency. The two write, inter alia:

“Circumcision of boys who cannot [demur] is a violation of their bodily and sexual integrity. There is no difference in principle between cutting the genitals of a little girl and a little boy. Both violate the child’s right to decide over their own body. This was also the conclusion of the two resolutions in the autumn of 2013 from the Nordic Children’s Ombudsmen and the Parliamentary Assembly of the Council of Europe. Through an examination of Danish legislation in this area, which was the subject of Hans Jørgen Lassen’s thesis at law school in 2013, it became clear that the legal basis for boys’ circumcision without medical indication being able to take place with impunity in Denmark, is thin, almost non-existent.”
Why Denmark Must Carry the Courage of its Convictions on Circumcision
M. Thomas Frederiksen
May 5, 2014
The Copenhagen Post
www.cphpost.dk

Moral leadership is key to standing strong on the issue

The Danish people should know that the world is watching your debate on under-age ritual circumcision.

This is deeply personal and important to me, as I am myself a victim of this vile practice – due to my misfortune of being born in the United States. Although my young mother was not keen on the idea, a doctor insisted on doing it, and she relented.

What were this man’s motivations? Why was it so important to him what my penis looked like? Why did he think that the most intimate part of my body, my ‘private parts,’ my penis, was his prerogative? I’ll never know what he wanted from me. But what ever it was, he took it. He had his way with me. He carved his paycheck into my penis. He carved his religion into my penis. He carved his tribal marking into my penis. He carved his custom into my penis. He carved his grotesque aesthetic preferences into my penis. He carved his obscene signature into my penis.

Without our consent
All over the world, boys, girls, and intersex children share stories like mine. The context varies, the method of mutilation varies, the language varies, but one thing thing cuts across all of these stories – we resent what was done without our consent. We have been forced to live our whole lives with the preferences of another permanently carved into our genitals – and we resent what was done without our consent. We have been treated as things, means to the ends of others – and we resent what was done without our consent. We are human beings with our own desires, our own religious sentiments, our own ways of expressing our sexuality – and we resent what was done without our consent.

I’ve watched the debate unfolding in Denmark with elation and frustration. The Danish people know what is right, and want to do the right thing: protect under-age boys. However, the voices of the perpetrators have been allowed to dominate the discussion, while once again the screams of the victims have fallen on deaf ears. This is why I must speak out.

Americans fancy themselves the leaders of the world. We have the military might – so we must be right. We can bring more brute force to bear then any other country on the face of the earth. Sadly, most Americans do not realise that this brute force is not leadership – it is bullying.

Time for moral leadership
In sharp contrast, the Danish people have a chance to exercise true leadership: moral leadership. However, your politicians waver, wring their hands and drag their feet. I ask them to look me in the eye and tell me why their failure to protect boys is not blatant sexism. I ask them to look me in the eye and tell me why their failure to protect the sons of minorities is not blatant racism. I ask them to look me in the eye and tell me why our pain is irrelevant.

It doesn’t matter if some parents defy the law. It doesn't matter if some boys are taken to other countries to be cut. Why? Because a Danish ban on under-age ritual circumcision will send a clear signal to the whole world that boys deserve equal protection. Other countries will follow suit, and the debate will shift dramatically – even in countries like the United States. A ban in Denmark will ultimately protect boys and intersex children all over the world. You know what is right – have the courage of your convictions!

Doctor: Circumcision Went Very Wrong in Copenhagen - Baby in Coma
Jonathan Friedman (translator)
May 23, 2014
BT
www.bt.com

A little baby has been so badly injured in connection with a circumcision at a private clinic in Nørrebro [Northwest district of Copenhagen, ed.] that he has been put into a coma.

That is what was reported in a post on Facebook, which has been spread with lightning speed on Facebook over the past few days. Among others, people like Suzanne Bjerrehus and renowned consultant and researcher in sexual health Morten Frisch have shared the post widely.

The latter confirms that the story is true to BT.

“I can confirm that the story is true. I have spoken with the doctor who performed the surgery, and he confirms that the boy is on life support,” says Morten Frisch.

According to the post, allegedly written by a family member of the little boy, the baby ended up in a coma after he was circumcised on Tuesday at a private clinic in the Northwest District of Copenhagen. The boy was subsequently hospitalized at Hvidovre Hospital, where he was in a coma.

“Before circumcision, he (the doctor) gave anesthetic, unfortunately the amateur gave the baby too much anesthetic ca. 8ml. (He ought to give a maximum of 3 ml. Since the baby only weighs 3 kg.)
Shortly after circumcision, and while the baby was still at the clinic, he began to find it difficult to breathe and the color of his face changed while liquid was coming out of his mouth,” according to the wording of the post, which warns everyone against using the mentioned doctor.

Circumcision of boys has been a hot political issue in recent years, and this unhappy story has also reached politicians at Christiansborg [the Danish Parliament, ed.]. Danish People’s Party member Liselott Blixt asked on Thursday following question to Health Minister Nick Hakkerup (Social Democrat):

“Can the Minister confirm or deny the story that is rife in the media about a baby who was administered too much anesthetic during circumcision and is now hospitalized at Hvidovre Hospital?”

Liselott Blixt said to BT on Friday morning that she has not yet received a reply from Nick Hakkerup.

BT has tried to get a comment from the doctor who performed the circumcision, but a woman who answers his phone said he has no comment on the matter. On Thursday BT visited the clinic in Norrebro, there was no one present.

Hvidovre Hospital will neither confirm nor deny the story, but BT’s other sources have confirmed that the little boy has been hospitalized at Hvidovre Hospital.

Despite several attempts, it has not been possible to make contact with the little boy's family.

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**Finland MPs Support Law Proposed to Ban Circumcision**

April, 3 2014

Finland Times

www.finlandtimes.fi

A draft law aimed at banning circumcision has received considerable support from the lawmakers in parliament, reported MTV.

Most of the members in the parliamentary Social Affairs and Health Committee supported the law.

More than half of the members extended their support to either imposing a ban or limiting circumcision.

Some expert organizations also supported the proposed law. Circumcision of boys is often associated with religion or culture.

In Finland, most hospitals have refused to carry out circumcision because of religious reasons.

Circumcisions at homes have been subject of suspected assaults. Some prosecutions have resulted to sentences while some have not.

**Norwegian Nurses Seek Brit Milah Ban**

March 21, 2014

Jewish Telegraphic Agency

www.jta.org

Norway’s union of nurses urged the government to ban non-medical circumcision of boys under 15.

The Norwegian Nurses Organization reported the plea in an interview with its director, Astrid Grydeland Ersvik, which was posted Tuesday on the organization’s website.

“We need to gain acceptance for setting a minimum age limit of 15-16 years for circumcision, so that the boy himself can decide,” Grydeland Ersvik said, outlining a presentation she made to health ministry officials at a Feb. 27 meeting.

Grydeland Ersvik requested the meeting to discuss new regulations on circumcision that the health ministry said it would issue before summer.

In an interview for Aftenposten Wednesday, Health Minister Bent Hoie said his draft for the regulations proposes all circumcisions take place in hospitals but that he has no plans to ban the practice.

In her interview, Grydeland Ersvik said that although “the Jews are a small group in Norway, they have been allowed to influence the debate on this issue.”

She drew parallels between female genital mutilation, which is forbidden in Norway, and ritual circumcision of boys.

“If we get a law that allows this in boys while it is illegal in girls, then this is discriminatory,” she said.

Jewish groups have rejected the analogy, arguing that ritual circumcision for boys does not maim them and helps protect against diseases.

In October, Council of Europe assembly members passed a resolution against non-medical circumcision of boys, which calls circumcision a “violation of the physical integrity of children.”

That same month, government advisers on child welfare from Norway, Denmark, Sweden, Finland and Iceland issued a joint resolution in favor of banning the ritual circumcision of minors.

Among the leaders of the fight against circumcision in Norway is Anne Lindboe, the government’s children’s ombudswoman.

In November, she said Jews and Muslims would abstain from circumcising babies if they are educated about the risks. And in 2012, she proposed they express their faiths by performing a symbolic, non-surgical ritual instead of circumcision.

According to Hoie, some 2,000 ritual circumcisions are performed annually in Norway. Of those, only five to 10 are of Jews, according to Grydeland Ersvik.
Intact Norway Presentation to Committee of Health and Social Issues
Mats Liland
Spokesperson, Intact Norway

On March 26, 2011, the Department of Health and Care Services sent out a hearing-letter with proposals on a new law to regulate circumcision, in which there were two models of regulation the various bodies and agencies could comment on. Yet, several organisations still clearly said their primary recommendation was for the government to set an age-limit by law.

The deadline expired on October 3, 2011 for organizations, associations, agencies and others to send a written document with comments on the proposed new regulations.

Then, nothing happened in the case for a long time, due to internal dispute in the Department and within the Stoltenberg-coalition-government (which consisted of three parties - Socialistic Left Party, Labour Party, and Centrum Party).

Then, on September 9, 2013, the parliamentary election was held. The Right party won, and formed a coalition consisting of the Conservative Party and the Progress Party (with budget support from the Liberal party and the Christian democratic party).

The new Minister of Health and Care Services, Bent Hoie, announced that he would go forward with the proposal to make a new law in which circumcision of boys under the age of eighteen years should only be performed by a doctor/surgeon, or could be performed by another person if a surgeon/doctor takes responsibility for the procedure (an obvious adaptation to Judaism, so that a mohel may perform the ritual cut). It's also proposed that ritual circumcision be made available in every region in their specialist health service, and preferably done soon after birth.

On 30 September, a joint statement by Nordic Children’s Ombudsmen and medical organisations called circumcision of non-consenting boys a children's rights violation and recommended that their respective countries set an age-limit. This statement sparked a public debate on the issue which lasted until April this year - it “died out” when minister Hoie presented his final proposal before the Parliament on April 11.

Then the proposal was sent to the Parliament’s Committee on Health and Care Services, which has 12 members from the different parties in Parliament (the number of members from each party is in proportion to the number of its representatives in Parliament).

The Committee then set a date and time for which organisations could request to speak before them and answer their questions regarding the Proposition. The organisations granted permission to speak were:
- Children’s Ombudsman
- Norwegian Association of Pediatrics
- Norwegian Association of Nurses
- Norwegian Association of Midwives
- The Humanistic Society
- Intact Norway (Mats Liland)

In the same order, each organisation was given ten minutes to talk (five to make their points, and five for the Committee members to ask questions). All organisations recommended expressed opposition to circumcision and recommended an age-limit. The politicians were mostly concerned about parents’ freedom of religion and fear that a ban on the practice would only lead to it going under ground.

[Editor’s Note: the subsequent decision of the Committee to pass a law to protect ritual circumcision.]

Norway Passes Circumcision Law
Meir Halevi Siegel
June 25, 2014
The Jewish Press
www.jewishpress.com

The Norwegian Parliament has passed legislation protecting circumcision as a legal right.

The bill says the purpose of the legal move is “ensure that the ritual circumcision of boys conducted in a safe manner, and to ensure that an offer of ritual circumcision is available,” in cases where the procedure “is religiously justified.”

In addition, the law specifies that circumcisions must be performed by a licensed physician, but provides for ritual circumcision to be performed by others “if the physician is present and is responsible for the procedure.”

In March, Norway’s nurses union called on the government to ban non-medical circumcision of boys under 15. Astrid Grydeland Ersvik, a representative for the union, told the Aftenposten tabloid at the time that “Jews are a small group in Norway, they have been allowed to influence the debate on this issue.”

Ersvik also compared male circumcision to female genital mutilation, which is banned in Norway.

“If we get a law that allows this in boys while it is illegal in girls, then this is discriminatory,” she said.
Frail and Broken: 
Painful Memories of 
My Son’s Circumcision 
Kelsey Mackey

My name is Kelsey. On October 19, 2010, I gave birth to my first child — a boy. He surprised us all with his red hair and his uncanny resemblance to my husband. He was perfect. I was thrilled to be his mother, and I knew it was my duty to do everything I could in my life to benefit him.

The very next day the doctor came in to check on me, went down her routine list of questions, and then got to the question of whether or not I wanted to circumcise him. With confidence, I quickly replied, “Yes!” My doctor almost did a double take, and said, “But you know that it is purely for cosmetic reasons, right?” I replied in an annoyed tone, “Thanks, I did my research. I know what I’m doing. Yes, please have it done.” She made a mark on her clipboard and prep for the procedure.

Truth be told, I did not do any research, at least not any REAL research. I looked at some circumcision debates, and found comfort in what the pro-circumcision people were saying, but that’s about it. I had no real basis for my belief that circumcision was necessary. It mostly came from whispers around me and seeing circumcised men without a care in the world, never having any problems.

The whispers I heard were such things as, “Uncircumcised boys are dirty,” “Uncircumcised men/boys get ridiculed immensely” (which was only fueled by me witnessing such childish cruelty in my own schooling), whispers of “It’s just something that all boys need done,” “It’s cleaner,” “Intact penises look disgusting,” and “If you don’t have it done now when they can’t remember and don’t feel pain, then you almost always have to get it done later, so circumcise him now to save him later...” As my wisdom and knowledge have grown, all of these whispered myths are those I have found to be completely false, presumptuous propaganda.

Yet at the time, I was solidified in my decision to have this procedure done to my son. I sent him off with the nurse who was effectively taking him into the butcher shop. They wheeled him off in his bassinet. About an hour passed, and they wheeled him back in. He was quiet and almost in a sleep-like state.

I asked, “So how’d he do in there?” And I’ll never forget the response: “Not good. Not good at all. He screamed the whole time.” I could see the pain in her OWN face, but because the patient is always right, she was obligated to do this to my son.

He was probably screaming at the top of his tiny, little lungs in agony, writhing around as he was strapped down to the Circumstaint. And she had to remove his foreskin with a steady hand and a heavy heart. It was something I knew she did not want to do after nonchalantly trying to talk me out of it to begin with.

What I saw then, and what I see now, are virtually two different visions. As a new and naïve mother, with my newborn son, I saw a tuckered out baby boy after having a “medical procedure” done that was totally necessary in order to keep him healthy and happy. What I see now, looking back, is the horror that is my ultimate wrong decision as a mother – to have a healthy, vital, functional, purposeful part of his genitals cut off in a cruel and unusual way.

As odd as it is, right after they wheeled my son back into my room after circumcision, the photography cart followed them and it was time for newborn pictures. I look at the pictures now and see no life left behind my son’s eyes. I see him frail and broken. I see the sugar water still dried around my son’s mouth – as if sucking on a sugar coated sponge did his poor self any good while his penis was being sliced, crushed and torn apart. I see the diaper with fresh blood on it, from a behind-the-scenes picture that my husband and I took during the photo shoot.

Worst of all, I see the pictures from his first day of life—his first bath, his pure and innocent facial expressions as he slept. I see the pictures of when he first made his entrance in the world—seeing his miraculous, perfect, intact penis... It is now nothing more than a painful memory for me, full of regret and shame for taking that perfect penis from my son and putting him through so much trauma.

I will forever hold this tremendous guilt and sadness with me, and I will forever be apologizing to my son for the choice I made for him. I will speak out against this cruel and unnecessary procedure, and I will keep any future sons intact.
Circumcision, Cultural Bias, and the Question of Consent
Amy Wright Glenn
January 14, 2014
The Philadelphia Enquirer
www.philly.com

My penis was cut without my consent and without good reason. This will not happen to our son.

My husband speaks with clarity and conviction.

Long before we became parents, my husband carefully researched the subject of male genital cutting, commonly called circumcision. His opposition to the practice is two-fold. First, there is the question of consent. Small children -- let alone infants -- have no capacity to consent to the surgical removal of sound body parts. Secondly, there is no compelling medical need to cut off healthy genital tissue. The cutting of male or female genitals is a socially constructed practice often linked to group identity or religious doctrine.

“He doesn’t need to look like me,” he continued. “I want him to remain as nature intended.”

Initially, I wasn’t sure how to respond to my husband’s stance on the subject. In high school, I read about female genital cutting with profound shock. I remember being moved to tears upon discovering that such a thing even existed. Yet, the practice of infant male circumcision was woven thoroughly into the culture around me. I never met anyone who questioned it.

Many Americans think of male circumcision as an issue of hygiene. Yet, this is not the case. The vast majority of men throughout human history have kept their intact penises clean without any extraordinary effort. Many Americans think that the foreskin, which is removed in a circumcision surgery, is useless skin. This is also untrue. It seems that with the acceptance of the routine cutting of infant penises, we also have cut the function of the foreskin from our consciousness. In an intact adult male, the foreskin is the most sensitive and erogenous 12-15 square inches of his body and it contains 10,000-20,000 fine touch nerve endings. It is not useless skin.

Commonly held beliefs regarding medical benefits of circumcision are also flawed. Recent studies analyzed by the Centers for Disease Control and Prevention show that circumcised men infected with HIV are not less likely to transmit the disease to female partners and studies examining the rate of an increased transmission to male partners are mixed. There is a “substantial protective effect” when it comes to circumcised men contracting the disease from an infected female partner. Yet, the fight against HIV won’t be won by cutting the penises of newborn boys. Rather, sexually active adult men, whether intact or circumcised, should be educated to minimize the risk of spreading/contracting HIV, or any sexually transmitted disease. In 2012, the American Academy of Pediatrics argued that the medical case regarding circumcision isn’t strong enough to universally recommend it.

In an interview with BBC World News, Dr. Marvin Wang, co-director of The Newborn Nurseries at Massachusetts General Hospital, affirms that infant male circumcision is a “cultural decision.” In his experience, the most commonly stated reasons to circumcise infant boys come from fathers. While a growing number of American men share my husband’s sentiments, many circumcised fathers want their sons to “look like them.” Having witnessed the teasing of uncircumcised peers, they are also afraid that their sons, should they remain intact, would be ridiculed. The reality of today’s circumcision rates, both at home and abroad, do not correspond to such fears.

Today, 70% of men worldwide live out their lives with a penis formed as nature intended. Their foreskins are intact. In the US, 75% of adult men live out their lives sans foreskin. Within their first few days of life, a healthy part of their penises was surgically removed. Commonly this was done without any anesthesia. At the time of my husband’s birth, 90% of infant boys in the US were circumcised; today this rate has dropped significantly. According the Centers for Disease Control and Prevention, 56% of US male infants were circumcised in 2012. In some western states, the rate of genital cutting for boys falls below 20%. In eighteen US states, Medicaid no longer covers the procedure. It is the circumcised male who is the minority in our globalized world.

For those who oppose the cutting of healthy genitals, these statistics are encouraging. Yet, one should not make ethical decisions based upon an appeal to tradition or popular trends. Parents, in particular, are obligated to research the subject from multiple angles and come to their own conclusions based upon the light of clear reason and the sensitivity of a loving heart.

I remain grateful to my husband who encouraged my research the subject. Today, our two-year-old son is intact.
While we have the legal right to schedule a circumcision for him tomorrow, I believe we are morally obligated to refrain from such an action. An examination of gender, religion, and human rights reveal why.

Gender

One can learn a great deal about cultural bias when comparing the traditions of male and female genital cutting.

Imagine an infant girl placed onto a cold, hospital table specifically designed to restrain her small body. She is naked. Her flailing arms and legs are strapped down. A medical professional places a sharp tool to the girl’s genitals and prepares to cut off her labia or clitoris. The practice is said to keep her vulva clean and reduce the spread of HIV and other sexually transmitted diseases. The tissue is cut. The infant girl’s face contorts with pain. Blood. Shriek screams pierce the room. She is given sugar water in an attempt to pacify. Later, parents are provided careful instructions as to how to care for the wound. They are told their daughter won’t remember the event. They are told no harm was done. Following the procedure, hospitals sell the discarded tissue for profit commercially. Imagine that this occurs every 30 seconds in America.

Now, imagine that the baby is a boy.

There is not one state in the US where the cutting of a girl’s genitals is legally allowed. In fact, female genital cutting is a federal felony. True, there are women in the US who have been cut. Some have come here seeking asylum from the practice in their home countries. A few have been cut on American soil in religious or traditional ceremonies held quietly in immigrant homes. Yet, female genital cutting remains illegal and culturally condemned. Most Americans shudder at the thought of forcibly removing the labia or clitoris of girls.

Is the cutting of infant male genitals so very different?

According to Georgetown University Professor Ryan McAllister, we should examine our “imperialist” bias when it comes to condemning female genital cutting abroad but promoting male genital cutting at home. In both cases, McAllister argues that the cutting is “completely unnecessary” and “entirely harmful” to children. In addition to impacting future sexual function, complications due to the circumcision of both males and females can be very serious.

Moreover, our collective acceptance of male genital cutting profoundly impacts how we speak about, or envision, normal male and female bodies. Consider the term “uncircumcised.” McAllister argues that the use of this term implies that circumcision is the biological norm.

“We don’t call women who have breasts amputated,” he states.

Imagine a medical professional saying that he takes great care to cut the labia so as not to harm the vulva. Or, that she removes the elbow quickly without harming the arm. Or, that the nipple is carefully excised so as not to cause damage to the breast. These sentences stand as an affront to reason. Yet, medical professionals warn parents that one of the risks of circumcision is “injury to the penis” -- as if the foreskin wasn’t a part of the organ at all.

The foreskin is a part of the penis. Like the labia and clitoris, the foreskin evolved for biologically sound reasons. To remove healthy parts of any infant’s genitals is a practice we are wise to question.

Religion

A person may believe God wants the index finger of the left hand removed as a sign of obedience to divine power. An adult may choose to cut his offending hand based on this conviction. If the religion becomes popular, doctors may develop methods of removing fingers so home surgeries don’t result in infection. Insurance companies may even cover the procedure. Yet, do parents have the right to have their children’s hands permanently altered to conform to their own conception of divine will?

I am a scholar of comparative religion and philosophy. I study the world’s wisdom traditions and have taught courses on the subject for nearly two decades. I defend the right of each person to approach the Big Questions of life as guided by her or his conscience. Each one of us has the right to study, reflect, meditate, and pray in a way that most opens the heart to wonder and love. We can teach our children about our traditions and encourage them to follow in our footsteps. Or, we can encourage our children to embark upon their own unique and often arduous journey for truth. The choice is ours. We have many rights when it comes to religious freedom. Yet, our right to religious freedom ends when actions deemed divinely ordained cause significant harm to another, even if this other is our own child.

It is difficult to write this. I have many beloved Jewish and Muslim friends. A small minority may agree with the stand taken in this article. Most will not. I worry that some will question whether I carry a bias against their faith traditions writ large. Let me say this plainly. Just because I condemn one action done in the name of a religion, doesn’t mean I hold negative feelings towards the religion overall. I disagree with the current LDS stand against gay marriage, but this doesn’t mean I hold animosity in my heart against the religion of my youth. Even a cursory study of history reveals that both beautiful and offensive things have been done in the name of God. It is up to us to question, ponder, meditate, and reflect upon actions that cause harm -- especially to children -- in the name of religion.

Human Rights

In 2010, the Royal Dutch Medical Association argued that the circumcision “conflicts with a child’s right to autonomy and physical integrity.” In June 2012, a German court ruled that circumcision was “harmful” and a “violation of a child’s right.” One could argue that these
rulings only apply to European children. The majority of European men are intact. For example, it is estimated that only 8% of British men are circumcised. Do these rulings simply reflect European attitudes on the subject? Or, do these sentiments speak to universal rights?

Thus far, 193 countries are party to the UN Convention on the Rights of the Child – making it the most widely supported treaty on human rights in history. The US, South Sudan, and Somalia are the only UN members yet to ratify this convention. I realize the ratification of a UN Convention by the US government is a complex and multistep process. Nonetheless, the fact that we stand alone in the developed world on this point leaves little room for pride. Is the question of a child’s human rights so contested in our society?

Does an infant have the right to physical integrity? Do parents own a child’s body?

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The Dirty Bird: Unsheathing Mysteries of the American Circumcision Debate
Michael Podgers
April 27, 2014
The Daily Cardinal
www.madison.com

Dicks come in all shapes, sizes and colors, and sometimes have the last name Cheney. Sometimes they’re circumcised and other times they’re not. While we’re very familiar with the range of dicks first mentioned in American culture, uncircumcised penises, which have an intact foreskin, are less familiar to us Americans. This is the result of the simple fact that many people with penises in the United States are circumcised at birth. Although the exact number has been changing over time, since the 1970s more than 50 percent of all people with penises had the procedure performed after birth. While those numbers are going down, the low over the last few decades, 2007, was still as high as 55 percent.

Our collective understanding of circumcision: What it means, why we do it and what it’s like when a penis isn’t circumcised are all shaped by media. It’s presented as the norm; and in porn, uncut dicks usually aren’t represented in media produced in the United States (but that Hungarian stuff—it’s there!). This is a quirk of American culture, but in many other places, circumcision isn’t the norm. In Latin America and Europe, most people with penises are uncircumcised. Other cultural or religious practices can shape rates of male circumcision. In some cultures, circumcision is performed on boys when they reach puberty as an initiation rite, while for others it’s a symbolic practice. In Judaism, circumcision is performed shortly after birth and is a symbol of the Jewish community’s covenant with God. It’s also a common practice in Muslim communities.

We in the good ol’ U.S. of A do it a whole lot too. For Americans it’s the consequence of the medical community’s belief that circumcision has health benefits. For quite some time, the belief has been circumcision has health benefits—it’s more hygienic and it helps to lower the risk of coming into contact with STIs because of the increased amount of mucous membrane on the foreskin—that outweigh the risks. This feeling has changed over time. The medical community has a tendency to change its mind, and since the 1970s, it has regularly shifted between the opinions that circumcision is worth it or not worth it—leading to rising and lowering rates.

As of now though, more parents are choosing to leave the foreskin intact and not circumcise their children. This might
be because of a cultural shift. A lot more people are taking sexual pleasure into consideration as a part of overall sexual health. The foreskin keeps the glans of the penis (or the head) moist and many people report increased pleasure; however, that’s wicked hard to quantify. Not too many people get cut on a whim just to report the difference in sexual pleasure.

Part of this pleasure revolves around the fact that much of the frenulum, the area on the backside of the penis where the foreskin connects to the shaft, may be removed during circumcision. Regardless, the foreskin definitely changes sexual pleasure and how we approach playing with a penis. It definitely makes a hand job easier, because the foreskin is like a built-in masturbation sleeve. We may want to be aware of the extra skin during a blowjob. Or utilize it! Tug on it or nibble it a little bit like we would our partner’s lips when making out. Foreskin adds a new visual element to the penis. As an acquaintance once said to me, “It’s like a wonderful wrapper with a surprise underneath.” Pull back the foreskin and reveal the glans. It will be like, “Surprise!”

A lot of people may be a little taken aback after seeing an uncut dick for the first time. But it shouldn’t be something to turn us off. While we may have a preference one way or another, a dick is a dick and whether cut or uncut, we should embrace it if that’s what we’re into.

**Review**

**Film Review: The Act of Killing**

Review by J. Steven Svoboda

Film Directed by Joshua Oppenheimer.
2013. 116 minutes.
www.theactofkilling.com
DVD or Blu-Ray
$19.99 standard edition,

For the second consecutive issue of the ARC Newsletter, I am reviewing an important, superlative work devoted to human rights without any content directly relating to genital cutting. Joshua Oppenheimer’s 2013 film, The Act of Killing, co-directed by Christine Cinn and an Indonesian who understandably remains anonymous, won no fewer than a stupendous seven documentary filmmaking awards.

As with Charli Carpenter’s outstanding book reviewed in the last issue (*Forgotten Children Born of War: Setting the Human Rights Agenda in Bosnia and Beyond*), this motion picture simply must be seen by anyone with an interest in human rights, law, or justice.

What causes someone to knowingly, deliberately violate the right to life and
security of another human being? Is it possible to do so and remain an intelligent, thinking person? Evidently some people find it possible to so compartmentalize their thinking that they can even take pleasure in recounting their atrocities and their excellence (if such a word can even be so used) at committing them. Even more shockingly, it seems that a large percentage of the country’s citizens propped up these torturers’ views of themselves.

The “star” of the film is gangster Anwar Congo, one of Suharto’s worst human rights violators and even today viewed as a hero by most Indonesian residents. In 1965, after Suharto overthrew the democratically elected president Sukarno, an ostensibly anti-Communist purge was conducted that caused the deaths of an astonishing total of over half million people. Congo was one of the main beneficiaries, as he made the career leap from selling black market movie theatre tickets to master-minding and leading what became a notorious North Sumatran death squad. Congo personally killed at least 1,000 people, usually by strangling them with wire using a method he breezily demonstrates in the film. After he re-enacts this killing method, he seems distraught, saying, “I can’t do that again.”

Today, as Oppenheimer graphically shows us, Congo is revered as a founding father of the right-wing paramilitary organization Pemuda Pancasila and its youth-oriented branch Pancasila Youth, which both trace their lineage through the death squads. Pemuda Pancasila is so powerful that its leaders include government ministers, and they are happy to boast about everything from corruption and election rigging to clearing out peasants for land developers and genocide.

Invited by Oppenheimer, Congo and his friends recount and re-enact their experiences and some of their killings for the cameras. The scenes are produced in the styles of their favorite film genres: gangster, western, and musical. As the film’s publicity says, “they re-create their real-life killings as they dance their way through musical sequences, twist arms in film noir gangster scenes, and gallop across prairies as Western cowboys.” While some of Congo’s friends realize that the killings were wrong, others worry about the effects on their public image of the story being publicized.

After Congo plays the role of a victim of his own human rights violations, he finds himself unable to continue. He says that he feels what his victims have felt. Oppenheimer, from behind the camera, points out that it was much worse for the victims, because they knew they were going to be killed, whereas Congo was only acting. Congo then expresses doubts over whether he has sinned or not, tearfully saying he does not want the memories of what he did to come back to him. He revisits the rooftop where he claims many of his killings took place, and gags repeatedly.

Congo’s comments are illuminating. He says: “Killing is the worst crime you can do. So the key is to find a way not to feel guilty. It’s all about finding the right excuse. For example, if I’m asked to kill someone, if the compensation is right, (raising hands in air) then of course I’ll do it, and from one perspective it’s not wrong. That’s the perspective we must make ourselves believe.”

Another participant in the crimes tells smilingly of finding in a barrel the body of his own stepfather, who raised him. “We buried him like a goat next to the main road.” He laughingly continues, “Then all the Communist families were exiled. That’s why I’ve never been to school. That’s why I had to teach myself to read and write. I promise I’m not criticizing what we’re doing. It’s only input for the film.”

Chillingly, an employee in the office where many of the torture incidents occurs claims that he was never aware of what happened. Surprised, Congo replies, “Even the neighbors knew! How could he not know!”

Congo’s position on war crimes is illuminating: “War crimes are defined by the winners. So I can make my own definitions. I’m not bound by the Geneva Conventions.”

Congo appears on a modern day talk show with wildly applauding Pancasila Youth members in the audience. According to the smiling talk show host, Congo taught his country “a less sadistic way of killing communists and he avoided excessive violence.” The vice president of the country says at a Pancasila Youth meeting, “Beating people up is sometimes needed,” drawing cheers from the audience.

Congo has an answer as to why the children of the victims of his crimes have not taken revenge on him for their losses: “It’s not that they don’t want to take revenge. They can’t because we’d exterminate them all.”

Congo calls his grandkids to the television set to watch replays of some of the scenes he has filmed. “Come watch this scene where Grandpa is tortured and killed.” Oppenheimer asks, “But this is too violent. You sure?” Congo: “No problem. They’ll be fine.”

“Did the people I tortured feel the way I do here?” he asks as he’s watching it. “I can feel what the people I tortured feel. Because my dignity here has been destroyed, and then fear comes.” Starting to weep uncontrollably, he adds, “I did this to so many people. Is it all coming back to me? I really don’t want it to.”

Extortion of money from Chinese merchants is shown. Back in the day, merchants who refused to pay were ruthlessly murdered by Congo and his henchmen. Congo is clearly proud to show off how things were done.

Toward the end of the film, Congo makes an illuminating comparison: “Why do people watch films about the Nazis?” His answer: “To see power and sadism.” Congo repeatedly mentions being
troubled by nightmares yet never draws the ever so obvious connection to his own actions.

If Congo never felt remorse, was never plagued by doubt, this would still be a powerhouse of a film. The fact that Oppenheimer and his co-directors were able to get this sort of honesty from their subjects is astonishing, and doubtless they risked their own lives to make the movie. The most impressive fact of all is that Congo is a human being, intermittently able to weep for his victims, to empathize for them, and to recognize the horrible nature of his actions. Yet at the end of the day, he laughs, excuses himself with his own professionalism and a recitation of the asserted political conditions that ostensibly forced his behavior. And in his view his actions have been sanitized, even justified. This film simply must be seen. It is a breathtaking achievement.

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**Israel’s High Court Voids Rabbinical Ruling Ordering Woman to Circumcise Son**

Revital Hovel
June 29, 2014
Ha’aretz
www.haaretz.com

Justice Miriam Naor ruled that there was no justification for tying circumcision to a divorce proceeding, rabbinical court had exceeded its authority with its decision.

The High Court of Justice on Sunday voided a ruling by the Supreme Rabbinical Court that obligated a woman to circumcise her son in response to her husband’s demand in divorce proceedings, saying the rabbinical court had exceeded its authority by doing so.

The ruling was issued by a panel of seven justices, of whom six supported the ruling, written by Justice Miriam Naor. Naor ruled that ritual circumcision cannot be attached to a divorce proceeding, but said the father could take his case to the family court.

The Supreme Rabbinical Court, in its ruling, was upholding a ruling by the Netanya Regional Rabbinical Court, which instructed the mother to cooperate and allow the father to circumcise his son, who by then was a year old. The Netanya court imposed a fine of 500 shekels ($146) a day for every day that she refused.

The woman had argued that the father had been a partner to the decision not to circumcise their son, but that when the two launched divorce proceedings in the Netanya court, the father suddenly demanded that the child be circumcised.

The focal point of the mother’s petition to the High Court was whether a demand to circumcise could be attached to a divorce proceeding, and that was the issue addressed by Naor’s ruling.

“I don’t think there’s practical justification for dealing with this conflict in a divorce proceeding, since there is no sufficient linkage between this disagreement and divorce proceedings,” Naor wrote. “Circumcision is not an issue that requires a decision when a marriage breaks up; it need not accompany the act of divorce; and it isn’t even an issue that is generally connected to divorce proceedings. In this, circumcision is different than other issues that precedent holds are relevant to divorce proceedings, such as physical custody, allocating the burden of supporting the divorcing couple’s children and dividing the couple’s joint property.”

Naor clarified that both parents have a right to express their opinion on the issue of circumcision, and that disagreements on the issue could arise among parents who were not divorcing or who had never married at all. Therefore, there is nothing about circumcision that is materially linked to divorce.

As to the argument by the rabbinical courts’ legal adviser that ritual circumcision is the foundation of a child’s education, and that educational issues are often addressed during divorce proceedings, Naor ruled that the question of whether to decide on educational issues during these divorce proceedings had not yet been made, and there was no need to decide it now.

Other issues were also raised during the High Court hearing on the petition. When the justices asked Attorney General Yehuda Weinstein for his input, his position was also that the mother’s petition should be accepted, because “the rabbinical court had exceeded its authority” and because “it’s doubtful that the rabbinic court’s decision was made based on the principle of what’s best for the child.”

But the prosecution, in its response, also addressed the special circumstances of this case, in that the son was already more than a year old and thus the circumcision would require general anesthesia or sedation and would need to be performed by a physician. Any case involving medical procedures, the prosecution argued, had to be heard in family court, and thus the father could not ask the rabbinical court to enforce his demand.

After the hearing on the petition in February, the justices asked Weinstein for his opinion on the essential question of whether the rabbinic has the authority to impose a circumcision that
Courts Hear Parents Battle Over Circumcision
Marc Freeman
July 19, 2014
Sun Sentinel
www.sun-sentinel.com

The boy’s fourth birthday is coming up and his mother and father are fighting over a tiny piece of him — his foreskin.

Dad wants his son circumcised; mom doesn’t. So now a state appellate court may have to decide.

This unusual dispute doesn’t involve any religious concerns. But it has captured the interest of national groups opposed to the routine practice of male circumcision.

Caught in the middle is Chase Ryan Nebus-Hironimus, born on Halloween 2010. He’s the only child from a seven-month relationship between Dennis Nebus of Boca Raton and Heather Hironimus of Boynton Beach.

Almost from the beginning, the unmarried parents have been at odds, with Nebus filing for paternity rights about a month after the boy’s birth.

The two agreed to a Palm Beach County court-approved “parenting plan” in January 2012, records show. This plan deemed the father responsible for scheduling and paying for the circumcision and noted the “mother can accompany the minor child if she chooses.”

It doesn’t state a reason for seeking the procedure, but Nebus said during a May 7 hearing he believes it’s “just the normal thing to do” and decided late last year to press for it.

Yet Hironimus testified the circumcision never happened as planned, because neither she nor Nebus had brought it up.

She also wrote on the website GoFundMe.com, on which she asked the public for $10,000 to support her legal bills, that she regrets ever agreeing to the circumcision and now strongly opposes it.

“I was always led to believe that being circumcised was the right decision for my son and that it was the ‘normal’ thing to do,” Hironimus wrote on a page recently removed. “Chase and I were lucky enough that I had friends step in and educate me and allow me to see the bigger picture.”

Supporting the mother’s case is a band of so-called “intactivists.” They’re an army of special interest groups — Doctors Opposing Circumcision; Attorneys for the Rights of the Child; and Intact America. There’s also a Facebook page called Chase’s Guardians, and a petition with nearly 6,000 signatures at Change.org.

Amanda Petrillo said she heard about the case and decided to spread the word on social media and through the petition. She’s the Broward-based director of Intact Florida, which is separate from Intact America.

“A forced circumcision at this stage will be extremely detrimental to not only the boy’s physical well-being, but his mental and psychological well-being as well,” Petrillo said.

Hironimus didn’t seek help from the anti-circumcision organizations and denies Nebus’ accusations that she’s looking for publicity, said her attorney, Taryn Sinatra of Delray Beach. But Hironimus won’t refuse the support, either.

“I don’t think there’s anything wrong with the public knowing about something as sensitive as this issue,” Sinatra said, adding she hasn’t found another case like it in Florida, and perhaps the rest of the country.

But Catherine S. Eaton, attorney for Nebus, declined to talk about the controversy, noting in an email to the Sun Sentinel her client “is opposed to this private family matter becoming even more public and wishes to especially protect the privacy of his son.”

In court papers, Eaton asked Circuit Judge Jeffrey Dana Gillen to hold
Hironimus in contempt for trying to “gain notoriety for herself” and “parading the child’s face and name all over the Internet.”

In turn, Sinatra blasted Nebus for filing “frivolous litigation” to seek a “gag order” on Hironimus. She asked the judge to impose sanctions on Nebus and pay Hironimus’ legal fees.

Daniel Lustig, a West Palm Beach attorney representing the circumcision opposition groups, called the battle “a very strange situation” that may be unique in the nation’s courts, considering the age of the child.

“This is not a baby,” he said. “This is child who will be very much aware of the pain after the procedure.”

Lustig in May asked the 4th District Court of Appeal in West Palm Beach for permission to file a brief on behalf of Doctors Opposing Circumcision and the other groups.

The attorney noted that Chase’s parents have agreed the procedure “is not medically necessary, and ... is not justified based on religious grounds,” he wrote.

But on June 18, the appellate court denied the opposition groups’ request to wade into the dispute, siding with Nebus’ objection.

The parents’ fight started in December 2013, two months after Chase’s third birthday, when Nebus began pushing for the circumcision.

The father said he noticed his son was urinating on his leg and took him to his pediatrician, who diagnosed Chase with a condition called phimosis, referring the boy to a pediatric urologist, Eaton wrote. This condition prevents retraction of the foreskin, covering the tip of the penis.

Hironimus, however, took her son back to the doctor, who wasn’t able “to actually show” the phimosis, Sinatra wrote in a court brief.

Moreover, the urologist, Dr. Charles Flack, at one hearing told Judge Gillen that Chase didn’t have phimosis, and the circumcision wasn’t medically necessary.

“It’s the parents’ choice,” Flack testified.

The doctor said circumcisions are medically acceptable for boys up to age 10, but because of Chase’s age, he would have to go under general anesthesia during the 17-minute procedure.

That’s one of Hironimus’ main objections. She testified she’s worried her son might not wake up after it. Hironimus said it appeared the boy had a seizure the last time he had anesthesia, for the removal of a cyst on his neck when he was about 4 months old.

“She’s also concerned because of his older age that he’s going to be traumatized from this, and at this point would rather leave this to him when he’s older to make that decision for himself,” Sinatra said, according to a court transcript.

During one hearing, Hironimus said, “it’s not worth it to put my son’s life at risk for a cosmetic procedure.”

But then Judge Gillen on May 9 ordered Hironimus to comply with the signed parenting plan, because “there is no reason” not to do so. The judge also warned Hironimus not to lead her son “to believe she is or was opposed to his being circumcised.”

Five days later, the appellate court granted Hironimus’ emergency motion to stay Gillen’s order while it considers the dispute.

Through the years, the American Academy of Pediatrics has taken different views about circumcisions, usually performed by a doctor in the first few days of life.

The academy’s 2012 policy statement concluded “the health benefits of newborn male circumcision outweigh the risks and that the procedure’s benefits justify access to this procedure for families who choose it.”

For Jewish families concerned about following the ancient tradition of circumcisions, Doctors Opposing Circumcision advocates an alternative ceremony called a Bris Shalom, “which does not cut the genitals or risk physical or psychological harm to the child.”

But the American Academy of Pediatrics touts the benefits of lower risks of: urinary tract infections; getting penile cancer; and acquiring HIV, the virus that causes AIDS.

Still, the academy notes that these benefits aren’t significant enough to recommend universal newborn circumcision, and the final decision should still be left up to the parents.

UK’s First Female Genital Mutilation Prosecutions Announced
March 21, 2014
BBC
www.bbc.co.uk

The first UK prosecutions over female genital mutilation have been announced by the Crown Prosecution Service.

Dr Dhansoon Dharmasena, 31, of Ilford, east London, will be prosecuted for an alleged offence while working at the Whittington Hospital in London.


Dr Dharmasena and Mr Mohamed will appear at Westminster Magistrates’ Court on 15 April.

‘Sufficient evidence’

In a statement, director of public prosecutions Alison Saunders said the CPS was asked by the Metropolitan Police to consider evidence in relation to an allegation of female genital mutilation (FGM).

It was alleged that following a patient giving birth in November 2012, a doctor at the Whittington Hospital repaired female
genital mutilation that had previously been performed on the woman, allegedly carrying out female genital mutilation himself.

Ms Saunders said: “Having carefully considered all the available evidence, I have determined there is sufficient evidence and it would be in the public interest to prosecute Dr Dhanuson Dharmasena for an offence contrary to s1 (1) of the Female Genital Mutilation Act (2003).

“I have also determined that Hasan Mohamed should face one charge of intentionally encouraging an offence of FGM, contrary to section 44(1) of the Serious Crime Act (2007), and a second charge of aiding, abetting, counselling or procuring Dr Dharmasena to commit an offence contrary to s1 (1) of the Female Genital Mutilation Act (2003).

“These decisions were taken in accordance with the code for crown prosecutors.” NHS trust Whittington Health, which runs the Whittington Hospital, said it had contacted police and started its own investigation when staff raised concerns following a birth in November 2012.

Misunderstanding

The CPS has decided to take no further action in four other cases of alleged FGM.

In one of those cases it was alleged that two parents had arranged for their daughter to undergo female genital mutilation while abroad.

In another, a suspect contacted an FGM helpline to request the procedure for his two daughters after misunderstanding the purpose of the service for victims.

The CPS is currently considering whether to proceed with four other cases.

Prosecutors have also had discussions with police over investigations into two further cases, which are at an early stage.

‘Unforgivable’

The UK has in the past been compared unfavourably to other countries over the issue, such as France where there have been more than 100 successful prosecutions.

MPs have said it is “unforgivable” that there have been no UK prosecutions since laws against FGM were introduced nearly 30 years ago.

This was despite more than 140 referrals to police in the past four years.

The Female Genital Mutilation Act 2003 replaced a 1985 Act, in England, Wales and Northern Ireland, raising the maximum penalty from five to 14 years in prison.

It also made it an offence for UK nationals or permanent UK residents to carry out FGM abroad even in countries where it is legal.

Home Office minister James Brokenshire said the government had “stepped up its response” to “take this crime out of the shadows” and give victims the confidence to come forward.

He said the “key message” was that the government took FGM “extremely seriously”.

Education Secretary Michael Gove is writing to every school in England to ask them to help protect girls from FGM.

Spanish Court Sentences Gambian Couple Over FGM

June 1, 2014
Star Africa
starafrica.com

A Spanish court has confirmed 12 year prison sentences on a Gambian couple in Vilanova i la Gertrú, Barcelona for circumcising their two daughters who are minors. According to the details of the verdict which reached the African Press Agency on Sunday, the Supreme Court in Barcelona rejected an appeal brought to overturn the verdict against the mother referred to as Binta S and the father called T Sekou.

The Catalan court had stated that the couple who has been living in Spain for twenty years was guilty of perpetrating female genital mutilation as charged.

“Clitoridectomy is not culture, it is mutilation and discrimination against women” the court ruled.

Lawyers for the couple appealed the Barcelona court’s judgment claiming, among other reasons that the parents were not involved in the circumcision of their daughters.

However, the Supreme Court reiterated that although it could not determine the exact time the circumcisions took place, they had received the full blessing of the parents who were aware of the acts carried out in Spain between July 2010 and January 2011.

The court pointed out that respect for the customs and traditions of other cultures “has limits where aberrant and unacceptable behaviors occur for our Spanish cultural environment.”

FGM is a burning issue in The Gambia where the state remains ambivalent over calls to ban the practice.

Egyptian Doctor to Stand Trial for Female Genital Mutilation in Landmark Case

Patrick Kingsley
May 21, 2014
The Guardian (UK)
www.theguardian.com

R aslan Fadl, a doctor in a Nile delta village, is accused of killing 13-year-old schoolgirl Sohair al-Bata’a in a botched operation.

A doctor is to stand trial in Egypt on charges of female genital mutilation on Thursday, the first case of its kind in a country where FGM is illegal but widely accepted.

Activists warned this week that the landmark case was just one small step towards eradicating the practice, as villagers openly promised to uphold the tradition and a local police chief said it
was near-impossible to stamp out.

Raslan Fadl, a doctor in a Nile delta village, is accused of killing 13-year-old schoolgirl Sohair al-Bata’a in a botched FGM operation last June. Sohair’s father, Mohamed al-Bata’a, will also be charged with complicity in her death.

Fadl denies the charges, and claims Sohair died due to an allergic reaction to penicillin she took during a procedure to remove genital warts.

“What circumcision? There was no circumcision,” Fadl shouted on Tuesday evening, sitting outside his home where Sohair died last summer. “It’s all made up by these dogs’ rights people [human rights activists].”

In the next village along, Sohair’s parents had gone into hiding, according to their family. Her grandmother – after whom Sohair was named – admitted an FGM operation had taken place, but disapproved of the court case.

“This is her destiny,” said the elder Sohair. “What can we do? It’s what God ordered. Nothing will help now.”

According to Unicef, 91% of married Egyptian women aged between 15 and 49 have been subjected to FGM, 72% of them by doctors, even though the practice was made illegal in 2008. Unicef’s research suggests that support for the practice is gradually falling: 63% of women in the same age bracket supported it in 2008, compared with 82% in 1995.

But in rural areas where there is a low standard of education – like Sohair’s village of Diyarb Bektaris – FGM still attracts instinctive support from the local population, who believe it decreases women’s appetite for adultery.

“We circumcise all our children – they say it’s good for our girls,” Naga Shawky, a 40-year-old housewife, told the Guardian as she walked along streets near Sohair’s home. “The law won’t stop anything – the villagers will carry on. Our grandfathers did it and so shall we.”

Nearby, Mostafa, a 65-year-old farmer, did not realise that genital mutilation had been banned. “All the girls get circumcised. Is that not what’s supposed to happen?” said Mostafa. “Our two daughters are circumcised. They’re married and when they have daughters we will have them circumcised as well.”

Local support for Fadl, who is also a sheikh [elder] in his village mosque, remains high. “Most people will tell you he is a very good man: don’t harm him,” said Reda el-Danbouki, the founder of the Women’s Centre for Guidance and Legal Awareness, a local rights group that was the first to take up Sohair’s case. “If you asked people about who is the best person to do this operation, they would still say: Dr Raslan [Fadl].”

Most villagers said they thought the practice was prescribed by Islamic law. But female genital mutilation is not mentioned in the Qur’an and has been outlawed by Egypt’s grand mufti, one of the country’s most senior Islamic clerics. It is also practised in Egypt’s Christian communities – leading activists to stress that it is a social problem rather than a religious one.

“It’s not an Islamic issue – it’s cultural,” said Suad Abu-Dayyeh, regional representative for Equality Now, a rights group that lobbied Egypt to follow through with Fadl’s prosecution. “In Sudan and Egypt the practice is widespread. But in most of the other Arab countries – which are mostly Muslim countries – people don’t think of it as a Muslim issue. In fact, there has been a fatwa that bans FGM.”

Campaigners hope Sohair’s case would discourage other doctors from continuing the practice. But villagers in Diyarb Bektaris said they could still easily find doctors willing to do it in the nearby town of Agga, where practitioners could earn up to 200 Egyptian pounds (roughly £16.70) an operation. “If you want to ban it properly,” said Mostafa, the farmer, “you’d have to ban doctors as well.”

Up the road in Agga, no doctor would publicly admit to carrying out FGM operations, and said the law acted as a deterrent. But one claimed FGM could be morally justified even if it caused girls physical or psychological discomfort.

“It gives the girl more dignity to remove [her clitoris],” said Dr Ahmed al-Mashady, who stressed that he had never carried out the operation but claimed it was necessary to cleanse women of a dirty body part.

“If your nails are dirty,” he said in comparison, “don’t you cut them?” A few hundred metres away, sitting in his heavily fortified barracks, the local police chief agreed the practice needed to end. But Colonel Ahmed el-Dahaby claimed police could not work proactively on the issue because FGM happened in secret. He also said they were held back by the nuances of the Egyptian legal system – something that would surprise those who argue police officers have readily contravened due process in other more politicised cases.

“It’s very hard to arrest a doctor,” said Dahaby. “Why? You don’t know when exactly he is going to do this operation. In order to arrest him legally you have to have the papers from the prosecutor, and only then can you go. But you don’t know when the operations will take place, so you have to catch them in the act or it has to be reported by the father. And that’s difficult because the father will deny what happened.”

In Sohair’s case, her family did initially testify that she died after an FGM operation but then changed their testimony a few days later, leading the case to be closed. It was only reopened following a triple-pronged pressure campaign led by Reda el-Danbouki, Equality Now and Egypt’s state-run National Population Council.

Thursday’s hearing will likely be short and procedural. In subsequent sessions, Sohair’s family is expected to waive the manslaughter charges against Fadl, after Dahaby said the two sides
reached a substantial out-of-court compensation agreement.

But the family has no say over the FGM charges levelled at both Fadl and Sohair’s father – and the state will continue to seek a conviction against them both. But whether such a result will serve as a major deterrent against FGM remains to be seen.

For Equality Now’s Suad Abu-Dayyeh, the answer is a systematic educational programme that would see campaigners frequently visit Egypt’s countryside to start a conversation about a topic that has previously never been questioned. “You need to go continuously into the communities. We need to find a way of really debating these issues with the villagers, the doctors and the midwives.”

And for the victims themselves, says Abu-Dayyeh, this process cannot start soon enough. “They should enjoy their sexual relations with their future husbands. They are human beings.”

Department of Social Services Loses Motion to Delay Case of Intersex Child
April 10, 2014
WYFF4, Greenville, South Carolina
www.wyff4.com

Child identifies himself as a boy, despite surgery to remove genitals. A case that accuses the Department of Social Services and medical care givers of performing unnecessary sex-assignment surgery on an intersex baby will proceed.

The decision of the 5th Judicial Circuit Court to let the case continue means the defendants will have to defend their choice to castrate the baby, who has since grown into a healthy 8-year-old who identifies himself only as a boy, named in court documents as M.C.

“The court’s decision moves M.C. a step closer to justice,” said Kristi Graunke, Southern Poverty Law Center senior supervising attorney. “This ruling holds doctors accountable when they recommend such drastic and irreversible procedures for infants but fail to ensure caregivers are fully informed about the risks and options.”

M.C. was born with an intersex condition – a difference in reproductive or sexual anatomy that doesn’t fit the typical definition of male or female. When he was just 16 months old and in the care of the South Carolina Department of Social Services, doctors and department officials decided the child should undergo sex assignment surgery to make M.C. a girl.

“Our young client was profoundly harmed when doctors and state agents decided to remove his penis and testicles,” said Anne Tamar-Mattis, co-counsel from Advocates for Informed Choice. “We look forward to continuing the fight on M.C.’s behalf and to ensuring that no child ever has to undergo such life-altering surgeries without informed consent.”

The plaintiffs say DSS and medical staff made the decision even though there was no way of knowing at such an early age whether M.C. would grow up to be a male or female.

The lawsuit, filed by the child’s adoptive parents, claims the defendants did not even provide a hearing to determine whether the procedure was in M.C.’s best interests.

Named in the suit are the Department of Social Services, the Medical University of South Carolina, Greenville Health System and several other caregivers.

M.C. was born a premature twin at Greenville Memorial Hospital in November 2004. The biological parents would not take them home. One baby died. M.C. was abandoned in the Neonatal Intensive Care Unit.

Three months later, the Department of Social Services stepped in. Court records show the biological parents relinquished their rights. Mark and Pam Crawford were looking to adopt a child with special needs. They would come to love M.C., but by the time they entered the picture, there was nothing they could do. The life-changing surgery was already done. Pam Crawford said, “We looked at the situation, saw how adorable the child was, and said, ‘We can do that.’ It didn’t really seem like such a special need to us.”

Court records indicate that at birth, M.C. was identified as a male. During a reflux surgery, female organs were discovered. Doctors at the Greenville Hospital System concluded the baby was a “true hermaphrodite.” They referred the case to the Medical University of South Carolina where ultimately, sex re-assignment surgery was performed in April 2006 on the then 1-year-old. The Crawfords adopted M.C. a few months later.

The Crawfords allege in the lawsuit that the South Carolina Department of Social Services decided to perform “dangerous and mutilating surgery” to make the child a girl.

“It’s too late for my son, but we want to put other doctors on notice,” said Mark Crawford who noted the action was “drastic and permanent.”

The lawsuit says doctors, acting as agents of defendant hospitals, performed the surgery for the purpose of “assigning” the child the female gender despite their own conclusion that the toddler “was a true hermaphrodite but there was no compelling reason that she should either be made male or female.”

The defendants decided to remove the child’s healthy genital tissue and “radically restructure his reproductive organs in order to make his body appear to be female,” the lawsuit states.

The suit filed in federal court alleges the defendants violated the child’s right to privacy by deciding to go forward with the surgery. The state suit alleges medical malpractice and gross negligence.

“We don’t think they are evil people”
Mark Crawford said. “We simply think that what they did was ill-considered. It was careless.”

According to the Intersex Society of North America, the condition is seen in approximately one in every 2,000 births.

Kenneth Suggs is representing M.C. Crawford pro bono.

“This is not a decision that the government is allowed to make – to make a boy into a girl,” Suggs said.

Once the child was placed in state custody, the Department of Social Services was responsible for any and all medical decisions. By law, major surgery is something that should have gone all the way to the top.

Within months of M.C.’s surgery, the DSS director at the time, Kelly Aydlette, left her post. She’s named in the lawsuit, along with DSS, four doctors and two hospitals.

According to court documents, the decision to turn M.C. into a girl never went before a judge.

No guardian was appointed. And it does not appear the doctors requested an ethical consultation.

Bioethicist Carmela Epright said, “I suspect strongly the reason this didn’t go before a judge is because no one thought this was a hard question. They thought they had the answer.”

She is routinely asked for ethical consultations by multiple hospitals, including MUSC and GHS.

“He wasn’t sick in any way. What he was, was a problem from an adoption standpoint,” Epright said.

That being said, Epright doesn’t believe the Crawford’s will win in court.

“My worry is we’re not asking questions,” she said. “We’re not having a series of meetings. We think this is good medical care, and that’s what needs to change.”

The Crawfords raised M.C. as a girl for years, but they say the signs were always there.

“When he started going to school, picking up friends, it was clear that he thought of himself as a boy,” Pam Crawford said.

By then, M.C. was old enough to tell his parents exactly what he wanted – to be referred to as a boy and to look and dress like his father.

“Once he got his hair cut, people really did mistake him as a boy and he seemed to flourish in that,” Crawford said.

They made the switch at school and at church.

“It’s not like he turned into a boy,” she said. “He’s the same exact child he’s always been.”

For the rest of his life, M.C. must live with a choice made for him by strangers. The only thing he got to choose was his new name.

The Crawfords hope his story will help other families understand that surgery isn’t the only option.

“My greatest fear is that these things might keep happening,” Crawford said, “My fear for him specifically is that he will hate his body.”

The former head of DSS and the doctors named in the lawsuit declined WYFF’s requests for interviews. MUSC declined to comment on pending litigation.

Dr. William F. Schmidt, medical director of the GHS Children’s Hospital, sent WYFF a statement saying, “A thorough review of the medical files will show that treatment this child received while under our care was consistent with the highest standards of medical practice and medical ethics.”

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Florida Reinstates Medicaid Coverage for Circumcision

The expansion of Medicaid under Obamacare in Florida includes previously uncovered “benefits” including newborn circumcision. That is, Medicaid funding for circumcision has been restored in Florida, which is the first state known to have taken such a step.

http://wusfnews.wusf.usf.edu/post/medicaid-overhaul-message-trickles-out

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Pharmaceutical Company SkimMedica Selling Misbranded Drug Products as Cosmeceuticals

March 19, 2014
Press Release
Business Wire, Seattle

Consumers today filed a proposed class-action lawsuit against Allergan Inc. (NYSE:AGN) and its pharmaceutical company subsidiary, SkinMedica, claiming that the companies have misbranded and unlawfully marketed Tissue Nutrient Solution (TNS), a skin-care product line containing human growth factors obtained from human foreskin tissue which could increase the risk of cancer and pose other health risks, according to the complaint filed by Hagens Berman Sobol Shapiro LLC.

The lawsuit, filed by consumer-rights law firm Hagens Berman in the U.S. District Court for the Central District of California, claims that for at least the past four years, SkinMedica has failed to disclose significant safety concerns associated with TNS products while marketing the products without appropriate government approval, proper labeling, or adequate safety studies.

“A healthcare company’s primary obligation must be to deliver products that are properly tested for safety, and meet all the appropriate regulatory requirements,” said Steve Berman, attorney
for the plaintiffs and managing partner of Seattle-based Hagens Berman. “In this case, we intend to show that SkinMedica and Allergan skirted laws that required them to disclose the significant safety concerns at issue and the lack of regulatory approval.”

“We believe that in SkinMedica’s zeal to market its skin care products, it created a serious health risk for those who used TNS products,” Berman added.

According to the firm’s investigation, SkinMedica’s TNS products, which have been sold nationally through doctors’ offices and retailers, contain a proprietary mix of “human growth factors” derived from human foreskin tissue. Human growth factors are intended to mobilize, stimulate, or otherwise alter the production of cells, including the ability to initiate cell division, which could stimulate growth of cancerous tumor cells, according to the complaint.

The suit alleges that in marketing their TNS products, Allergan and its subsidiary SkinMedica did not adequately disclose the health risks associated with these growth factors.

SkinMedica’s TNS products -- which the company calls “cosmeceuticals” -- did not have government approval and could not be sold lawfully in the U.S. Without such approval, something else the company did not disclose to consumers, according to the complaint. The suit alleges that because neither the U.S. Food and Drug Administration nor the California Department of Public Health found TNS products to be safe for their intended use, and because TNS products omit required disclosures relating to safety concerns, the products have been misbranded under both federal laws and parallel state laws.

The lawsuit is a proposed class action based upon California’s consumer protection laws, and seeks to represent a class of all persons in the U.S. Who purchased SkinMedica’s TNS products during the last four years.

Concerned consumers are encour-aged to contact Hagens Berman by emailing SkinMedica@hbsslaw.com or calling 206-623-7292.

Additional information about the suit is available at http://www hbsslaw.com/cases-and-investigations/cases/SkinMedica.

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**China Circumcision Patient Held Over Doctor’s Murder**

April 9, 2014

Global Post

www.globalpost.com

A Chinese man “dissatisfied” with his circumcision is suspected of killing a doctor at the hospital where the operation was carried out, state media reported Wednesday.

Wang Fangli, who underwent the surgical procedure last week, stabbed Shan Erhui to death in the doctors’ lounge of a hospital in Fengxian county in the eastern province of Jiangsu on Tuesday, the official Xinhua news agency said.

It was not clear whether Shan was the doctor who performed the operation, or why Wang, 45, had it carried out. Circumcisions are not common in China.

“(He) was dissatisfied with the treatment outcome and the medical expenses,” the report added.

Violence against medical staff in China has become increasingly common, with an average of one attack at hospitals every two weeks, state media said earlier this year.

The rise in violent incidents has been blamed on long waiting times and a perception that health care is expensive.

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**Stockman Seeks to Protect Religious Freedom in the European Union**

May 24, 2014

Sugar Land Sun

www.yoursugarlandnews.com

In response to the growing number of religious freedom assaults in the European Union, Congressman Stockman introduced H.R. 4650, the “European Union Religious Freedom Act.” It was referred to the Foreign Affairs Committee.

This bill seeks to amend the International Religious Freedom Act of 1998 to include religious freedom violations relating to homeschooling, Jewish and Islamic meat production, circumcision practices, and religious garb.

“In countries like Bulgaria and Lithuania, parents can’t homeschool their children. In Sweden and Denmark, Jews and Muslims can’t prepare meat according to their religious beliefs. In Sweden alone, they face legal restrictions on circumcision. In France, citizens cannot wear religious garb in public schools,” said Congressman Stockman.

“These laws are unjust towards these Europeans. The International Religious Freedom Act of 1998 needs to be updated with provisions protecting their freedoms on these religious issues. My bill would do just that,” Congressman Stockman added.

If enacted, this legislation would go into effect immediately.
Anti-Semitism Envoy Wandes Into Europe Circumcision Wars
Ron Kampeas
July 08, 2014
The Jewish Daily Forward
www.forward.com
Ira Forman Uses Bully Pulpit To Defend Rite

The Obama administration’s anti-Semitism monitor has added an issue to his office’s portfolio: defending circumcision in Europe.

Circumcision has become a top focus for Ira Forman, the State Department’s special envoy to monitor and combat anti-Semitism. He has been using the pulpit his office provides to warn European governments that moves to ban ritual circumcision could lead to the demise of their countries’ Jewish communities.

“Because circumcision is essentially universal among Jews, this can shut down a community, especially a small vulnerable community,” Forman said.

No European country has outright banned the practice, but there is increasing pressure to do so, and some countries have imposed restrictions such as requiring medical supervision. Forman is the State Department’s third anti-Semitism monitor. While he has maintained his predecessors’ focus on anti-Semitic acts and rhetoric worldwide, he said that protecting circumcision has become urgent because calls for bans are gaining legitimacy, particularly in Northern Europe.

In the past six months, Forman has raised the issue in meetings with ambassadors to Washington from Denmark, Germany, the Netherlands, Norway, Sweden and Switzerland. He says he plans to raise it with envoys from other Northern European countries, where pressures to ban circumcision are most acute.

He also has asked the relevant desks at the State Department to have U.S. diplomats raise the issue in their meetings in their host countries.

Forman, who is Jewish, contrasted efforts to prohibit circumcision with bans on ritual animal slaughter — in place in some countries for decades — which at least have workarounds, for instance by importing frozen kosher meat.

“Circumcision, if you ban it, you have three choices: You do it underground illegally, you take a little 8-day-old baby across state lines — and if you have contiguous states [with bans], doing that becomes harder and harder — or three, you emigrate,” he said.

A comprehensive 2012 survey of European Jews by the European Union Agency for Fundamental Rights found substantial majorities of Jews classifying a hypothetical ban on circumcision as a “big problem.”

“I will wait for the developments concerning a statutory regulation on the Brit Mila,” the survey quoted a German respondent as saying, using the Hebrew phrase for ritual circumcision. “This will be crucial for my decision on whether or not to leave Germany.”

Leaders of Jewish communities in countries that are contending with public pressure to ban the practice similarly warn that such a move could spur an exodus of Jews. “I have said that a country which saved the Jews during the Second World War, if they would establish any law against circumcision, they would have done what Hitler wanted to do,” said Rabbi Bent Lexner, chief rabbi to Denmark’s Jewish community of 7,500.

European officials say their countries have instituted protections for circumcision in response to public pressures.

“A ban on circumcision is not in question for the Norwegian government,” Frode Overland Andersen, a spokesman for his country’s Foreign Ministry, told JTA. German and Danish officials have issued similar assurances.

Jewish communal officials appreciate the assurances that circumcision will not be banned. Nonetheless, Jewish communal officials warn that the danger of circumcision bans in Europe has not substantially diminished.

“The trend is really moving against us in one considerable way, and that’s in terms of general European public opinion in Northern and Western Europe, particularly Scandinavia,” said Rabbi Andrew Baker, the American Jewish Committee’s director of international Jewish affairs.

Calls to ban circumcision gained momentum after the Parliamentary Assembly of the Council of Europe passed a resolution last October that called for a public debate on the “rights of children to protection against violations of their physical integrity.” It lumped male circumcision with female genital mutilation and corporal punishment.

The assembly, however, lacks power. In April, the council’s leadership advised members that male circumcision was “by no means comparable” to female genital mutilation and recommended against further attempts to target the practice.

Nonetheless, children’s ombudsmen in a number of Northern European countries have called in recent years for restrictions on the practice, as have medical professionals’ groups. Jewish leaders say that as Northern Europe becomes increasingly secularized, its populace tends to place more value on freedom from religious coercion than on freedom to practice religion.

“These are post-religious and post-ritual countries,” said Rabbi Michael Melchior, the Israel-based chief rabbi to Norway’s 800 Jews. “And the vast majority of the population don’t have a clue what ritual is. They see ritual in general as something which belongs to some dark evil — they have medieval conceptions [of rituals] which have nothing to do with modern society.”

In one way, some Scandinavian governments have nodded toward circumcision opponents by including in their laws requirements that circumcision take place under medical supervision. Norway’s parliament passed such a law last month. Norwegian Jewish leaders applauded the measure because it allowed the rite to be carried out under a physician’s supervision.
In Sweden, said Lena Posner-Korosi, president of the country’s 20,000-strong Jewish community, circumcision is permitted until two months, which effectively shuts out the Muslim community, in which boys are often circumcised as toddlers.

Anti-Muslim sentiment in Europe helps drive the anti-circumcision clamar, Jewish communal leaders say. If anything, sensitivities in Northern Europe about the 20th-century record on Jews are what has led governments to protect circumcision.

“One of the important parliamentarians told me it is convenient for us to put the Jews at the front of this issue,” Melchior said. “Because in the public in Norway still, it is much more difficult to go out against the Jews than the Muslims.”

Jewish officials said that anti-Semitism, while a concern in other areas, is not a factor in the debate, although Jewish stereotypes have emerged in its wake. When pro-circumcision activists in Germany cited American studies showing that the practice was practically harmless and had possible medical benefits, opponents suggested that American Jewish doctors had skewed the studies.

The key to preserving circumcision, according to Ervin Kohn, president of Norway’s Jewish community, is lobbying the political class, which is sensitive to international image.

“For most of the Norwegian people it is strange, so they believe all sorts of things and don’t know too much and are easily impressionable,” he said, regarding views on circumcision. “Those who know are the politicians — they made the right decision.”

Jewish communal leaders in the Scandinavian countries said that blunt intervention from abroad could backfire, noting the hackles that were raised when Israel’s government issued dire warnings against banning circumcision after last year’s Council of Europe vote.

However, they welcome Forman’s more subtle overtures, saying that the Obama administration’s signaling of its interest in ensuring a future for European Jewish communities has proven salutary.

“I’m still on a high from presenting President Obama to the synagogue on Rosh Hashanah,” said Posner-Korosi, describing a visit to Stockholm last year during which Obama also honored Raoul Wallenberg, the Swedish diplomat who risked his life to save tens of thousands of Hungarian Jews. “It conveyed such a strong message, not just about Raoul Wallenberg but about anti-Semitism, about recognizing minorities.”

Looking out for minorities is the point, Forman said.

“Our priority is to make sure these communities don’t go out of existence,” he said. “It would be a tragedy not just for the communities. It would be a tragedy for Europe, for these cultures.”

Senators Demand Circumcision Ban

Veneranda Langa
July 18, 2014
Southern Eye (Zimbabwe)
www.southerneye.co.zw

MDC-T’s (The Movement for Democratic Change - Tsvangirai)
Matabeleland South senator Sithembile Mlotshwa yesterday moved a motion urging a ban on circumcision of minors saying the country is “creating a generation of useless men.”

Mlotshwa moved the motion in Senate saying there were no benefits to infant male circumcision as children did not indulge in sexual activity.

She said infant circumcision could not mitigate the spread of HIV and cervical cancer.

“I’m afraid we are creating a generation of useless men because if one of your limbs is not functioning properly after the mishaps of circumcision then you will be disabled. These children do not indulge in sexual activity anyway,” Mlotshwa said.

“After mutilating these children’s sexual organs (in failed circumcision) the future generations will judge us and by the time these children need to taste how these organs should function we will be long dead and history will judge us on why we allowed the circumcision of children to continue.”

Mlotshwa challenged all ministers to get circumcised if the programme was as good as its promoters claimed.

She said there was a side of the story that was not being told to the nation about male circumcision.

“In Somalia women’s clitorises are mutilated to ensure girls do not enjoy sex,” Mlotshwa said.

“That is because they give them in marriage to old men who cannot satisfy them and mutilating them is to ensure they do not discover the pleasures of sex.

“Circumcision of young boys is tantamount to genital mutilation and we are afraid that in the government will end up saying women’s clitorises should be cut because they are just taking everything that comes without doing proper research.”

She said money meant for infant circumcision should instead go towards treatment centres for cervical cancer.

“The Creator made a foreskin for a purpose. Are we not going to have a generation of men without foreskins? Most of the doctors who circumcise are not circumcised themselves and where do they put those foreskins?” she asked.

MDC-T Masvingo senator Misheck Marava seconded the motion saying men constituted only 48% of the population and their organs cannot be tampered with.

“We cannot play with risks by tampering with their organs because they may not be able to rectify failures,” he said.

Zanu PF Mashonaland Central senator Damian Mumvuri said many parents were making mistakes by deciding for their children.