

Attorneys for the Rights of the Child

Protecting Children's
Bodily Integrity

Newsletter

ARC

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Steven Svoboda with his kids Eli (12.5) and Sarita (9.5)

Message from the Executive Director

December 25, 2014

This past year proved to be a truly astonishing one, with several memorable successes and at least one hopefully temporary setback as well.

The biggest news is perhaps the release of proposed guidelines regarding male circumcision by the Centers for Disease Control and Prevention (CDC). The CDC preliminary recommendations largely and appallingly track the American Academy of Pediatrics (AAP's) already discredited 2012 technical report and position statement, and have generated a storm of protest and negative comments. ARC responded by issuing a press release that same evening and will be responding in detail to the CDC guidelines. Having said that, I was extremely pleased to open the San Francisco Chronicle last week and discover a hugely favorable article about a Bay Area Intactivists event.

I am extremely honored to have been named as Intactivist of the Month for November 2014 by Intact America (IA). The IA announcement, along with their

summary of my work, can be viewed at http://www.intactamerica.org/iotm_november2014. Last month, I also wrote a response upon learning the *American Journal of Bioethics* was publishing a target article in their next issue that particularly attacks the writings of Robert Darby and myself. In addition to the CDC reply, I am also hard at work co-writing another paper about the ethics of male circumcision.

While I was first exposed to the genital autonomy movement in 1990 when I attended an early meeting of RECAP (later renamed NORM), I did not actually become an activist until five years later. July 29, in the upcoming year, will mark two full decades of my personal activism, which started with the march from the College of Marin to Marin General Hospital where NOCIRC's Marilyn Milos had been fired as a result of her activism one decade earlier. I look back fondly on the event where I first met Marilyn, Norm Cohen, Tim Hammond, and numerous other activists.

It is great news that even some of our opponents seem to be slowly converging and agreeing with our views. Readers will no doubt remember how last October we

were fortunate enough to be able to pull off an effective debate victory over the AAP's Circumcision Task Force members Douglas Diekema and Michael Brady regarding the ethics and legality of infant circumcision. Brady, our official debate opponent, found himself unable to respond to our arguments and studies. Perhaps due in part to being exposed to the information we presented in Charleston, Diekema has recently recently acknowledged the validity of some arguments he had never before admitted. On National Public Radio, Diekema said, "Parents need to recognize that they're effectively removing that decision from their son. And there are some men who will grow up being unhappy with the decision that their parents made."

In collaboration with co-authors Peter Adler and Bob Van Howe, I recently finalized revisions of our article based on our Charleston presentation, which the *Journal of Law, Medicine and Ethics* will be publishing. We have responded to the peer reviewers' comments and publication should be coming soon. This will be the longest article I have ever published and Bob, Peter and I believe it will come to be regarded as a comprehensive and persuasive work.

We hope you enjoy this newsletter, which is bursting to overflow with fascinating material including: 1) an exclusive detailed transcript of and report on the recent groundbreaking debate regarding circumcision in Denmark; 2) reports on the CDC draft guidelines; 3) Dr. Opeyemi Parham discusses her own path of discovery and her encounter with a angry survivor of circumcision that led to a groundbreaking dialogue; 4) political science professor Charli Carpenter--whose latest book, *Lost Causes*--prominently discusses our movement with a focus on ARC's work--will be contributing an exclusive article about her groundbreaking analysis of our movement's successes and frontiers for growth; 5) Canada's Kira Antinuk will be sharing with us an exclusive

story of her path as an intactivist nurse; 6) a fascinating new approach to Judaism and circumcision by Lisa Braver Moss; 7) a detailed report with a photo spread from the superlative July symposium in Boulder, Colorado and from the rallies held in Denver and attended by both Jonathan and me; 8) appreciations for the late Dr. Paul Fleiss, a longtime toiler in the trenches of our movement; 9) Dr. Michelle Storms' sage thoughts on medical providers who become conscientious objectors to participating in circumcisions; 10) photo reports on demonstrations in Denver by Bloodstained Men (of which Jonathan was recently named Executive Director) and also the recent San Francisco Bay Area Intactivists event; 11) news reports including a fascinating effort to make "designer vagina" surgery (which I wrote about in my *Global Discourse* article on genital autonomy) illegal in the UK; 12) book reviews; and much more.

My presentation at July's Boulder symposium analyzed recent European legal cases and legislation, including the 2012 Cologne case and subsequent legislation, the 2013 Hamm, Germany case, and earlier cases from Dusseldorf in 2004, from Austria in 2007, and from Frankfurt in 2007, the 2012 Cologne court case holding that male circumcision violates human rights, the law and the German federal legislation that purported to overturn that court case. I also discussed numerous other precedents from European countries regarding the legality of circumcision. I proposed four distinct reasons for why the current federal law is invalid, and why the earlier Cologne court decision is soundly based in medical ethics, law, and human rights. The talk went very well and the questions afterwards were quite perceptive.

We are also very pleased that in Boulder we were able to film a "know your rights" video by James Loewen with premier penile tort lawyer (and ARC board member) David Llewellyn as the presenter, introduced by me. We also

recently celebrated the three-year anniversary of our release of our "Know Your Rights" brochure. This newsletter issue also marks the two-year anniversary of the release of our list of all known significant legal awards and settlements in circumcision-related lawsuits.

Along with several other movement roles, Jonathan Friedman continues to do awe-inspiring work maintaining our website, editing our newsletter, and generally strategizing with me about new directions for ARC and possibly for the movement. ARC Legal Analyst Peter Adler has stepped in numerous times to take care of first drafts of important documents and legal responses to various time-sensitive cases. ARC Legal Strategist David Wilton has also provided invaluable support to help with our team effort.

I have appeared three times this year with host Maria Sanchez on her show. We have an upcoming year-end show scheduled for December 30, 2014 and another show in January 2015. We are again very honored that *In Search of Fatherhood* magazine (<http://globalfatherhooddialogue.blogspot.com>) again featured me (along with a couple other activists on other issues) on the cover of each of its four 2014 issues, with each issue reprinting a different article or article excerpt of mine. This year they published my 2006 book chapter about the 2001 United Nations team that ARC organized, resulting in the first and still only UN document centrally devoted to male circumcision as a human rights violation. This work is bearing fruit as lately others have taken up the baton with great success, inducing the UN to



Steven Svoboda and Maria Sanchez



(l to r) ARC Principals: Newsletter Editor Jonathan Friedman, Technical Advisor Georganne Chapin, Advisory Board Member John Geisheker, Executive Director Steven Svoboda, Graphic Designer Jeff Borg, Litigation Advisor David Llewellyn, Legal Advisor Peter Adler

issue a document demanding that Israel study the harm caused by male circumcision!

ARC is collaborating with IA and Doctors Opposing Circumcision (DOC) on a letter to be mass mailed to put Florida urologists on notice about the legal risks they might incur if they conduct a medically unnecessary circumcision on 4-year-old Florida boy Chase Hironimus. ARC also coauthored a “friend of the court” (amicus) brief for this Florida custody dispute. Unfortunately, the case has come to an unsatisfactory conclusion. Many people including Martin N., Erika Talvitie, and John Geisheker worked long and hard to help in a very difficult situation and they are to be sincerely congratulated and thanked.

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

We have also been laboring intensely and with Jonathan’s help, have made extensive progress at revamping both the content and look of our website, an expensive and time-consuming but rewarding endeavor. Come visit us at www.arclaw.org.

Many thanks for your generous support over the years, whether it be financial, emotional, logistical, as colleagues, or a combination of these roles. People like you literally make it possible for us to do this work. This has been a particularly costly year for us financially (though very successful as described below) as we had to have numerous German documents professionally translated to English pursuant to my presentation in Boulder. A special thank you to the supporters of this effort. The translations will be made available to the activist community.

Fully tax-deductible donations that

are entirely applied to protecting children can be sent to J. Steven Svoboda, ARC, 2961 Ashby Avenue, Berkeley, CA 94705, or made through paypal at our website (www.arclaw.org/adonate) or using the paypal address sarah@arclaw.org for payments from a credit card and arc@arclaw.org for payments from a bank account. Also please note that if you are buying anything from Amazon.com, you can donate a portion of your purchases to ARC at no extra cost to you. Visit www.arclaw.org/donate and click on the box labeled “Amazon.com” (not “Amazon Smile”). ARC will receive a hefty 4% of all your purchases, which can add up very quickly to substantial support for our work to protect children.

Steven Svoboda
Attorneys for the Rights of the Child

Journey to Nursing Advocacy

Kira Antinuk, RN, BScN (Hons)
Nursing Director
Children's Health &
Human Rights Partnership

Nurses must not compromise their client responsibilities for a fear of controversy.

—Iva Phillips, RN

Nurses are the ones to imagine it, to dream it, to do it.

—Margretta Styles, former President of the International Council of Nurses

In early 2003, during a prenatal appointment in Victoria, British Columbia, our physician asked my husband and me if we wanted to circumcise our baby when he was born. We did not know what circumcision was and went home to look it up online before discussing it further with the doctor. This unusual perspective of circumcision being completely foreign was helpful in our research as we had no preconceived ideas about the practice. Originally, I was convinced that our physician would not have offered such a surgery unless it were medically beneficial, yet I quickly discovered that no medical organization in the world recommended it as a routine surgery for infant boys.

I decided to watch a video in order to see what the surgery involved. I had to turn it off before finishing the video. I experienced a visceral reaction that shocked me to my core. For weeks afterward, I had nightmares about what I had witnessed and heard in the video. I came to realize that it simply wasn't enough to protect my own baby from such an atrocity. I had to protect all babies.

As a graphic designer, I utilized my skills to develop a line of T-shirts that challenged people's beliefs about circumcision. Wearing them around town captured media attention and several articles were written about the issue of circumcision. I even spent countless hours monitoring online birth club boards and

challenging circumcision advocates who would post misinformation in order to convince parents to cut the genitals of their children. I became frustrated with how much time and effort it took to educate others about circumcision and continually asked myself how I could be more effective.

In 2006, I attended the International Symposium on Genital Autonomy held in Seattle, WA. There I met nurses, doctors, midwives, birth attendants, lawyers, social justice advocates, and researchers who were all united together in the movement to end all forms of forced, non-therapeutic genital cutting. It was a turning point for me, and fuel was added to the fires of my passion to do more.

After our second child was born, I took the plunge and left my work as a graphic designer to reinvent myself as a registered nurse. I believed that Nurse Advocates have a unique role to play in this movement and I was determined to make my way through four years of nursing school (and a serious fear of needles, blood, and anything gross) in order to see if my theory was true.

During my BScN studies at the University of Victoria, I challenged myself to write papers examining every facet of the circumcision issue. I was fortunate to have instructors who fully supported me in my goals at every step. In the final year of my undergraduate degree, one instructor, Lyn Merryfeather, lovingly hounded me to submit a school paper on circumcision and feminism to the *Nursing Ethics* journal. I finally agreed to send them the paper, and then promptly put it quite out of my mind, as I believed they would never publish something written by a student about circumcision. To my delighted surprise, the



Kira Antinuk presenting at the Genital Autonomy Symposium, University of Boulder, Colorado, July 26, 2014

paper was published in the journal in September of 2013 and won the Paul Wainwright Nursing Ethics Prize. I graduated with distinction the following year.

I am currently in full-time graduate studies at the University of Victoria, working toward my Master of Nursing degree with a focus on Nursing Education. I also work full-time as a Registered Nurse in Victoria, and specialize in Community Nursing. In addition, I currently serve as Nursing Director of the Children's Health & Human Rights Partnership (CHHRP, pronounced 'chirp').

CHHRP was founded in 2012 as a Canadian not-for-profit organization committed to interprofessional and public education toward ending non-therapeutic genital surgery on children, in accordance with international human rights treaties and the Canadian Charter of Rights and Freedoms.

CHHRP educates professionals and the public about the functional benefits of intact human genitals, the harms caused by forced genital cutting, and encourages examination of how non-therapeutic genital cutting of children violates medical ethics, current international human rights treaties, and the Canadian Charter of Rights and Freedoms. Our values are: professionalism, respect, education, and service.

Our Advisory Board is comprised of a diverse group of doctors, nurses, midwives, and scholars. We are proud to have the library of the Circumcision Information

and Resource Pages (CIRP) as our official educational resource. We have committed to maintaining and updating CIRP in content, function, and appearance through the support of CHHRP partners from around the world. CHHRP offers free print and new media resources through our website (CHHRP.org), including the popular and effective video, "Circumcision: The Whole Story," hosted by Dr. Christopher Guest, CHHRP's Medical Director.

CHHRP's current top priority project is preparing for the anticipated release of the Canadian Paediatric Society of a policy statement on male infant circumcision. We have successfully completed fundraising to cover the costs of a targeted media response. You can read more about this initiative and watch a video here: Igg.me/at/CHHRP-Media-Fund.

I invite anyone with a passion for children's rights to consider a nursing career.

The options for practice are endless and the work is incredibly fulfilling. The genital autonomy movement has a strong history of nursing leadership and will need more nurses to pick up the torch. I believe I speak for most nurses in this movement when I say that Marilyn Milos is one of my dearest mentors and her bravery and courage is what has sustained me through some of the darkest, most challenging times I've had as a Nurse Advocate.

Who Are The Intactivists? A Snapshot Of The Movement And Its Socio-Political Roots

Charli Carpenter, Professor
University of Massachusetts-Amherst

As part of a research project on the intactivist movement and its connections to wider human rights advocacy, I conducted a web survey in December 2012 of self-identified intactivists. I wanted to understand who is in the movement, why they are drawn to intactivism, and how the movement relates to and draws members from other activist communities.

These are important questions for activists of any kind in light of the findings from my research project on advocacy campaigns. That research, detailed in my new book *'Lost' Causes: Agenda Vetting in Global Issue Networks and the Shaping of Human Security* (reviewed on p.35 of this issue), shows that a new human rights movement's success on the global stage depends in great part on how it markets itself to adjacent political communities, and on how it markets its connections to those communities as part of its identity in communication with mainstream human rights organizations. This article provides preliminary findings from this pilot survey, including insights about how the survey might be improved to provide a more representative view of the global intactivist movement.

The survey was distributed through the mailing lists of prominent organizations in the intactivist movement. A request for dissemination was sent to intactivist organizations appearing most central to the network, based on hyperlink analysis. Organizations whose representatives agreed to disseminate the survey included Intact America, NOCIRC, ARC, Nurses for the Rights of the Child, NOHARM, MGM-Bill, and NORM-UK. Participants self-selected into the survey after reading a consent form and description of the project, and were encouraged to forward it to other activists they knew. A total of 685 responses were gathered.

Questions centered on how individuals had found their way into the movement, what kind of activism they participated in, how their intactivist work related to other social movements they were involved in, and what they saw as the key obstacles to the intactivist agenda. Demographic data was also collected. While it is impossible to know how representative this survey is, since the worldwide population of intactivists is



Charli Carpenter holds a copy of her book, *Lost Causes* [reviewed on p.35 of this issue], during her presentation at the Genital Autonomy Symposium, University of Colorado, Boulder, July 26, 2014

not known, the findings do provide some preliminary data on the intactivist movement and do include respondents involved with a diverse array of organizations.

Although the global intactivist network includes organizations based in many different countries, and although effort was made to reach transnational participants, a vast majority of respondents to the survey reported being based in North America (89%), with a small number from Western Europe (5.5%) and Australia (2.8%) and a very small number from the Middle East (1.4%) and the Pacific Islands (1.1%). Participants were asked to name intactivist organizations they were familiar with or involved in. Most participants referred to US-based organizations. While it is not clear from this survey whether this

indicates the movement is largely North American-based or whether it simply indicates a North American bias in the sample collected, it is safe to assume that findings from this survey are more representative of North American respondents than of the global movement as a whole.

Within that context, those who answered the survey tended to be young, with over 60% of respondents between ages 21 and 39. They were also well-educated, with over 88% having had some college and over 50% holding either a bachelor's degree or a graduate degree. In terms of occupational background and socio-economic status, respondents were extremely socio-economically diverse, falling across a range of income brackets and professions. Social science, hard science and health care were slightly more highly represented than other professions and the socio-economic bell curve tended toward the lower-middle income category. As I will discuss further below, respondents were ideologically diverse, with a wide range of views given on questions about social and political values. Finally, they tended to be secular: over half of participants claimed they were "not religious."

Women's representation in the movement is high: 58% of the respondents to this survey who answered the "gender" demographic question were women. However, respondents appear less diverse when it came to race and religious affiliation. An overwhelming number of respondents – 91% – reported being white, with a small number (5%) reporting they were "from multiple races." Out of 536 respondents who chose to answer this question, only 18 reported being African-American, Native American, Asian or Pacific Islander. Some survey respondents complained about the inadequacy of the race options on the survey, which uses an admittedly simplistic standard US Census measure and could be improved upon in future surveys to get a more accurate picture of the ethnic makeup

of the movement. In open-ended comments, some participants wrote "human," stating that race is an arbitrary construct; others complained about the absence of a "Hispanic" category; one participant dropped out of the survey in protest due to lack of an "other" option on this question. Suffice to say the measures used, however inadequate, indicated a largely Caucasian respondent base for this survey.

Respondents were asked about their religious orientation. 57% reported they were "not religious." Of those who reported a religious affiliation, 73% reported "Christian," 5.2% chose "Buddhist," 0.5% chose "Hindu." No respondents identified as Muslim, and only 1.3% identified as Jewish. Nearly 20% indicated they followed "some other religion." Open-ended comments revealed these "other" religions to include a large number who self-identified as "agnostic," "atheist," "secular humanist," "unitarian," "neo-pagan," or "not religious but spiritual." Although the majority of intactivists surveyed reported a secular worldview, 18% of intactivists also reported being involved in some form of faith-based activism.

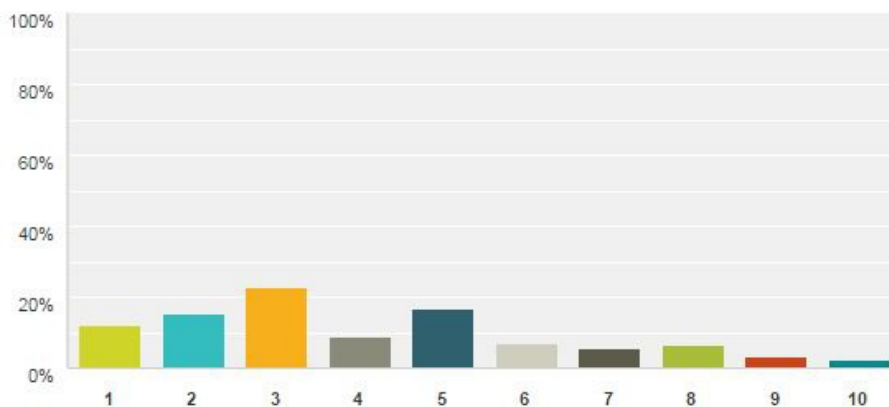
Although the intactivist movement

includes Jewish and Israeli organizations, the percentage of Jews among intactivists (1.8%) appeared from the survey to be somewhat lower than the US population at large (2.2%). However, some intactivists of Jewish descent selected "other" rather than "Jewish." A number of respondents who chose "other" indicated they had been "raised Jewish but opposed religious dogma" or identified as "JewBu." Several participants stated they they had left Judaism specifically because of the practice of ritual circumcision. However at least one participant cited his Jewish identity as a rationale for intactivism: "As a Jew, I feel a responsibility to do more. Circumcision is a human rights violation that my family has been a victim to for thousands of years and most still support it. I do what I can to educate family, friends, health care workers, potential parents and young adults. Intactivism keeps me sane."

In addition to demographics, participants were asked about what led them to join the movement. Personal experience around the issue is a primary motivator for intactivism among those surveyed: a majority of respondents (nearly 80%) are

In political matters, people talk of the "left" and the "right." If 1 means "very far left" and 10 means "very far right," how would you place your views on this scale, generally speaking?

Answered: 554 Skipped: 71



Graph of intactivist political spectrum from survey data

motivated by personal experiences of some kind. These include being a survivor of a botched circumcision; having been circumcised as a child and resenting it as an adult; or being manipulated into a circumcision as an adult that was later regretted. But it also includes the experience of being bullied or stigmatized as an intact male: one respondent described “being told in health class and articles as I was growing up that I was dirty because I wasn’t circumcised.” Other activists described partnering with men undergoing physical or emotional complications from a childhood circumcision; traumatic experiences as a parent around circumcising or being pressured to circumcise a son; traumatic experiences as a sibling witnessing the circumcision of a baby brother; witnessing circumcisions during medical training; or simply becoming the parent of a son, prompting research on circumcision.

The diversity of personal experiences that trigger intactivism suggest many of the harms of circumcision are secondary harms: the pain of being unable to save a child from circumcision, or watching an adult partner suffer from complications, can produce a sense of harm in observers beyond that experienced by individuals who were involuntarily circumcised themselves. This is an important finding because mainstream human rights organizations are sometimes more likely to find issues credible when they are viewed as rooted in the claimant community itself, rather than imposed on them by champions outside that community. The survey lends support to the view that the “claimant” community here is a wide one, and while the issue is appropriately treated primarily as a child rights concern, the social consequences of this practice are perceived as far-reaching.

A smaller number of people find their way into the movement through previous forms of activism, or connections with friends, family or colleagues. For those who are drawn in through other activist

experiences, the most commonly mentioned conduits (in descending order) were involvement in the natural childbirth movement, the feminist and/or FGM communities. Others included activism around reproductive rights, LGBT rights, sexual violence, child rights and human rights. This suggests strong synergies between the anti-circumcision movement and other communities concerned with bodily integrity and children’s health.

Respondents describe a wide array of activist tactics with which they have been involved, including letter-writing, op-ed writing, attending protests, writing books and articles, producing visual media, and awareness-raising at local events. The most common forms of involvement were speaking out among friends and family (91%), information dissemination (83%) and donating money (43%). The targets of advocacy most often mentioned by these activists were the medical establishment (69%), human rights organizations (43.4%), children’s rights organizations (41%), and the media (37%). The least targeted groups, according to the answers given, were the United Nations (7%), major corporations (7.8%), and the courts (7.8%). More moderate levels of activity were reported vis a vis state and national government, political parties, religious institutions, men’s and women’s right organizations, and universities.

Finally, intactivists were asked about what they see as the main obstacles to achieving the complete global eradication of infant male circumcision. The most common response to this question was “ignorance.” Intactivists mentioned two kinds of ignorance: that stemming from misinformation peddled by pro-circumcision groups, including “junk science,” and that stemming from “willful denial” by circumcised men and circumcising parents. Vested medical interests were also often mentioned: respondents referred to the greed motive by doctors and “big pharma,” seen to profit off the use of foreskins. Tradition, culture and religion

were often mentioned as obstacles and respondents also referenced social pressure as an obstacle to change. This, they argued, results not only in conformity to pro-circumcision norms but also in a fear of speaking out lest one provoke defensiveness or be seen as politically incorrect or anti-semitic.

It is also important to note what does not appear (or appears very infrequently) in these answers. One accusation by outsiders has been that intactivists are anti-semitic. To explore this hypothesis, I looked for openly anti-semitic comments in the open-ended answers on “obstacles” to eradicating male circumcision. I saw only perhaps two comments bordering on such views, out of 685 answers (a fraction of a percent). While religious dogma was often mentioned as an obstacle to achieving movement goals, this generic argument was typically applied to all forms of religious stricture, not just to Judaism. Respondents who referenced the Jewish community typically did so respectfully and empathically. Intactivists who espouse anti-semitism appear to be rare: the movement includes members of the Jewish community, leans as a whole towards pluralistic views and is sensitive to distinguishing criticism of genital cutting from criticism of Judaism or Islam in general. But these few comments do suggest a challenge for this movement, like many movements, will be to find ways to openly counteract the minority of more extreme views found in its ranks, to package the message in a way that neutralizes those voices and neutralizes outsiders’ concerns in this regard.

My earlier research also shows intactivism has sometimes been viewed from the outside as a “men’s movement” arising as part of a backlash against women and feminism. However, as with anti-semitism, feminist-bashing was an extreme minority among these respondents, the vast majority of whom see feminism as compatible with intactivism. Indeed, the data shows both strong gender

diversity and gender egalitarianism within the intactivist movement. While some members of the movement insist they do not self-identify as feminists, the movement shares many characteristics with the feminist movement.

One is a particularly high tolerance of gender and sexual orientation diversity. For example, a full third of participants reported their sexual orientation as “homosexual, bisexual or something else.” In response to the standard “What is your gender” question, a number of participants used open-ended comments to espouse a non-hetero-normative view of gender: “Female to male transgender.” “Dual gender,” or “Gender-fluid.” One replied: “Genderless. Gender is not male or female, however.” Another points out in response to the wording of the question, which allows only three choices (male, female and intersex): “Intersexed is not a gender, it’s a sex. Sex and gender are two different things – the option you’re looking for is transgender.”

Secondly, respondents report strong social ties to feminist activism and women’s rights organizations. Indeed, more respondents reported involvement in the women’s rights movement (51.5%) than reported ties to the men’s movement (36%). 41% of respondents stated they were active in the pro-choice movement. There is also significant overlap between intactivism and other progressive movements. Nearly 70% of intactivists report being involved in human rights advocacy; 65% report being part of the LGBT rights movement; 49% report involvement in civil rights advocacy; and 62% have been involved in wider children’s rights work, outside of their intactivist efforts.

Finally, respondents also generally match up on values conventionally associated with a liberal view toward women’s rights and gender egalitarianism. For example, 80% view sex before marriage as

always or usually justifiable; and 89% view homosexuality as always or usually justifiable. Similarly, 96% of respondents said it was “never justifiable” (81%) or “rarely justifiable” (15%) for a man to hit his wife – although one respondent emailed me to object to the wording of the question, pointing out that it should be considered equally unjustifiable for women to hit their domestic partners.

Survey respondents broke down according to a more complex bell curve on questions like abortion, divorce and prostitution, which have a more complex set of ideational associations with the feminist movement: the largest number of answers for each of these questions was “sometimes justifiable,” with more respondents erring toward the “always or usually” side of the spectrum but some landing on the “rarely or never” side. On euthanasia and suicide, the finding is reversed: “sometimes” is still the majority answer, but more respondents lean toward “rarely or never justifiable” than toward “usually or always.”

This makes some sense in light of another finding from the survey: circumcision is an issue which draws not only those associated with the liberal, gender-egalitarian left but also a smaller minority of individuals with affiliations to, and ideological affinities with, movements more closely associated with the right. For example 17% of participants described themselves as pro-life, and 21% described themselves as being involved in the gun rights movement. Respondents were asked about political orientation on a ten-point scale, with 1 meaning “very far left” and 10 meaning “very far right.” The survey indicated that a vast majority of intactivists lean to the left, with the top of the bell curve around a 3. However respondents did place themselves at all points across the scale, with 5.75% of intactivists reporting between a 9 and 10 on

this scale: this small minority of intactivists have ties to far right movements.

As such, the movement is ideologically diverse and it is not surprising that a few outliers exist whose political views do not square fully with those of the majority. It is likely intactivists opt into the movement for different reasons. It might also be hypothesized that the movement tends to attract individuals whose views and activist experiences do not necessarily fall neatly into conventional boxes along the political spectrum but instead co-occur in unexpected and creative combinations. Such diversity can be an important resource enabling the movement to reach many audiences and promote synergies among different alliances as well as to promote thinking outside of the box. This may prove a boon to a movement challenging entrenched political, religious and social norms.

But these results also suggest the need for careful multi-vocal framing strategies in bringing divergent groups under a big umbrella, and in marketing the movement’s identity to mainstream human rights organizations who are sometimes wary of perceived associations with groups whose platform is not easily digestible by mainstream discourses. An ideal strategy for marketing the movement to the mainstream human rights community may be to emphasize those frames that both unify diverse aspects of the movement and resonate with the “gatekeepers.” For example, children’s human rights are likely to play well, and it may be wise to downplay discourses that highlight divisions or ideological complexity within the movement.

Charli Carpenter is a Professor of Political Science at University of Massachusetts-Amherst and the author of ‘Lost Causes’: Agenda-Vetting in Global Issue Networks and the Shaping of Human Security. She blogs at Duck of Minerva.

Danish Parliament Presentation

Jonathan Friedman

On October 22, 2014, Morten Frisch gave a powerful presentation on male circumcision to the Danish Parliament.

Frisch began his presentation by comparing the development of genitalia in male and female fetuses. He described the anatomy of male and female genitalia and noted the analogous structures in adults. He described in detail the effects of male circumcision on sexual function.

Frisch went on to criticize the Danish National Board of Health and lamented how the Board did not address any of his criticisms of their "Note on the circumcision of boys." The Note promotes the circumcision of male minors and has been taken at face value by politicians who do not have the time to delve deep into the matter.

Frisch also lamented the glossing over of complication rates and showed slides of botched circumcisions. He showed a slide of Kelsey Mackey's son before and after his circumcision, the severe trauma written onto his entire body and face.

[Editor's note: We published an account of her son's circumcision in our Fall/Winter 2013 Newsletter]

Danish Parliament Circumcision Hearing

Morten Frisch

October 22, 2014

Arranged by the Danish Parliament's Cross-Party Network for Sexual and Reproductive Health and Rights.

Presentation by Morten Frisch, MD, PhD, DSc(Med), Adjunct Professor of Sexual Health Epidemiology

Thank you for the invitation. I have placed my "starter's kit" on circumcision on every chair. It is also

"Circumcision is not primarily a health issue. Circumcision is first and foremost a human rights issue, a gender equality issue and, lastly, a judicial issue."

Morten Frisch

freely accessible on Facebook and Twitter today so everyone can get information about the basic health-related and ethical issues related to the circumcision problem.

The widespread taboo surrounding the human genitals implies few people really know what circumcision is all about.

Please listen carefully. During fetal development, the male and female genitalia develop from the exact same embryonic structure. Here you see the external genitals of the male (left) and female (right) fetus at around twelve weeks of gestation.

At this point in development, it is not possible to distinguish between the two sexes. At birth, however, everybody can see the difference.

Please note that all male structures have equivalent female structures.

The foreskin covers the penile glans in most boys and men. The foreskin protects the glans.

Consequently, the glans of intact men is sensitive, smooth and moist, while the glans of circumcised men is relatively insensitive, uneven and dry.

The size of the scar all circumcised men have depends on the amount of penile skin removed.

The penile glans is exposed during erection and sexual stimulation occurs when the foreskin moves back and forth over the glans.

Few people know that women also have foreskins known as the clitoral hood. The clitoral hood has the same protective and stimulating functions as the male foreskin. During female sexual arousal, the size of the clitoris increases, and the



Morten Frisch presenting to the Danish Parliament, October 22, 2014

clitoral glans is exposed. Most women can easily imagine how unpleasant direct stimulation of the clitoral glans would feel in the absence of the clitoral hood. This is the situation for many women after sunna circumcision and this is the situation for circumcised men.

Over time, circumcised men gradually develop a keratinized layer which results in reduced sensitivity of the glans. The missing foreskin, and the reduced sensitivity of the glans, explain the long-known circumcision-related sexual difficulties, which have been confirmed in recent studies.

The foreskin is not a small, superfluous piece of skin. The foreskin is a complex, double-layered structure rich in sensory nerves. The area of the foreskin is typically between fifty and ninety square centimeters (eight to fourteen square inches), the size of the better part of a dollar bill. The foreskin has skin on the external side and an equally large mucous membrane on the interior.

During erection, the glans grows in size and on its way out, pulls with it the mucosal part of the foreskin. In the picture to the right, you can see the penile shaft (red arrow) is covered by foreskin from the root of the penis all the way to the glans.

Recalling the slide showing the relatively insensitive, uneven and dry glans, it becomes clear that circumcised men have reduced sensitivity from the root of the penis to the very tip of the glans (purple arrow). This is the future scenario awaiting every circumcised boy.

The Danish National Board of Health's "Note on the circumcision of boys" from

2013, is full of errors, inaccuracies, trivializations and serious omissions. From a health professional's perspective, this Note is an embarrassing presentation of the topic leaving ample room for religious justifications of the practice.

In March 2014, I wrote a harsh commentary in the newspaper *Politiken* about the National Board of Health's handling of the circumcision problem. The Board has never proved me wrong in any of the criticisms I raised. Regrettably, however, the Note is often used by ministers and politicians who are too busy to evaluate the matter themselves. From a health professional's perspective, the Note is medically substandard and, moreover, entirely unacceptable from a medical ethics perspective. In the Note, the central Danish health authority suggests that foreskin amputation is acceptable if the boy is given a little sugar, even though his body and sexuality is altered for life.

European doctors agree there are no relevant health benefits associated with circumcision of boys. Not one medical association in the whole world recommends circumcision of healthy boys. In contrast, several advocate against circumcision.

Last year, I took the lead in this article together with thirty-seven other professors and consultants in seventeen European countries and Canada. We reject

the poorly substantiated myths about health benefits gained by circumcision that American pediatricians earn good dollars persuading baby boys' parents to believe.

Seven minutes do not permit detailed scrutiny of all the complications that may occur. A study from Rigshospitalet in 2013 showed that when experienced pediatric surgeons in Denmark perform non-therapeutic circumcision in boys, one in twenty boys will experience a non-trivial complication.

In countries where boys undergo routine circumcision, vast finances are spent on circumcisions and on subsequent operations repairing the consequential damages. In a university hospital in Boston, pediatric surgeons spend 5-7 percent of their operating hours doing circumcision repair operations. Some 10-20% of boys circumcised neonatally develop meatal stenosis, a narrowing of the urethral opening that requires intervention. Intact boys almost never develop this condition.

All boys experience some level of procedural and postoperative pain. Moreover, they lose sensitivity and are subjected to unnecessary risks. Hemorrhage, infection and meatal stenosis are common, and unpleasant, serious and outright life-threatening conditions that occasionally occur.

Problems can arise with boys at any age, and also with adult men and their partners. New studies document that many women can relate to this as well.

According to the Hippocratic oath, doctors are obliged not to cause pain or damage to fellow human beings. This is a good principle that should be extended to everyone, particularly when handling our most vulnerable fellow human beings, our children. However, when it comes to circumcision – whether in boys or girls – this is exactly what the circumciser does. He causes pain and inflicts irreversible, physical damage to the child's body. An open, painful wound results with lifelong consequences that are sometimes serious. This summer, a newborn boy ended up in coma in Hvidovre Hospital after a botched circumcision performed by a surgeon in Copenhagen.

Circumcision is not primarily a health issue. Circumcision is first and foremost a human rights issue, a gender equality issue and, lastly, a judicial issue.

It is my sincere hope that you politicians will take your responsibility seriously and will ensure future boys will enjoy the same rights to physical, psychological and sexual integrity as those conveyed to Danish girls back in 2003.

Thank you for listening.



Steven Svoboda, Holm Putzke and Hida Vilorio go for a ride

(l. to r.): Holm Putzke, Marilyn Milos and Steven Svoboda

In Memoriam: Paul Murray Fleiss

Funeral Announcement

We are saddened to inform you of the passing of Dr. Paul Murray Fleiss.

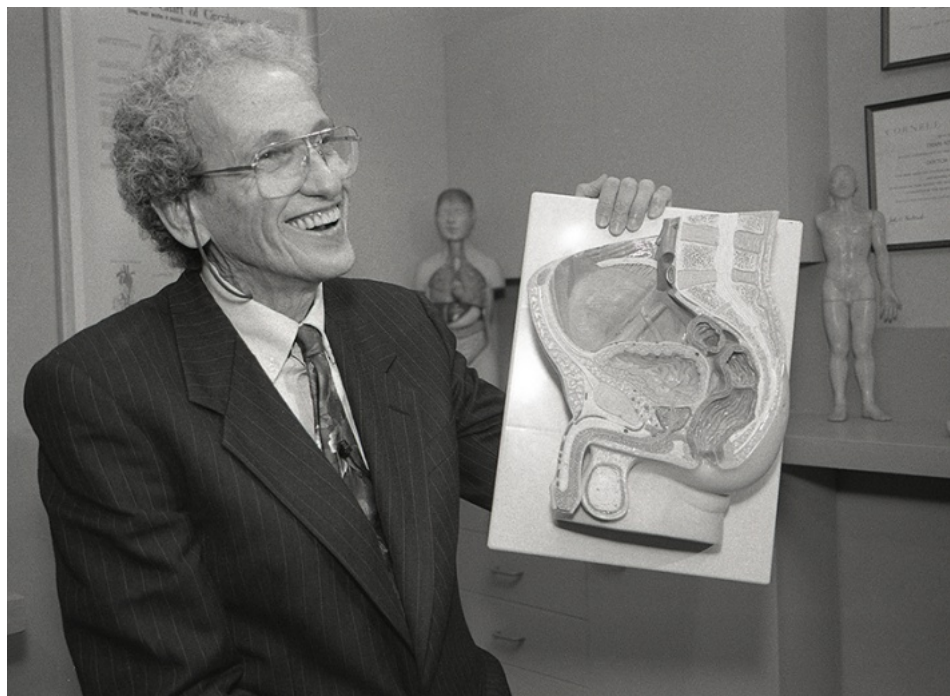
Dr. Paul M. Fleiss, beloved father, grandfather, brother, uncle, friend, healer and mentor, passed away peacefully in his home on the morning of Saturday, July 19th, 2014. He will be sadly missed. A public memorial will be held in Los Feliz, CA on Friday, July 25th at 9am. The memorial will be located at Griffith Park opposite "The Trails Cafe" on 2333 Fern Dell Drive, Los Angeles, CA 90068. Parking is available on the street and in the adjacent parking lot.

Dr. Fleiss' family have requested donations in his memory be made to the following organizations in lieu of flowers.

- Children's Hospital Los Angeles
- Echo Parenting & Education
- La Leche League
- National Organization of Circumcision Information Resource Centers



(l. to r.): Dr. Paul Fleiss and Dr. Morris Sorrells (author of the 2006 penile sensitivity study)



Dr. Paul Murray Fleiss



Dr. Paul Fleiss attending a protest against infant circumcision, Washington, DC, July 11, 2001

A Tribute to Paul Murray Fleiss: 1933 – 2014

Marilyn Milos

I would like to give tribute to an extraordinary pediatrician and a remarkable man! I had the honor and privilege of meeting Paul Fleiss in the early 1980s when my colleague and friend, Sheila Curran, RN, and I went to Los Angeles to interview him. Sheila knew Paul and had asked him for an interview regarding the issue of routine infant circumcision. And, although Paul was Jewish, we knew he had changed his mind about cutting normal tissue off the body of a non-consenting minor when most doctors were not even questioning the practice.

When we walked into his office, it was obvious this was no ordinary pediatrician's office. Located in a lovely brown-shingled house in a Los Angeles neighborhood, the inside reflected a home-like atmosphere with a large fire place, comfy couches and chairs, a child-sized table and chairs, and lots of toys. The staff that greeted us was warm and inviting, and we were shown into an examination room that had pictures to delight and interest any child. There were lots of toys there, too.

Paul entered the room, introduced himself in his soft-spoken voice, and we all sat down to talk in preparation for our interview. Paul had learned to circumcise babies in medical school and was told that babies cry because they are strapped down. As a resident and pediatrician, he did circumcise babies but never liked it. Something didn't seem right, he said, but he hadn't yet questioned the procedure. One day, however, he really listened and heard the child's scream. It was different, he realized, than the struggle of a baby just being held down. He understood the pain and trauma inherent in the procedure, and he put his scalpel down. After he told us his story, he gave us his Circumstraint. He knew the plastic, molded board that tethers babies in four-point restraints for

circumcision would no longer be used for its intended purpose. Instead, it would be used to educate parents about the harm that was inflicted upon infants when they were strapped to it.

I invited Paul to speak at our First International Symposium on Circumcision, which was held in Anaheim, California, in 1989. When he asked what he should discuss, I said, "The care of the normal, intact penis." He said, "Marilyn, that's easy, I don't have to say anything." He accepted my invitation, and when he began his presentation, he put a handwritten overhead slide up on the screen that read, "Leave it alone!" and he carried that message forward for the next twenty-five years.

When parents would call my NOCIRC office asking for advice that exceeded my expertise about the care of their infant, toddler, or child, I would refer them to Paul who took the time to speak with each and every one without charge. Some parents would take their children in for Paul to see and, if they were impoverished (as young parents often are), he would lower his price or not charge them at all.

Paul's gentle nature, love of infants and children, and emotional support of babies and children endeared him to his little patients who often looked forward to an appointment or asked to visit him. He treated children with love, respect, and compassion. He was a wonderful role model for parents and for everyone who knew him.

Over the years, I came to learn that Paul was a vegetarian, a holistic doctor who embraced both Eastern and Western medicine, and an advocate for attachment parenting before it was popular. He was also an advocate of homebirth, conscious parenting, extended breastfeeding and child-determined weaning, intact genitals, co-sleeping, and answering and fulfilling the needs of babies and children.

Paul was born in 1933 and died on July 19, 2014, at the age of 80, following a bicycle accident from which he never

recovered. Initially trained as a pharmacist and osteopath, he later became a pediatrician who was known as everyone's favorite baby doctor. He was a brilliant physician and teacher who, during his fifty-year career as a pediatrician, cared for thousands upon thousands of babies and children.

Paul Fleiss has left us with three exceptional books, *Sweet Dreams: A Pediatrician's Secrets for Baby's Good Night's Sleep* (2001), *What Your Doctor May Not Tell You about Circumcision: Untold Facts on America's Most Widely Performed—and Most Unnecessary—Surgery* (with Frederick M. Hodges, 2003), and *Your Premature Baby Comes Home: A Pediatrician's Guide to Caring, Feeding, and Development* (with Juliette M. Alsobrooks, 2006). Among his many important articles, two were published in *Mothering* magazine, "The Case Against Circumcision" (1997) and "Protect Your Uncircumcised Son: Expert Medical Advice for Parents" (2000). NOCIRC has sent vast numbers of reprints of these articles to expectant parents and they have helped to change circumcision statistics in the USA. Paul will be greatly missed. His work will live on.

Paul Fleiss Obituary

Gary Harryman

We have lost a gentle and profoundly honorable soul. Doctor Paul Fleiss passed away in bed early Saturday morning, July 19, 2014.

Even during tough times, Paul never lost his sense of humor and his focus on his patients – babies. He is loved by thousands of parents in Los Angeles who trusted him with their babies because they knew he was a great pediatrician and loved his patients.

Doctor Fleiss always put the interests and welfare of his patients first while giving moral support to their parents—a

revolutionary idea in the for-profit American medical industry. Parents said he was generous, kind, and always available. He became a vocal opponent of infant circumcision during an epiphany in surgery when he said “I heard the baby’s cries of pain and realized this is wrong.”

He was the author or co-author of three books: *Sweet Dreams: A Pediatrician’s Secrets for Baby’s Good Night’s Sleep* (2001), *What Your Doctor May Not Tell You about Circumcision: Untold Facts on America’s Most Widely Performed—and Most Unnecessary—Surgery* (with Frederick M.

Hodges, 2003), and *Your Premature Baby Comes Home: A Pediatrician’s Guide to Caring, Feeding, and Development* (with Juliette M. Alsobrooks, 2006).

CDC Guidelines

Attorneys for the Rights of the Child Preparing Response to Today’s Draft Circumcision Regulation Released by the Centers for Disease Control and Prevention (CDC); CDC Ignoring Medical Evidence and Growing International Opposition

Berkeley, CA – The human rights organization Attorneys for the Rights of the Child (ARC) (www.arclaw.org) is preparing a response to the Centers for Disease Control and Prevention (CDC) regarding its release earlier today of a draft of proposed circumcision guidelines (<http://arclaw.org/news/cdc-releases-draft-first-ever-federal-guidelines-male-circumcision-public-commenting-period-ope>).

J. Steven Svoboda, ARC’s Executive Director, commented today, “Sadly, the CDC has chosen to ignore the medical evidence to try to justify an outmoded and painful cultural—not medical—practice. In these days of constantly mounting medical costs and ever scarcer resources, we simply cannot afford to continue supporting and performing a harmful and antiquated procedure.”

Regarding the CDC’s claim that circumcision’s benefits outweigh the risks, Svoboda commented, “The CDC omitted the functions of the amputated tissue. If the CDC advocates for cutting off a body part, shouldn’t we know what that body part does?”

Svoboda commented, “If circumcision is as desirable as the CDC suggests, why are European countries moving towards banning it, why are their males healthier than Americans, and why does the CDC not come out and recommend it?” By the CDC’s own admission, Americans are increasingly choosing to leave their sons intact as circumcision rates have plunged in recent years.

Svoboda added, “A recent study concluded that the literature favoring circumcision contains considerable gaps, lacks rigor and is largely not applicable to North America.” Studies of HIV in adult males in Africa suffer from methodological and statistical errors and even if valid, given vast differences in health conditions and modes of transmission, the results can hardly be applied to justify infant male circumcision in the United States. “Doctors cannot ethically remove tissue from babies without consent, based on speculation about their possible sexual behavior decades later,” Svoboda added.

“Male circumcision,” Svoboda said, “violates a child’s right to bodily integrity, not to mention numerous civil and criminal statutes.” Malpractice awards are mounting up and a list of seventy such cases was released by ARC with the largest amounting to 22.8 million dollars.

Attorneys for the Rights of the Child is a non-profit organization founded in 1997 to protect children from unnecessary medical procedures to which they do not consent.

Experts Denounce CDC’s ‘Blind Promotion’ of Circumcision in Proposed Federal Regulations

Jonathan Friedman

December 4, 2014

IntactNews

www.IntactNews.org

Experts challenge claims behind proposed federal recommendations on circumcision

Last Tuesday, the Centers for Disease Control and Prevention (CDC) released its proposed guidelines on male circumcision for public comment. The new federal guidelines would recommend male circumcision as a healthy choice doctors should discuss with parents of sons and for teenagers and adults to consider for themselves. The CDC background report claims that circumcision has been shown to prevent HIV, HPV and other infections. The new CDC report mimics the 2012 American Academy of Pediatrics Circumcision Policy Statement which drew widespread criticism for its claim that circumcision benefits outweigh the risks.

IntactNews asked the CDC for comment about the risks of an average American male acquiring HIV. “It’s hard to establish one, single figure for risk of HIV acquisition by a heterosexual male,” the CDC responded in an email to IntactNews today, saying the risks are not well documented.

One study estimates the chance of an American male acquiring HIV through a

single unprotected sex act with a known HIV+ female partner is less than 0.04%. That adds up to a 6% risk per year, with an estimated total of 620 new HIV infections per year for white, heterosexual males with known HIV+ or high-risk female partners.

What these numbers show is that the average American man has a comparably low risk of getting HIV through unprotected sex. In fact, the number of average American men getting infected with HIV per year is so low that the CDC does not have data on this demographic.

Circumcision Malpractice Lawyer Weighs In

"It is ludicrous and scientifically unsound to recommend the removal of a normal body part from all males to reduce the incidence of sexually transmitted diseases that can be prevented by ABC—practicing abstinence, being faithful and using condoms," says David Llewellyn, an Atlanta-based attorney whose practice focuses on botched and wrongful circumcisions. "The idea that

doctors should counsel teenage boys to get circumcised rather than teaching them ABC is equally absurd.

"Furthermore, the CDC recommendations completely ignore the known functions of the foreskin, how circumcision changes the penis, and the hidden but well recognized common injuries that happen every day as a direct result of neonatal circumcision.

"In my practice, I see the devastating results of circumcision every day. In particular, the high rate of the narrowing of the urinary opening (meatal stenosis) which occurs to tens of thousands of circumcised boys every year. This is not sufficiently addressed by the CDC, even though it is a well-known complication of circumcision.

"The CDC needs to be paying more than lip service to the devastating effects of these injuries."

Pediatric Specialist Weighs In

"It is regrettable that the CDC has chosen to position itself on the wrong side of scientific evidence with its endorse-

ment of circumcision for male newborns and heterosexual adult males," says Dr. Alexandre T. Rotta, Chief of Pediatric Critical Care at University Hospitals in Cleveland, Ohio. "By cherry-picking data that, at best, have marginal relevance (if any) in parts of Africa with high heterosexual HIV transmission, the CDC recommendation is empty, counterintuitive, and irrelevant to the health of the very Americans it aims to protect.

"As a pediatrician, I am deeply troubled by this form of government-endorsed mutilation of children, fragile human beings who will forever be robbed of the right to make an informed decision on such a deeply personal matter carrying irreversible consequences. This is an egregious violation of personal autonomy and medical ethics."

Public comments have been pouring in. As of today, over 288 comments are posted on a government website. Public commenting on the CDC's circumcision guidelines will be open until January 16, 2015 at 11:59PM EST.

Federal Circumcision Guidelines Meet With Opposition

Victoria Colliver

December 10, 2014

The Chronicle (San Francisco)

www.SFChronicle.com

The federal government's first guidelines on circumcision last week, stressing the benefits of surgically removing the foreskin of the penis, have angered Bay Area opponents of the once-routine procedure.

"Not only is foreskin not a birth defect, but children have an inherent right to body integrity," said Jonathan Conte, 33, of San Francisco, who belongs to Bay Area Intactivists, an organization committed to ending circumcision.

In the proposed guidelines, the U.S. Centers for Disease Control and Prevention



Jonathon Conte and other demonstrators protest Sunday in front of the offices of the approach members of the ACLU during a protest against circumcision held by the group Bay Area Intactivists in front of the ACLU building in San Francisco, Calif. Sunday, December 7, 2014. The ACLU successfully sued to have an initiative to ban circumcision removed from the ballot.

stopped short of recommending routine circumcisions, but the agency emphasized that the benefits outweigh the risks, recommended the procedure be covered by insurance, and suggested males of all ages who are not circumcised and the parents of male infants should receive counseling about its potential health benefits.

Dr. Fung Lam, a gynecologist and obstetrician at San Francisco's California Pacific Medical Center, said circumcision continues to be a "very heated issue."

"Most people come in with a certain point of view. Either (they think) it's better and it should be done, or it shouldn't be done, it's terrible," Lam said. With the new guidelines, "this is the time for people to speak out on both sides."

The guidelines, which are open for public comment until January 16, contend that the procedure can lower a man's risk of getting HIV and other sexually transmitted diseases, penile cancer and urinary tract infections. The CDC, in justifying its position, cited several studies conducted in Africa that concluded circumcision could help reduce the spread of the virus that causes AIDS.

In the U.S., circumcision has been falling out of favor for several decades with the rate of newborn males being circumcised in the hospital decreasing nationwide from about 65 percent in 1979 to about 58 percent in 2010, according to CDC statistics.

West's sharp plunge

The drop in the Western states has been more dramatic, with the rate falling from 64 percent to 40 percent over the 32-year period. Some statistics show that in California fewer than a quarter of infants undergo the procedure.

Some health experts attribute the decline in the U.S. to an increase in the number of people from countries where circumcision is not part of the culture. Those include people of Latino descent and from some Asian countries. But a growing number of people also object to the practice, arguing, as Conte does, that it violates a baby's human rights because an infant can't consent and that it's akin to genital mutilation.

In 2011, members of the anticutting movement known as intactivists pushed for a ballot measure in San Francisco that

would have barred the procedure on any male 17 or younger, but a San Francisco Superior Court judge removed it from the ballot after Jewish organizations, the American Civil Liberties Union and San Francisco's Medical Society filed a lawsuit over the issue.

Conte, who was circumcised as an infant, said that the natural function of the foreskin is discounted by medical professionals and that the message that having the foreskin removed protects against sexually transmitted diseases creates a false sense of security.

He also objected to the CDC's recommendation that insurers cover the procedure. California is one of 17 states where Medicaid no longer pays for circumcision because of its questionable health benefits, although doctors said the procedure is generally covered by insurance companies.

"I'm very concerned the CDC's guidelines will continue to encourage spending tax money for unnecessary genital surgery on children and that insurance companies will continue to pay for it," Conte said.

Attitudes shifting

Circumcision has long ties to cultural preferences and religious beliefs, especially among Jews and Muslims who view it as a covenant or a tradition. But some Bay Area residents say attitudes are shifting even among those groups.

"In the vast majority of cases, families that opt out of circumcision are accepted in the Jewish community. They're already welcomed," said Lisa Braver Moss of Piedmont, CA, co-author of "Celebrating Brit Shalom," a book about rituals to replace the traditional Jewish male circumcision ceremony, or bris. The book is scheduled to be released in March.

Tina Kimmel, a Jewish mother of a son and grandmother of two boys — all intact — said her anticutting feelings were first sparked by witnessing her brother's bris in 1949. Although she was



A group of anti-circumcision protesters gathers outside an American Civil Liberties Union event in San Francisco on Sunday. The ACLU took part in legal action that succeeded in getting an anti-circumcision measure removed from the San Francisco ballot three years ago.

only 2, she remembered seeing the blood and becoming upset.

Kimmel, who lives in Oakland, said she has already written to the CDC, warning the agency to not let itself be “manipulated into coming out on the wrong side of this historic issue.”

“It is monstrous for (the) CDC to advise physicians to treat any US citizen as less than human,” Kimmel wrote. “It is your job to protect us, not subject us to excruciating, permanent bodily disfigurement — with no medical justification — just because we are (temporarily) in a weak state and you can overpower us.”

For physicians, most said the CDC’s guidelines would not significantly change their practices.

The new recommendations basically mirror those of the American Academy of Pediatrics, which in 2012 concluded the benefits outweigh the risks.

California Pacific’s Lam said that he has seen more parents opting out over his 30 years of experience but that it’s not much of a debate.

“There’s usually a bias coming in,” he said. “When both the mom and the dad are on the same page, it’s really a nonissue. When one feels one way and the other feels another, then it becomes a problem and it’s a long discussion.”

Considering sexual health

Dr. Elizabeth Salsburg, pediatrician at Alta Bates Summit Medical Center in Berkeley, said the guidelines give doctors and parents the chance to talk about the future sexual health of their child.

“I don’t think the CDC recommendations or the AAP change the personal beliefs of the parents one way or another,” she said. “But these kinds of statements give us an opportunity to have the discussion not only about whether to circumcise or not but also to encourage behaviors that include using condoms and getting the HPV (human papillomavirus) vaccination.”

Even supporters of the procedure questioned the CDC for citing studies done in African countries, where the risk



Frank McGinness is among the Bay Area Inactivists participating in the protest. The inactivists say that circumcision is akin to genital mutilation and violates a baby’s human rights because an infant can’t consent to the procedure.



(l. to r.): Jeff Brown and Frank McGinness protest at a courthouse in San Francisco during the 2011 MGM Bill initiative. The Associated Press ran this photo in their story on the CDC guidelines. ABC News ran the AP story but later pulled the photo from their websites.

of contracting HIV and AIDS is significantly higher than in the U.S. They also wondered about the wisdom of considering having it done past the newborn age.

“I can’t imagine there are so many benefits for doing it outside the newborn period unless there’s some (medical) reason,” said Dr. Paul Protter, a pediatrician at the Palo Alto Medical Foundation who recommends the procedure for health reasons. “And it’s very hard to say what

goes on in another country is what goes on here.”

But Protter said parents shouldn’t feel guilty or that they’ve done something wrong, no matter what they decide.

“This may change people’s opinions about newborn circumcision,” he said of the CDC’s proposed guidelines. “There are clear medical benefits to it; they’re just not that powerful.”

Genital Autonomy 2014

Boulder Symposium

Steven Svoboda

The University of Colorado, located in the ultra-health-minded, mile-high city of Boulder, Colorado, was the location for Genital Autonomy 2014, the Thirteenth International Symposium on Genital Autonomy and Children's Rights which was held from July 24-26, 2014. This marked the tenth consecutive symposium in which I have been fortunate enough to participate and present. Luckily for me, my brother lives in Boulder, so I was able to stay with him and bicycle to and from the symposium. I greatly enjoyed the daily exercise, which served as a nice counterbalance to all the intensive thinking and strategizing taking place at the symposium.

These symposia always allow me a chance to connect with dear friends and colleagues whom I see all too infrequently. As discussed below, my presentation addressed the very exciting legal decision handed down in Cologne, Germany in June, which is probably the greatest legal victory ever and the clearest judicial acknowledgment to date of the right to bodily integrity.

The principal organizers—NOCIRC of Colorado's Gillian Longley, NOCIRC President Marilyn Milos, Sexpo Foundation's Tiina Vilponen, Genital Autonomy Finland's Eeva Matsuuke, Australian attorney Paul Mason, Intact America's Georganne Chapin, and Genital Autonomy's David Smith and Margaret Green—pulled off a spectacularly successful conference attended by a record-setting audience of over 125 people.

ARC's active collaborators present included Peter Adler, Jonathan Friedman, Georganne Chapin, David Llewellyn, Jeff Borg, and John Geisheker. I was able to renew connections with many existing

friends and colleagues, such as Ireland's Linda Massie, German attorney Holm Putzke (co-author of my presentation), James Loewen, Brian Earp, Charli Carpenter, Marilyn Milos, my personal and ARC's venerable mentor Tim Hammond, Martin N, Dr. James Snyder, Dr. Robert Van Howe, Dr. George Denniston, Dr. Mark Reiss, Zenas Baer, Rebecca Wald, Paul Mason, Lisa Braver Moss, Morrie Sorrells, Norm Cohen, Laurie Evans, Steve Scott, Ron Goldman, George Hill, Mary Conant, Shelton Walden, Anthony Losquadro, Glen Callender, Soraia Mire, Dan Strandjord, Dan Bollinger, Richard Duncker, and last but certainly not least, a man I saw earlier this year in his home of New Zealand, Hugh Young.

We also had the chance to match faces to people who had previously just been Internet monikers, such as Jody McLaughlin (with whom I worked on episiotomy and circumcision way back in 1996 but we had never met face to face), Hida Viloria (quickly becoming a good friend), my new young academic colleague Jonathan Bernaerts, Ashley Truman, Bloodstained Men's Brother K, Kira Antinuk, and Dr. Adrienne Carmack. I felt very fortunate to initiate what is already becoming a very rewarding friendship and professional connection with intersex activist Hida Viloria.

Optional events began the evening of Wednesday, July 23, with "Introduction: Meet Pioneers of the Genital Autonomy

Movement Pioneers

1970 Van Lewis, Ben Lewis

1977 Rosemary Romberg

1979 Marilyn Milos, Sheila Curran,

Soraya Miré, Hanny Lightfoot-Klein

1980 Edward Wallerstein, Brother K,

Carole Anne, Chelo Jacob

1982 Dr. Dean Edell, Lawn Griffiths

1984 Dr. Paul Fleiss

1988 Betty Katz Sperlich, Mary Conant

1989 Donna Macris, Dr. George

Denniston, Dr. James Snyder, Jim

Bigelow, Patrick Brown, Billy Ray Boyd,

Dr. James Prescott

1990 Martin N.

1991 Dr. Benjamin Spock, Lisa Braver

Moss, Tina Kimmel, Miriam Pollack,

George Hill, Ronald Goldman

1992 Thomas Ritter, Steven Scott

1993 James Loewen, David Wilson,

Tim Hammond

1994 Elizabeth Noble

1995 Miriam Pollack, David Llewellyn,

Jody McLaughlin, Ron Low

1996 Thomas Ritter, George Hill

1996 Norm Cohen

1997 J. Steven Svoboda, Morrie Sorrells,

Robert S. Van Howe, Jeff Borg,

Laurie Evans

1998 David Smith, Hugh Young,

Linda Massie

2000 Gregory Boyle, Frederick Hodges

2001 Amber Craig

2002 Mark Reiss

2003 Zenas Baer

2004 John Geisheker, Dan Strandjord,

Richard Duncker (the original

bloodstained man)

2005 Leonard Glick, MD, PhD, Robert

Darby, PhD

2006 Patricia Robinett, Kira Antinuk

2008 Georganne Chapin, Paul Mason

2010 Rebecca Wald, Glen Callender,

Michelle Storms, MD

2013 Jennifer Margulis

2014 Charli Carpenter

Movement.” Proceeding approximately chronologically from the date of each activist’s initial involvement, starting with the late, great Van Lewis’ 1970 protest, our movement’s early pioneers each came to the podium and spoke a sentence or two about their involvement. In the first sidebar to this article, the pioneers are listed chronologically in order of their first act of activism, which was also the order of their appearance on July 23. I found the event deeply moving and ended up completely throwing out my prepared sentences and instead saying the words that appear in the second sidebar.

Next came screenings of three movies: the stunning intersex film *Intersexion*, and excerpts from Brendon Marotta’s *The Hidden Trauma: Circumcision in America* and from Francelle Wax’ *American Secret: The Circumcision Agenda*.

My presentation entitled, “The cutting edge: Making sense of European legal developments amidst growing recognition of children’s legal, ethical, and human rights to bodily integrity,” opened the symposium. (Holm Putzke was the co-author.) I analyzed recent European legal cases and legislation, including the 2012 Cologne court case holding that male circumcision violates human rights, the law and the German federal legislation that purported to overturn that case. I also discussed numerous other precedents from European countries regarding the legality of circumcision. I proposed four distinct reasons why the current federal law is invalid, and why the Cologne court decision is soundly based in medical ethics, law, and human rights. The talk went very well and the questions afterward were quite perceptive.

Young Belgian lawyer Jonathan Bernaerts followed with an intriguing, well-reasoned legal analysis of the Cologne decision that reached a more moderate conclusion than many of us might support. I feel that such fresh approaches are very welcome and there should be no pressure to toe a party line

Pioneer Statement

Steven Svoboda

I’m feeling a lot of feelings right now. I’m feeling sad that we’re here in 2014, as Norm Cohen said in the 90s in the *Whose Bodies, Whose Rights?* Video, “We’ve been to the moon, but we’re still doing this!” and—nearly two full decades later—we’re still doing this!

And I also feel sad because sometimes not all of us in the room are all together, there are different factions and people who get upset with each other, but maybe that’s inevitable. We feel strongly, we’re trying, we’re working so hard, so many smart, brilliant, motivated people in this room, so many people I feel so

flattered to have worked with, still working with such dedication and success.

And another thing that’s inevitable, I believe, is that we are going to end this. Within a decade there are going to be very few circumcisions in the United States.

Look at all the things that have happened recently. The American Academy of Pediatrics basically lost a debate with four of us—four little guys—in Charleston.

John Geisheker appeared on the Al Jazeera network and Ron Goldman spoke at the Council of Europe debate. We have a seat. We’re part of the game. The old modality is dying and we’re winning. Thanks to every single one of you.

but rather we should encourage diverse analyses. ARC Legal Advisor Peter Adler followed with a very provocative paper theorizing that childhood circumcision may constitute fraud for which the AAP and individual physicians may potentially be legally liable.

Brilliant intersex activist Hida Vioria captivated the audience with her examination of the social prejudices that compel society, physicians and parents to seek or consent to “normalizing” genital surgeries on intersex babies. Hida provided an incisive analysis of how negative social attitudes have contributed to the creation of and support for these surgeries. She also examined why these procedures still persist despite recently being condemned by the United Nations’ Special Rapporteur on Torture. Intersex activist Markus Bauer then outlined the need for legislation to end intersex genital mutilation. Bauer analyzed the twenty-year-old intersex movement for genital autonomy using grassroots models of social movements predicting an emerging global intersex social movement should be able to achieve a ban on the surgeries within ten years.

While some audience members objected to the somewhat loud and repetitive music with which Bauer chose to accompany his presentation, I personally felt it was harsh not to allow this invited presenter to express his idea in his chosen manner.

Preeminent penile tort lawyer David Llewellyn gave a very useful and interesting presentation summarizing common types of circumcision injuries and showing often very grisly photographs to illustrate some representative examples of each. John Geisheker then shared some insights into the regrettable physician practice of forcible foreskin retraction of which he has developed some expertise.

Following a very tasty lunch in the university’s excellent and very diverse cafeteria, Brian Earp offered one of his typically carefully reasoned and painstakingly documented talks. This one addressed whether science supports male infant circumcision. Dr. Bob Van Howe provided two useful presentations: 1) an introduction to statistics that suggest a possible route to attacking the three African randomized controlled trials as producing improbably *cont. on p.23*



(l to r): Conference organizers Ken Brierley, Tiina Vilponen, David Smith, Marilyn Milos, Richard Duncker, Paul Mason, and Gillian Longley



(l to r): Brian Earp, Andrew Delaney, Glenn Callender, Martin Novoa, Lena Nyhus, Jody McLaughlin, Brian Herrity, Francelle Wax



Norm Cohen asking question during post-presentation discussion, July 25, 2014



Hida Viloria presenting, Boulder, Colorado, July 24, 2014



Bob Van Howe, MD presenting, July 24, 2014



Brian Earp presenting, July 24, 2014



Lena Nyhus making point from audience regarding her work in Denmark, July 25, 2014



Attendees at Riun Ashlie's workshop for circumcised men, "Revealing the wound, restoring dignity" (photo taken with attendees' permission),

Boulder Video

Video is available on our website (www.arclaw.org/our-work/videos) of Steven Svoboda being interviewed at the International Symposium on Genital Autonomy held in July 2014 in Boulder, Colorado. The title of the video is "Male Circumcision Is Already Illegal."

Svoboda's talk at the symposium was entitled, *The cutting edge: Making sense of European legal developments amidst growing recognition of children's legal, ethical, and human rights to bodily integrity.*

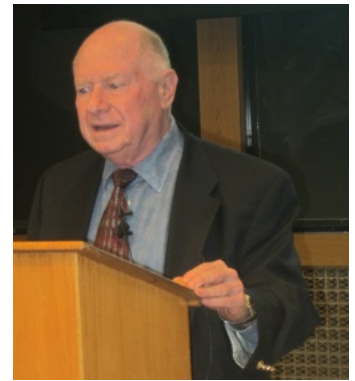
The video was shot by Brother K.



ARC Graphic Designer Jeff Borg making animated point during post-presentation discussion, July 25, 2014



David Smith, Holm Putzke, John Geisheker, Steven Svoboda, July 25, 2014



Psychiatrist Dr. Richard Schwartzman presenting, July 25, 2014



Tim Hammond asking question from audience, July 25, 2014



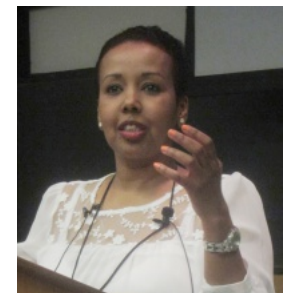
Steven Svoboda and Charli Carpenter, July 26, 2014



Dr. Adrienne Carmack presenting, July 26, 2014



Steven Svoboda and longtime activist Shelton Walden, July 25, 2014



Soraya Mire presenting her powerful plea for genital autonomy for all, July 26, 2014



Ron Goldman display his talents on guitar and singing at the Saturday night post-banquet dance, July 26, 2014



(l to r): Brother K, Steven Svoboda, Marilyn Milos' daughter Kate Edmiston, and Teri Mitchell dancing at the Saturday night post-banquet dance, July 26, 2014

cont. from p.20 similar results, and 2) a debunking of studies attempting to show a connection between having an intact penis and human papillomavirus (HPV) infection. Dr. Opeyemi Parham and M. Thomas Fredericksen presented a very engaging and unusual “dialogue on power, privilege and good intentions” in the form of a prose poem that “explored aspects of culture, class, and privilege relating to male circumcision.” Although it came at the end of a long day, such a creative, fresh presentation was very welcome and the presenters are to be congratulated for it.

That evening, I attended Riun Ashlie’s workshop for circumcised men, “Revealing the wound, restoring dignity.” I found it to be a powerful experience to discuss what happened to me in a community of my peers.

Friday, July 25 began with Janet Heimlich’s spellbinding presentation tracking her excellent book on religious child abuse, *For Their Own Good*, which was previously reviewed in these pages. Chelsea Collange followed with an engaging discussion of Christian ethics and circumcision based on her recent master’s thesis. Lisa Braver Moss followed with a unique perspective on intact Jewish families, and then Rebecca Wald discussed non-cutting brit shalom, and the anticipation her forthcoming book written with Lisa. Georganne Chapin graced us with an extremely thought-provoking and courageous examination of how the changing demographics of our movement are affecting the messaging we use and are therefore calling on us to change some of our approaches and tactics.

Gregory Boyle’s talk on short-term trauma and long-term psychosexual harm reminded us of the scope of Greg’s work and introduced some new refinements in his thinking. Psychiatrist Richard Schwartzman, a follower of Wilhelm

Reich, concluded the day by presenting a fascinating and unique study of emotional factors responsible for cruel and unnecessary practices such as male circumcision, female genital cutting, and footbinding.

Saturday, July 26 began with Charli Carpenter presenting some of the findings regarding our movement as discussed in her latest and typically brilliant book, *“Lost” Causes*, which is reviewed elsewhere in this issue. Not to be outdone, Jennifer Margulis followed with a superb summary of the relevance of genital autonomy activism to her book, *The Business of Baby* (reviewed in a previous issue of this newsletter). Capping off a strong of outstanding book-based presentations by female authors of superlative books that have been reviewed in these pages, Dr. Adrienne Carmack overviewed her book, *Reclaiming My Birth Rights*, which is also reviewed in this issue, and shared her thoughts on the appropriate uses of medical technology for treating foreskin disorders.

Registered nurse Kira Antinuk, one of Canada’s leading activists, provided some very useful insights into organizational strategies and challenges north of the border. Denmark’s Lena Nyhus updated the audience on her continued successes, which culminated in the hearing on which we report elsewhere in this issue. Eran Sadeh, participating via Skype, electrified the audience with his erudite explanation of the recent legal case in which a rabbinical court ordered a mother to circumcise her son or pay a fine.

Soraya Mire spoke movingly of her own experiences of surviving genital cutting and then choosing to work to protect the genital autonomy for all children and break the cycle of pain. Ronald Goldman provided a common sense insight into the psychology of circumcision communication. How can we remove the linguistic barriers that may prevent the other side

from listening to our arguments and instead building a bridge between thinking and feeling?

Paul Mason’s discussion of Sun Tzu’s *The Art of War* and its applicability to activism for genital autonomy was completely engaging if a bit discomfiting as it lays out a lot of work that lies ahead of us. David Smith closed with some ruminations on why Europe is currently leading the world in protecting genital autonomy and speculated on what may have led the Council of Europe to choose to engage with the circumcision issue.

Happily, the traditional symposium banquet was reinstituted this year. Ron Goldman showed his great guitar and singing skills, and later in the evening some very spirited dancing ensued in which I was intensely involved as some of the pictures in this issue may show.

After the symposium, demonstrations took place in Denver, which I attended on Monday, July 28. Back in the Bay Area, Marilyn Milos hosted a wonderful post-symposium gathering at her house on July 30, photographs of which also appear elsewhere in this issue. Hida, Holm and I had a fantastic time travelling over to Marilyn’s in my convertible and having dinner afterwards at my house with my kids, who usually don’t talk much to adults, but were fascinated by Hida and Holm.

A hearty and enthusiastic round of applause for an unforgettable and record-setting edition of this venerable biannual event. Many of us left feeling restored and eager to return to the trenches, reinvigorated by the comradeship and exchanges of ideas that took place in Boulder.

We eagerly look forward to the Fourteenth Symposium, scheduled for Keele, UK, the first time a repeat symposium site has ever occurred, from September 14-16, 2016.

Controversy or No-Brainer? Proposing a New Rhetoric of Jewish Circumcision

Lisa Braver Moss

September 30, 2014

Adapted from a presentation given at the Genital Autonomy 2014 conference. Video of Braver Moss' full presentation available at: <http://youtube.com/bonobo3d>

It used to be that when Jewish friends and acquaintances from my synagogue would first find out about my work, they'd need a moment of mental adjustment. It was hard for them to square the diminutive soprano from choir with the troublemaker who had penned *The Measure of His Grief*, the first novel ever written about Jewish circumcision.

A few questions about the book and about my nonfiction writings would quickly reveal my shocking point of view: I think the Jewish people should stop circumcising.

"But circumcision is much healthier!" the person would sometimes feel compelled to explain. "It's more hygienic. It prevents disease. Don't you realize that AIDS rates in Africa have gone down dramatically because of it? Oh, but the procedure is so much worse when the person is an adult. Much less traumatic to get it done in infancy, much more humane... nothing like what's done to women in Africa — now that's barbaric..."

I'd smile, acutely aware of the need to remain calm. I might note (with some private resentment) that the Abrahamic covenant — the only reason for circumcision from the point of view of Jewish law — got no mention.

Given that the comments were most often medical, I'd meet the person there. I'd patiently explain in the most neutral tone of voice conceivable that, except as a last resort, there's no reason for radical surgery on healthy tissue. Or I'd state in the most neutral tone of voice conceivable the erogenous nature of foreskin tissue.



Lisa Braver Moss presents at the Genital Autonomy Symposium, University of Colorado, Boulder, July 24, 2014

Sadly, none of it ever seemed to change anyone's mind.

I belong to a large, urban Reform congregation in the S.F. Bay Area that's at the forefront of efforts to include and engage Jewish and interfaith families through special programming and consciousness-raising. There is perhaps no synagogue in the country that's done more to reach out to gay, lesbian, bisexual and transgender Jews, Jews with disabilities, and multi-ethnic Jews. I take deep pride in the fact that my congregation is among the leaders in Reform Judaism in this endeavor.

At the same time, it's been maddening to me that while all these very worthy issues are passionately discussed and addressed, the topic of circumcision has remained largely unquestioned in institutional Judaism. I find this all the more frustrating in the context of the Reform movement — a core principle of which is to examine Jewish practices in terms of their relevance and their consistency with modern sensibilities.

Why has circumcision remained the one issue that still cannot be touched, even in my congregation?

And then one day, it occurred to me that my synagogue's efforts to embrace the LGBT community, Jews with disabilities, Jews of color, even interfaith families — all

this was outreach to people, not to issues.

What if circumcision could somehow cease being an issue? What if the discussion could be focused instead on families who are opting out?

What if the entire circumcision conundrum could be reframed as a matter of the inclusion of these families?

I didn't know if my rabbis would see it this way. I didn't know if anyone would. But I was determined to find out.

First, I needed to verify my hunch that Jewish/interfaith families opting out of circumcision were already welcome at my synagogue. Sure enough, the clergy and the executive director told me these families are welcome; intact babies, boys and men are currently members of our preschool, religious school, bar mitzvah classes, and on up.

All of the clergy said they either had officiated or would officiate at brit shalom ceremonies if asked. (Brit shalom, Hebrew for "covenant of peace," is a baby-welcoming ceremony for families opting out of circumcision.)

The temple's executive director told me it is not at all uncommon, happening maybe two to three times every year, that prospective members ask whether a decision not to circumcise a baby would be an issue, and/or whether an intact older

child would face problems at the religious school or the teen program. The family is assured that the child is welcome to enroll in the preschool, to have a bar mitzvah, and to fully participate in synagogue life.

That being said, even in the liberal Bay Area, there are some very real prejudices outside the Reform context. My clergy caution families who are considering keeping a baby intact that not every Jewish community will be as accepting of their decision. Two local Conservative rabbis told me that intact boys are not allowed to have bar mitzvahs at their synagogues. But these rabbis both made it clear that they would respectfully steer the families toward communities that would fully welcome them.

All in all, there has been entirely too much fear mongering about keeping Jewish babies intact — about the possibility that the boys might be rejected in Jewish life as they grow up. Why hadn't there been any investigation of where in Jewish life these boys and their families were welcome?

I began to email a brief questionnaire around, focusing on Reform congregations. Of all the Jewish denominations, Reform Judaism is "the big fish" because of its numbers and influence. If Reform synagogues had an unstated convention of welcoming the families, I wanted to know about it — and write about it.

While my study was by no means exhaustive, it did give me a feel for the current Reform climate vis-a-vis intact Jewish sons. Virtually every Reform rabbi I interviewed said that non-circumcising families were welcome, that he or she would perform a brit shalom ceremony if asked, and that he or she would allow the boy to be bar mitzvah'ed.

But — how would parents know that? Poking around on the congregational websites of the rabbis whom I interviewed, as well as those of other major Reform congregations across the country, I was unable to find any indication that these families are welcome. Of course there are synagogues that seem more

likely than others to be open-armed, but there's no direct reference to such families even among the more inviting.

So if, for example, parents were looking for a rabbi to officiate at a brit shalom ceremony, or for a congregation that would allow an intact boy to become a bar mitzvah, they'd have to get over a very real hurdle and initiate a conversation. That is, they'd have to cross their fingers and hope the rabbi wouldn't turn out to be unsympathetic or judgmental.

Little wonder that so many non-circumcising families either hold no ceremony at all, or find their way to the Celebrants of Brit Shalom web-page (<http://www.circumstitutions.com/Jewish-shalom.html>) maintained by Dr. Mark Reiss, a retired physician and proponent of baby-welcoming ceremonies for these families. Reiss has collected the names of over 200 rabbis, cantors and lay leaders who are willing to officiate at brit shalom ceremonies on a freelance basis. Synagogues and other Jewish institutions would do well to note the tremendous success of this page, and the service it's providing in the absence of meaningful outreach to non-circumcising families on the part of mainstream Judaism.

Why don't congregational websites more openly welcome non-circumcising families? Why must the families lose out on belonging, support and community as a result of the omission—while Jewish institutions, meanwhile, lose out on diversity, vitality and warm bodies?

Perhaps one reason is that there's no way to refer to the families that's both clear and tactful. As I'm fond of pointing out, it would be awkward to announce "All penises welcome!" on a synagogue website.

Kidding aside, effective and appropriate language would be needed for an open welcome. I've proposed "brit shalom families welcome," a term some rabbis whom I've polled seem to like. And there's always the straightforward (if clunky) "noncircumcising," the term that *Jewish Weekly* editors used in titling

the print edition of the article I eventually wrote about my aforementioned research project.

I'm currently in active conversation with my clergy about language changes on our synagogue website. Stay tuned for an update.

Though change is slow, there's much to be grateful for — starting with the sturdy infrastructure of inclusion and welcoming in Reform Judaism and other progressive movements of Judaism today. I see no reason why non-circumcising families will be denied an open welcome once institutions realize that Jewish affiliation may be at stake.

As for my conversations with fellow members of my community — here's an experience I had recently when a typical exchange was brewing between me and another congregant.

"Circumcision is much better medically," the woman opined, rattling off the standard points. "Fewer urinary tract infections, less cervical cancer in the female partners, and just more... well... esthetically pleasing. And did you know that the World Health Organization recommends it?"

I waited until she came up for air, then spoke matter-of-factly. "You know," I said, "there are Jewish parents who have all the information that you're referring to — and they come to a different conclusion."

"Oh!"

Again, I took my time. "So I would ask you a question. Do you think those families should be welcome in our congregation?"

"Well of course they should!" she exclaimed.

This is how it's been in virtually all of my conversations since. If I frame the question in terms of inclusion instead of controversy, I get a "this is a no-brainer" response.

As for that moment of dissonance, the awkwardness because nice girls generally don't go around discussing the male anatomy — that, too, seems to have evaporated. I'm not discussing the male body, but the body we call Jewish community.

Activism Highlights

Denver Demonstration

Men Do Complain

While attending the Genital Autonomy Symposium in Boulder, Colorado which spanned the three day period July 24-26, Richard Duncker, Logan M. and Patrick Smyth took the opportunity to support US intactivists by participating in some street protests that were being staged in nearby Denver both before and after the symposium. The location (which had been announced in advance on Facebook) was a busy intersection overlooking the Colorado State Capitol. Logan and Patrick surprised organizer Brother K when they appeared unannounced on the morning of Wednesday, July 23rd and were warmly welcomed. Brother K later commented on Facebook: "This was his (Patrick's) first visit to the United States, a surprise he kept from me, so that when he walked up and joined the Bloodstained Men & Their Friends protest in Denver, I just about fell over in astonishment."

There was already a group of more than half a dozen gathered there, including Jonathan Friedman, Harry Guiremand, Franny Max, David Hill, David Atkinson, Arlis Quick Feidt, Felicia Jones and Patrick Brown. It was a hot day and the group was located in an exposed position, but thoughtfully the organizers had gathered a plentiful supply of bottled water to counter the effects of dehydration.

A performance of the routine that Brother K has made his trademark then followed, whereby a procession of intactivists marched onto the crosswalk when the red light halted the traffic and spreadeagled themselves side by side with placards raised above their heads. Just before the lights changed to green they would all retreat again to the sidewalk. The performance was photographed



(l. to r.) Steven Svoboda, Jonathan Friedman and Harry Guiremand demonstrate on the 16th st pedestrian mall in downtown Denver, Colorado, July 28, 2014

and the pictures posted on Facebook by several of the participants and members of the public.

A generally positive response was received from drivers and pedestrians who engaged with the demonstrators. A good supply of professionally produced educational handouts highlighting facts and figures about male genital cutting in the USA was prepared for the occasion, and distributed.

The day after the symposium, Sunday, July 27, Patrick returned to Denver to join Brother K and others for another session of street theater. This time, protestors split up into two groups: one remained at the intersection near the Capitol building, while the other group positioned themselves half way down the 16th Street Mall. Patrick accompanied Brother K, Jonathan Friedman, Harry Guiremand and James Snyder to the Mall where there were mercifully plenty of trees that provided some welcome shade. The group was also joined by Jonathon Conte

and Hugh Young. Jonathan Friedman decided to up the ante by boldly chanting some provocative one liners to attract even more attention. The others soon joined in to form a chorus.

The last of the Denver protests was staged on Monday, July 28, when upwards of 20 activists converged on the Mall in Denver. It was the most impressive public display of support for the cause in which the UK contingent had ever been involved. Brother K was particularly pleased to protest with Richard in his bloody overalls, since it was Richard who played a big part in launching the concept several years ago. The overalls have since become a regular feature of many street protests in the US and the UK. James Loewen was in attendance, as he so often is for major events, and shot photos and videos of the proceedings, which will in due course be available for viewing on his Bonobo3d YouTube channel. Steven Svoboda of ARC also participated.

Chase Case

Appellate Court Won't Halt Circumcision For 4-Year-Old Palm Beach County Boy

Marc Freeman

December 12, 2014

Sun Sentinel

www.Sun-Sentinel.com

The Palm Beach County boy celebrated his fourth birthday on October 31 and six days later a state appeals court cleared the way for his long-delayed circumcision, but the child's foreskin has yet to be surgically removed as his father wishes.

The boy's mother insists it is not medically necessary and asked for the unusual case to be heard by the Florida Supreme Court, but her battle may be nearing the end. The 4th District Court of Appeal in West Palm Beach Friday denied that request, meaning the procedure appears to be one step closer to taking place.

An army of special interest groups opposed to circumcision has rallied behind the mom. With websites and local demonstrations, these so-called "intactivists" have closely followed the parents' yearlong battle over the boy, Chase Ryan Nebus-Hironimus.

The most recent federal statistics indicate circumcision is waning in popularity across the country, but a national pediatricians' group says the health benefits of the procedure for newborn males are greater than the risks.

Jonathan Friedman, head of an organization called Bloodstained Men, has helped organize a legal bills fundraiser for the mom, Heather Hironimus, on a website called SavingChase.org. He says although the court's ruling clears the way, he doesn't think Chase's circumcision is inevitable.

"The medical community could still

stand up for the boy and refuse to do it," Friedman said Friday after hearing the case may have reached a legal dead end.

Another activist, Rebecca Wald, of Fort Lauderdale, cringes at the thought of the boy being circumcised.

"It's unfortunate the court decided the way that it did," Wald said. "Circumcision is bad enough — but when you have a 4-year-old boy who is terrified to lose part of his penis and will remember it for the rest of his life; it's insanity."

Wald has reported the yearlong court struggle on her website, BeyondtheBris.com. She advocates a ceremony called a Brit Shalom, an alternative to the traditional Jewish custom. Neither the boy's mother nor father, Dennis Nebus, are Jewish, but Wald said she felt compelled to get involved because "what's happening here is so egregious."

Attorneys for the mom and for the dad have declined to comment about the case. The dad has said he believes circumcision is "just the normal thing to do."

Records in Palm Beach County Circuit Court and the 4th District Court of Appeal in West Palm Beach offer a detailed account of the dispute between the unmarried parents.

It boiled down to three key developments:

In January 2012, Hironimus, of Boynton Beach, and Nebus, of Boca Raton, agreed to a court-approved "parenting plan". This plan made the father responsible for arranging the circumcision and indicated the "mother can accompany the minor child if she chooses."

The father told the court he decided to pursue the circumcision in December 2013 when the boy was 3, after he said he noticed his son was urinating on his leg. The father said the boy's pediatrician had diagnosed a condition called phimosis, which

prevents retraction of the foreskin, but a urologist later disagreed with that finding.

In May, Circuit Judge Jeffrey Dana Gillen ordered the mother to comply with the signed plan and circumcision, because "there is no reason" not to do so. The judge also warned her not to lead her son "to believe she is or was opposed to his being circumcised."

On November 6, the appellate court, without comment, upheld Gillen's order, giving the green light for the circumcision. Friday's order again denied the mother.

In an email Tuesday, the father's attorneys told the *Sun Sentinel* it is "a private family matter." They have previously blasted the mother in court for "parading the child's face and name all over the Internet," granting media interviews, and working with a Facebook page called Chase's Guardians.

Over 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 does not recommend universal newborn circumcision, but stated, "the health benefits of newborn male circumcision outweigh the risks and the procedure's benefits justify access to this procedure for families who choose it."

The organization touted the benefits of lower risks of urinary tract infections, penile cancer, and contracting HIV, the virus that causes AIDS.

ARC is collaborating with Intact America and Doctors Opposing Circumcision on a letter to be mass mailed to notify Florida urologists about the legal risks they might incur if they conduct a medically unnecessary circumcision on 4-year-old boy Chase Hironimus.

ARC Updates

ARC “Know Your Rights” Video Released

September 2, 2014

Attorneys for the Rights of the Child is pleased to announce the release of a “Know Your Rights” video (<http://arclaw.org/our-work/videos/circumcision-your-legal-rights>) that was recently filmed by James Loewen with premier penile tort lawyer David Llewellyn as the presenter, introduced by J. Steven Svoboda.

Following is the text of our announcement:

Atlanta, Georgia attorney David J Llewellyn has represented over 50 circumcision-related lawsuits. In this video, after a brief introduction by Attorney for the Rights of the Child’s (ARC’s) J. Steven Svoboda, Llewellyn discusses circumcision and legal rights. The following questions are answered:

- Who may bring about a circumcision-related lawsuit?



David Llewellyn (left) speaks to a video camera during our “Know Your Rights” recording while James Loewen takes still shots, Boulder, Colorado, July 27, 2014

- What is “informed consent?”
- Who may be responsible for damages?
- What are the time limits?
- What sort of damages may be awarded?

ARC is an organization dedicated to safeguarding the bodily integrity of children. ARC is available to help people who feel their rights were violated by a circumcision of which they did not consent to, including those that happened in the first years of a child’s life. Legal remedies may be available depending on your current age



*(l. to r.): James Loewen, Steven Svoboda, and David Llewellyn
Boulder, Colorado, July 27, 2014*

and the location and circumstances of your circumcision. This “Know Your Rights” video complements the ARC “Know Your Rights” brochure that we released in 2011.

If you are interested in learning more about the legal remedies that may be available to you as a result of your own circumcision, or the circumcision of your minor child, please review our “Know Your Rights” brochure and view the “Know Your Rights” video on our website (www.arclaw.org).

Steven Svoboda Honored By Intact America

Seven years ago, when Intact America was just an idea among a handful of intactivists, J. Steven Svoboda—a human rights and patent law attorney in San Francisco—was an integral part of the conversation. In fact, he’s been defending human rights for decades.

While attending Harvard Law School in the late 1980s, Steven traveled to Guatemala to volunteer on behalf of indigenous people—working 14-hour days, visiting morgues, confronting army generals, interviewing families of murdered peasants, and contributing extensively to

a major report by Human Rights Watch.

When Steven began to hear from others who saw circumcision as a men’s rights and human rights issue, the commonalities with his earlier humanitarian work was clear. “The more I learned, the more concerned I became. I knew working on this would be worthwhile and would help children—and, indeed, all of us.”

In 1997, Steven founded Attorneys for the Rights of the Child, an international network of attorneys who work to secure equal protection for children’s legal and human rights to bodily integrity and self-determination. ARC works to help plaintiffs looking to expand the legal standard on male genital mutilation. “We

want to make legal relief potentially available to all involuntarily circumcised males,” says Steven. “We’re forcing the medical profession to confront a challenge to the inhumane disfigurement of baby boys’ genitals from an organization of legal professionals which it cannot afford to ignore.”

Steven has authored and co-authored more than 30 academic articles on the legal and ethical issues surrounding child circumcision. In 2001, he presented to the



Steven Svoboda

United Nations the first document centrally addressing male circumcision as a human rights violation. He works closely with Intact America and serves on its Steering Committee. "Intact America inspires all of us working for genital autonomy for boys, girls, and intersex people by its professionalism, its unique

and fresh approaches, and its commitment to reaching as many people as possible in all walks of life regarding the importance of allowing our children to decide for themselves about their bodies."

Georganne Chapin, Executive Director of Intact America and an attorney herself, serves on the Board of Directors of

ARC. Referring to the collaboration between the two organizations, Georganne says, "Steven is a terrific colleague. His analysis of legal issues and of circumcision's role in American society is always thoughtful and precise. I'm so grateful for everything he does to protect baby boys, and I'm proud to work alongside him."

Views

What's An Ethical Person To Do About Genital Mutilation In A Profession That Promises 'First, Do No Harm?'

Opeyemi Parham, M.D.



Opeyemi Parham presenting at the Genital Autonomy Symposium, University of Colorado, Boulder, July 24, 2014

As I awoke to the horror of genital mutilation in the USA, I came to an understanding of my own complicity and my profession's complicity in the matter.

I trained as a physician. We take an oath—the Hippocratic Oath—and popular medical mythology includes the phrase "primum non nocere." I believed that was what I had promised: "first, do no harm."

As a college senior, I had written an independent thesis that allowed me to explore the relationship between black women as patients, and white male physicians. I had looked at the issue from

multiple facets and had delved into the social justice, psychological, and anthropological issues that presented themselves. Before ever entering medical school, I was aware that the healing legacy of Hippocrates was full of contradictions. Many practices that were judged "good medical care" at certain points in our history were later found to be racist, sexist, classist, or just plain WRONG.

Even with that knowledge, I was struck speechless the first time that I saw a three-day-old infant boy strapped down onto a plastic board with his little arms and legs Velcro-ed into a spreadeagle, and watched an obstetrician perform a circumcision.

The mentoring doctor did that procedure with no pain medication for the baby. None.

I had known about Marion Simms, "the father of gynecology," purchasing eight slave women in the 1860s on whom to practice his ground-breaking work on surgical repair of vaginal-vesiculo fistulas (tears in the vagina that lead to the constant leaking of urine). I knew that in the 1880s, upper class American women had clitorectomies prescribed for many sexual health issues. I knew about overuse of episiotomies in birthing women, and about Southern black women being at risk late into the 1960s for a "Mississippi appendectomy" (involuntary sterilization). Somehow, I still came out of all that enlightened education with a blind spot in

my own belief system.

I had not anticipated needing to address the issue of a medical system that was torturing children, and was not yet awake and aware of the issue. How could I obtain the power and the privilege of a medical license without colluding with neglectful and torturous practices?

I could not.

So, I participated. Like the soldier that states afterwards, "I was only following orders," I learned to perform circumcisions. I gritted my teeth, strapped those baby boys down, and cut away. I told myself I was better than my fellow residents who were also training, because I researched how to place a nerve block at the base of the penis and I anesthetized the babies. But I still genitally mutilated them. When the families were Jewish, I heaved a sigh of relief, and referred them to their own community mohel, but I did not try to talk them out of genitally mutilating their sons.

It was only when I took a personal growth training in how to establish genuine human relationships I began to come to terms with what I had done.

At that training, I made an eight-minute video, offering an apology for the thirty-plus circumcisions I had personally performed over the course of my life as a family doctor.

I did this two years ago and the video has gotten about 4400 "hits" on Youtube. One of the viewers who contacted me about my apology was an angry man in



Opeyemi Parham and M. Thomas Fredrikson presenting at the Genital Autonomy Symposium, University of Colorado, Boulder, July 24, 2014

his thirties: M. Thomas Fredrikson. He asked me how I felt about being a serial child rapist. What an introduction!

And, as much as I wanted to blow him off as “a kook” and “over-reactive,” I knew that here was where my “genuine human relationship” training needed to inform my actions. After thinking long and hard about the definitions of those awful words that he had thrown at me, I admitted to myself that HE WAS RIGHT.

We two began a dialogue regarding this ongoing practice of genital mutilation, still occurring to 60% of newborn baby boys in the US. The conversation lasted four months. The results are presented as “First Do No Harm: a Dialogue in Power, Privilege, and Good Intentions.” In thirty minutes, we attempt to

walk the viewer through our often challenging conversation between one cut, and me—one who was a cutter.

Nowadays, I understand a medical student or a nurse can refuse to participate in genital mutilation as a conscientious objector. I did not have that option. And while I will never regret obtaining the tools and skills that I needed to practice quality family medicine for twenty years, I do regret the evidence that I compromised my personal ethics in the process.

I ask you... if it were you, what would you have done?

Navigating Gender Stereotypes and the Circumcision Imperative

B. J. Epstein

November 26, 2014

Beyond the Bris

It's a well-known phenomenon that a pregnant body is seen as a public one, and can become a war zone of sorts. People feel able to comment on any aspect of the woman's body and behavior, and to ask questions or give advice about how to raise the forthcoming child. It's frustrating, intrusive, and often upsetting. Sometimes, however, it can also lead to useful opportunities for challenging other people's beliefs.

When I was pregnant, we knew we were expecting a girl, but we chose not to tell anyone. For one thing, the baby's sex simply didn't matter to us, and we don't have stereotyped views of the sexes, so we didn't want to get into conversations where people told us all about how to raise girls versus boys, or why one was better than the other, or what the baby was going to be like. Also, we didn't want to receive gendered clothing or toys as gifts, and it felt good to be able to respond to comments such as, “But how

can I buy your baby an outfit if I don't know what sex it will be?” I always pointed out that babies don't actually care what clothes they are wearing or what toys they are playing with. Baby girls, for example, do not in fact object to wearing blue. What I hadn't expected was how many people would assume we were having a boy (perhaps because boys are still preferred, even in this supposedly modern time) and would then instruct us about how essential it was to get this hypothetical child circumcised. We heard all the usual arguments: circumcision is necessary due to the laws of Judaism; it is cleaner; it is healthier; it is wrong and even harmful not to circumcise; a Jewish boy will feel “left out” if not circumcised; it's against our forefathers and everything they went through to not do it; and so on. I was, frankly, stunned by all this. Such comments felt like an attack, and a very personal one too.

My wife and I kept firmly saying we felt male infant circumcision was genital mutilation (although not as extreme as what happens to girls in some cultures). We said boys can be taught how to keep their penises and foreskins clean and that being circumcised doesn't automatically protect a boy from sexually transmitted



B. J. Epstein

diseases or other infections. We offered statistics about how many boys are circumcised here in England (the number is much lower in Europe than it is in the US where I'm originally from and where my relatives still live), explaining how any son of ours wouldn't actually feel different from other boys in the UK. We even reminded some relatives about how I'm not that religious and don't feel compelled to raise our children in complete accordance with Jewish law, even if they will certainly be taught about Jewish history, culture, and beliefs.

These responses were not accepted. We were just told that we were looking at the issue the wrong way.

Eventually, exhausted by these conversations, I asked that we stop talking about it. I said my wife and I understood their point of view, but we'd made the decision not to circumcise, and we hoped everyone else could accept and respect it. There was a brief time when relatives stopped bringing it up.

But then the offensive mounted new attacks by emailing us anecdotes from men, including non-Jews, who said they were "glad" and "grateful" that their parents circumcised them. We were also sent scanned pages from books and articles about the importance of circumcision. My irritation increased, so in retaliation, I began photocopying pages from books too and sending links to medical research. I said I was happy for those men who were grateful to be circumcised but that not everyone was appreciative of such a major decision being made on their behalf when they were infants. We reminded people about various medical and legal cases where men had physical, mental, emotional, or sexual damage from their circumcisions.

We were at an impasse. I asked once again for respect for our choices regarding our child. One of the worst offenders in my natal family said yes, of course, it

was our child and we needed to make the decisions.

But she, and others, still didn't seem to understand what the issue was. To them, circumcision is minor – you have a lovely party and the baby boy doesn't even remember getting the snip. As a Jew, you just do it. It's tradition.

I was getting quite angry. This ire grew when a male Jewish colleague approached me at a work event. We are collegial but not friends, so I was surprised when he asked me about the sex of the baby and then said, "Well, of course you'll have a bris, right?" I sighed and said no. I explained why we were against it and he looked shocked. "But it's gross not to circumcise a baby!" he exclaimed. I started to explain again and then wondered why I was even bothering. After all, it wasn't any of his business. But I realized that even though I didn't appreciate people's nosiness and bossiness, or the way they made my pregnant body a space for their own prejudices and opinions, I could continue to use these discussions as a way of making them reflect on their own long-held views. So I stopped myself from rolling my eyes and tried to clarify why I thought circumcision was wrong.

And that's how I approached it with

people after that. I listened to their opinion and then attempted to say, as calmly as possible, why my wife and I had decided not to circumcise any baby boys we had.

When our little girl was born, one of my relatives said to me, "You knew all along she was a girl and yet you had all those arguments about circumcision. Why? Wasn't that annoying?" I said it was annoying and we could have saved ourselves a lot of stress and bother, but it was beneficial for a couple of reasons. On a personal level, I learned to stand up for the decisions we were making about rearing our children. But on a larger, societal level, I felt that potentially my wife and I were giving some stubborn people new ways of considering the issue of circumcision. Maybe a few of the facts or ideas we offered would sink in, and perhaps could help prevent other babies from being unnecessarily circumcised in the future.

Pregnant women and their babies can often seem like pawns in cultural and religious wars, and that shouldn't be the case, but perhaps sometimes we can occasionally use them to win a battle or two, in the hope that eventually the war will end.

This article was originally published on Beyond the Bris.

Ten Years of Training: Family Medicine Residents as Conscientious Objectors to Circumcision

Michelle Storms, M.D.

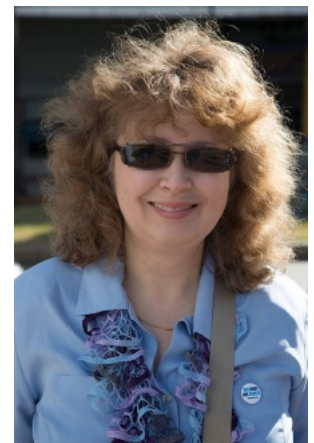
This is a reprint of Chapter 9: G. C. Deniston et al. (eds.), *Genital Cutting: Protecting Children from Medical, Cultural, and Religious Infringements*.

Family medicine residency programs have the expectation that residents will perform procedures, including neonatal circumcisions. Residents, in general, love learning

procedures. However, one-quarter to one-third of residents in the Marquette Family Medicine Residency Program (in Marquette, Michigan, USA) have made a conscientious decision to not perform circumcisions. They cite ethical and religious concerns, similar to those given by healthcare providers concerning provision of abortions, abortion counseling, vasectomies, and female contraception. Employment contracts mandate that physicians provide medical care, not cultural care. Neonatal circumcision is often performed by non-medical personnel for non-medical reasons, and therefore, qualifies as cultural care. Many physicians and

healthcare personnel consider circumcision to be child abuse and torture, which is certainly not part of the job description.

Nor is the solicitation or arranging for such a procedure part of the employment contract or job description.



Michelle Storms

Marquette General Hospital has over a 95% neonatal circumcision rate. The belief held by many in the community and among the medical staff is that parents have the right to request circumcision of their newborn son, and physicians and hospital staff are expected to comply.

The Marquette Residency Program has allowed residents to refuse to perform any procedure, or provide clinical care in any area, that the resident believes violates their ethical standards. For the most part, this has not created any problems.

However, the refusal to perform neonatal circumcision has generated controversy and division particularly on the hospital birthing unit, and sometimes among the residents. Often, there is no physician available in-hospital to perform circumcisions because the family medicine physician attending, pediatrician attending, obstetrician attending, and the residents available all refuse to perform them. Many healthcare providers have been forced to call themselves Conscientious Objectors (CO) in order to justify their refusal to participate in the performance of neonatal circumcisions. A recent article by a prominent ethicist questions the need for providers to call themselves Conscientious Objectors since any "ethical doctor will object to conducting a clinically unnecessary operation on a child who cannot consent" (Shaw 2009).

Conscientious Objector status originated to allow persons opposed to war from having to take up arms. It then was reframed to allow medical providers and healthcare personnel the opportunity to decline participation in medical care that violated their ethical principles. It is defined by the UN Commission on Human Rights as:

An individual who has claimed the right to refuse to perform (military service) on the grounds of freedom of thought, conscience, or religion. Conscientious objection in medicine is the notion that a healthcare provider can abstain from offering certain types of medical care with

which he/she does not personally agree. This includes care that would otherwise be considered medically appropriate.

The state of Michigan developed the Michigan Conscientious Objector Policy Act of 2004, which protects healthcare providers from retribution if those providers, who invoke their conscience, refuse to provide medical care. It "allows providers to decline offering care if that care compromises the provider's beliefs, except in the event of an emergency."

In furtherance of this policy, the "Medical Conscience Rule" was passed in December, 2008 by the Department of Health and Human Services. It protects entities or individuals from reprisal if they chose not to provide certain medical services that violate their conscience (notably in the area of abortion services). It was intended to protect providers, educate about protections afforded by federal laws and hear grievances. The goal of the new law was to "prohibit recipients of certain federal funds from coercing individuals in the health care field into participating in actions they find religiously or morally objectionable" and to "prohibit discrimination on the basis of one's objection to, participation in, or refusal to participate in, specific medical procedures, including abortion and sterilization." DHHS' Secretary Leavitt specifically stated that "healthcare providers should not be forced to choose between good professional standing and violating their conscience." Any healthcare entity found to be in violation of the new law would be subject to a termination of federal support and repayment of funds already received. Conscientious Objector rulings, as noted in the above paragraphs, address the issue of providing emergency care to adults, but do not discuss how to address the issue of performing procedures on minors for non-therapeutic reasons.

None of the existing conscientious objector laws specifically address the issue of neonatal circumcision, which is unique in that it is an elective procedure

performed on non-consenting patients to remove healthy tissue. Many physicians and nurses find neonatal circumcision troublesome for these reasons. They also find it troublesome to be pressured into facilitating the performance of circumcision by finding someone else to do it or someone else to assist in a circumcision. This would clearly not be required of a provider opposed to abortion, or of a Jehovah Witness opposed to hanging blood products on a patient.

Ten years ago, the Marquette residency program was primarily composed of US-trained male residents of primarily the Catholic or Protestant religious faiths. Few residents refused to perform circumcisions while in training, even if privately they expressed opposition to the procedure.

Over the last 10 years, the composition of the residency program has changed to include more females, many foreign medical school graduates from eastern Indian and European countries, where circumcision is not routinely performed, and a diversity of religious beliefs. Some of the male residents are intact and understand the value of the foreskin/prepuce. Many of the residents from foreign countries belong to religions that specifically advise against circumcision (Hindus, Sikhs, etc). There are Catholic priests who are opposed to circumcision, and the New Testament expresses opposition to circumcision. The Book of Mormon advises against circumcision. All these factors have created a much higher percentage of residents declining participation in this procedure.

There is also greater awareness of the violation of the infants' human rights by circumcision. Many of the female residents are particularly averse to performing a procedure they consider harmful to the well being of the child. Females, and intact males, understand that circumcision disrupts the mother-child bond.

Residents are also more vocal and assertive than in the past. Previously, residents deferred to authority figures and followed a strict hierarchy, which did not

allow for much dissension among the ranks. Residents raised in the U.S. tend to be particularly outspoken in recent years, most likely as a result of their socialization here. Foreign medical graduates are less comfortable challenging the system, but will do so if they believe it violates their religious or cultural beliefs.

Residents who circumcise have tried to coerce other residents into circumcising by emphasizing that they are increasing the workload for other residents, making it inconvenient for others, and that they are not respecting the rights of parents.

Challenging the status quo on the birthing unit has created a strong and concerted kickback. The nursing staff reacted by repeatedly harassing and attempting to intimidate the resident physicians, and even harassing attending physicians and parents, who refuse to circumcise. Nurses state that they are “just being an advocate for their patients.” However, clearly they are not advocating for the male infant who has no say whatsoever. One mother stated that she was repeatedly “harassed by nurses until I was crying” over her decision to leave her son intact. Some physicians have been threatened with the filing of incident reports, and a nurse actually did write up an incident report on a pediatrician who refused to arrange for a circumcision on his patient. Nurses have discussed the “ethical beliefs” of physicians opposed to circumcision with parents. The nurses avoid direct, rational discussions and do not seem to accept that others find circumcision unnecessary, unethical, and a violation of human rights.

The chief medical officer (CMO) of the hospital was contacted about the repeated instances of harassment, intimidation, and unethical/unprofessional behaviors exhibited by nursing personnel on the birthing unit. It was explained to the CMO that such behavior was a violation of federal and state law, and that it no longer would be tolerated. He agreed to discuss the issue with the nursing staff

and put an end to it. It was suggested that the nursing staff receive education regarding circumcision, the value of the foreskin/prepuce removed, the complications, and the ethics. This suggestion was not put in place, although attempts have been made at departmental meetings to promote education.

Based on the obvious lack of knowledge, a lecture on circumcision was presented to the family medicine residents in October 2009. Readings were provided in advance of the presentation for the residents to review. These readings included a discussion of the normal structure and functions of the male foreskin and prepuce, the history of circumcision, the ethics and controversies surrounding circumcision, and a full informed consent for circumcision, including all the complications. Interestingly, the room was packed for this discussion. From the questions asked, it was clear the residents had no knowledge of the anatomy and functions of the tissue they were removing by circumcision. Nor did they know any of the history and few of the complications. How can it be that physicians are graduating from accredited medical schools lacking such basic information and education regarding one of the most commonly performed procedures in the US? Clearly, our medical institutions are failing medical students, nursing students, and thus patients, by not providing such basic information needed to provide adequate informed consent. For no other procedure would this be acceptable.

The AAFP conference in October 2009 brought further revelations regarding this issue. Many of the attendees stated they had not circumcised their own children, but continued to circumcise newborns at parental request. They were uncomfortable declining to circumcise despite their obvious negative feelings about it. Such “groupthink” is no different than what occurred during World War II with the experimentation on Jews in concentration camps. As Voltaire stated,

“Familiarity accommodates any barbarity.”

One Michigan family medicine resident at the AAFP conference, originally from Nepal, stated that she was being forced to perform circumcisions and she was afraid to say “No” for fear of being fired. A discussion with the Michigan State University family medicine program directors in December 2009 demonstrated a lack of insight and knowledge on their part regarding the history and ethics of circumcision. However, they did agree to allow residents to decline participation in the procedure. It was emphasized to them that resident physicians need to be informed of the option to forgo performing circumcisions, or any other ethically objectionable procedure.

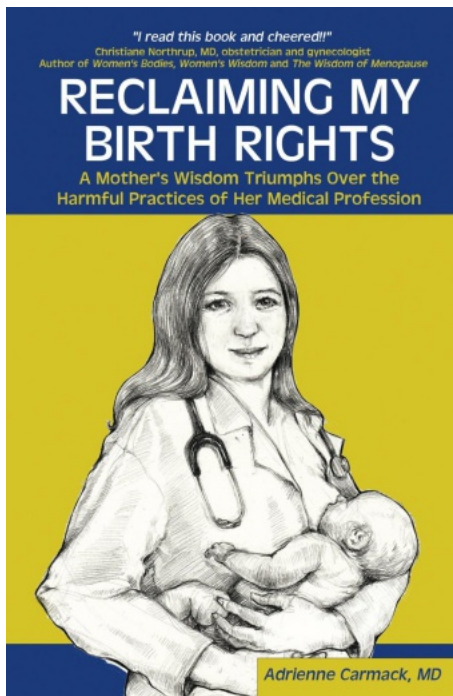
Neonatal circumcision is a volatile, emotionally charged issue, which is difficult for many to discuss rationally. This alone is a tip-off that something is just not right about the circumcision of non-consenting infants who, as our patients, deserve protection from harm. However, this procedure is culturally embedded in the psyche of our nation. It will require a conscious effort to confront the issues involved. Furthering the goals of being a conscientious objector and eliminating circumcision will require direct open communication with extensive education. It will require an epiphany for many to realize the damage that occurs with neonatal circumcision. It is clear that having a vocal faculty physician and attending physicians presenting the concerns about circumcision to medical students and residents in training has made a difference in Marquette, Michigan.

Michelle R. Storms, MD, is an Assistant Director and the Research Director for the Marquette Family Medicine Residency Program in Marquette, Michigan. She is an assistant clinical professor at Michigan State University College of Human Medicine. She is on the Health Professionals Board of Intact America.

Reviews

Review: *Reclaiming My Birth Rights: A Mother's Wisdom Triumphs Over the Harmful Practices of Her Medical Profession*

Review by J. Steven Svoboda



Reclaiming My Birth Rights: A Mother's Wisdom Triumphs Over the Harmful Practices of Her Medical Profession. By Adrienne Carmack, M.D. San Bernardino, California: Adrienne Carmack, 2014. 147 pages. \$15.99. www.adriennecarmack.com.

Disclaimer: I greatly enjoyed listening to the presentation of Dr. Adrienne Carmack at the July 2014 Boulder symposium. She and I spoke briefly in Boulder and she is a deeply respected colleague of mine. My use of her first name in this review reflects her down to earth, personal approach to her book and to her activism.

Board-certified urologist and activist Adrienne Carmack, M.D. has published a concise, very engaging, and user-friendly book on her experiences navigating our country's medical system as a consumer albeit one influenced by her profession. Naturally, her professional background influences her reaction to her discoveries about our medical system that initially lead her to defer to authority and assume any doubts she had about the wisdom of male circumcision or home births might not ultimately be justified. In the end, however, Adrienne's story is a moving one of personal triumph and of what I found to be an awe-inspiring and emotionally powerful path of discovery that brought tears to my eyes in the closing pages.

Adrienne deftly summarizes the core issue right at the outset when she analogizes male circumcision to an imaginary practice where a fingernail is removed from an infant without any medical reason. The author notes how such a procedure would in fact completely remove any danger of infection from the removed nail, any problems others had with their fingernail might come to be viewed as attributable to their failure to undergo this procedure.

This book brings to mind Jennifer Margulis' similarly excellent *The Business of Baby*, previously reviewed in these pages, while taking a more personal approach to some of the same material regarding failures and disconnects in the American medical system. Adrienne points out that while hospitals routinely break the baby's collarbone to facilitate deliveries when a baby's shoulders are stuck in the mother's birth canal, midwives "report great success with just having the moms get on all fours..." In fact, the author goes on to note, death

rates and complication rates turn out to actually be higher for births assisted by physicians relative to midwife-attended home births. Similarly, fetal heart rate monitoring, which certainly seems to save lives, may in fact be contributing to a higher rate of C-sections without in fact improving outcomes or resulting in healthier babies.

While not scientifically conclusive, I found it compelling that after her successful, natural home birth, Adrienne had a chance encounter with a woman who had given birth using the same insensitive obstetrician with whom the author had initially consulted before rejecting him. "She ended up having a C-section for 'failure to progress' on the day my child was born, and had very similar timing of her cervical dilation as I'd had!"

The book's section on intersex surgeries is good and a very welcome inclusion. However, the reader should keep in mind that the author is apparently unaware that significant controversy exists in the intersex community regarding the now defunct Intersex Society of North America (ISNA), the only intersex organization mentioned in her book.

Adrienne Carmack comes to see that "the entire medical system is completely flawed from the inside." She learns, for example, that an apparent condition, overactive bladder, for which she had been in the habit of prescribing the accepted medication as a urologist, appears to be a "disease" that was more or less fabricated to create a use for a drug that had no market.

As Adrienne's excellent book draws to a close, she has separated her ties with the father of her first two children and gives birth to a third child in an experience that is described in deeply inspiring words:

During this pregnancy, I was totally aware and deeply in tune with my body and baby. I never had my blood pressure checked. I didn't use any vitamins, and the only supplement I used was a high-protein and mineral nutritional supplement

called spirulina. I never had the baby's heart checked, except during my ultrasound. I didn't purchase anything to prepare for the birth, and I didn't cut the cord....

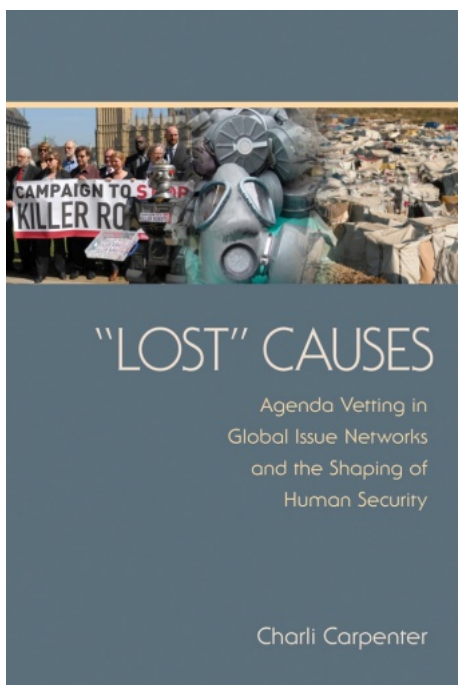
Not relying on an outside authority allowed me to listen to my

body in a way I couldn't before, and to use my own experience as my guide. Leila's free birth was beautiful, completely safe, and perfect.

Adrienne has blessed us all with a heartfelt, powerful gem of a book. Don't miss it!

Review: "Lost" Causes: Agenda Vetting in Global Issue Networks and the Shaping of Human Security

Review by J. Steven Svoboda



"Lost" Causes: Agenda Vetting in Global Issue Networks and the Shaping of Human Security. By Charli Carpenter.

Ithaca, New York: Cornell University Press, 2014. 234 pages. No price stated on book but website gives prices as \$79.95 (hardback), \$24.95 (paperback).
www.cornellpress.cornell.edu.

Full disclosure: Charli Carpenter interviewed me at length for this book and she is a deeply respected colleague and a friend of mine.

University of Massachusetts at Amherst political science professor Charli Carpenter has published her latest book. As always with Carpenter, it contains superlatively written and trenchantly observed analysis.

Lost Causes builds on analytical structures and conclusions that Carpenter developed in her excellent earlier book, *Forgetting Children Born of War*, which was previously reviewed in these pages. How does it get decided which issues are accepted as valid human rights concerns and which are sloughed aside as less important? Carpenter shows it is not an issue's merits nor even the external environment's receptivity that primarily determine its success. Instead, "*relationships within the [human rights] network* make all the difference—relationships between issues, between actors, between individuals, and between subnetworks themselves" [*italics in original*].

Issue definition by a norm entrepreneur (such as Marilyn Milos, Georganne Chapin, or I am in the genital autonomy world) is hopefully followed by the adoption of the issue by one or more major advocacy organizations. Carpenter argues that "issue adoption by at least one powerful actor within a preexisting network is a crucial prerequisite for successful agenda setting." As a result, "many problems never get defined or, once defined, never spread because they are not endorsed by powerful gatekeepers...." Perhaps more intriguing and more pertinent to our work, decisions about how to pitch an issue affect the outcome. Is genital autonomy a

health issue, a men's rights issue, a gender equity issue, a sexual issue, a psychological issue, a religious issue, a medical issue, an ethical issue, a legal issue, or some combination of these? Carpenter observes that these choices matter greatly because "agenda-vetters place conditions on the way in which a problem can be articulated in order to receive their endorsement."

Carpenter has come up with a number of pieces of information that may be of interest to our movement. For one thing, "adoption by hubs produces commitments by governments within an average of five years..." One point we want to bear in mind is our own potential for maximizing our influence since the author counsels, "resource-poor organizations new to the scene can compensate by positioning themselves as hubs in new networks." Carpenter offers the example of "Global Witness, the first organization to brand itself in the new issue area of 'conflict resources,' focusing originally on diamonds... but more recently on timber, oil, water, and other natural resources..." Page 34 contains a list of forty-eight human security "non-issues" as identified by practitioners, including male circumcision.

An entrepreneur's characteristics turn out to be surprisingly unimportant in the reception an issue receives. Much more critical are the attributes of the issues and relations between actors and issues. "Entrepreneur 'credibility,' for example, appears to be based as much on the entrepreneur's credentials, choice of allies, and relationship to the claimant population as on their actual expertise, advocacy skills,

or the merit of the cause they champion.” More specifically, “ties between issues, issue areas, and organizations can result in conflict or competition among issues, and the way that issues are packaged structurally and mapped onto different organizations’ issue ‘turf’ affects the receptivity of the network to certain new ideas.”

Genital autonomy activists should carefully review Carpenter’s detailed account of how the movement by the Campaign for Innocent Victims in Conflict (CIVIC) for controlling wartime collateral damage to civilians won endorsement of its issue. Despite the salience and importance of the concern, it did not receive immediate attention. Like our topic, it fell between cracks in different networks’ respective mandates; “depending on which piece of the concept one focused on, it could be a humanitarian law issue, a human rights issue, a development issue, or a protection issue.” Another parallel with genital autonomy was evident in a perception of possible competition with other already accepted issues. Initial formulations of the issue suffered from less than ideal framing. Victory was eventually attained after a couple critical moves—relocating the geographic center of network ties from Washington DC to New York, and finding a frame for the issue in what Carpenter calls “the sweet spot between ‘something concrete’ yet ‘universal enough.’” Also, issues were damped down that “attracted push back from the wider human security network,” another step from which we may draw useful lessons. The concept of “norms” was deemphasized in favor of a focus on promoting respect and dignity, yet another potentially relevant consideration for genital autonomy advocates.

The next chapter performs a similar analysis of the movement to ban killer robots, which after some significant setbacks also proved successful. One instructive point from this chapter: a secret to the credibility with governments regarding military issues of the

International Committee of the Red Cross (ICRC) is its careful avoidance of ties with the peace movement. Another lesson with obvious relevance to our work is Human Rights Watch’s (HRW’s) long-standing success at reversing the burden of proof so that, for example, governments were required “to demonstrate in advance of deploying weapons that their use would not violate humanitarian standards.” Another conclusion worth bearing in mind: if an issue becomes too “sexy,” the willingness of established organizations to put their reputations on the line by adopting it may be reduced.

Then comes a chapter devoted to our movement and its failure to date to attract the attention of major human rights organizations. Carpenter reminded me of a fact I had nearly forgotten. In the early years our movement explicitly acknowledged religious circumcision as legitimate. “However, intactivists gradually broadened their views under pressure from Jewish activists in the movement.”

ARC’s 2001 mission to the United Nations (UN), where the issue was first officially recorded in a published UN document as a human rights concern, is discussed in some detail. Carpenter provocatively concludes that “a key element of the explanation [for the failure to date of adoption of our issue] revolves around dynamics among organizations in the health and human rights networks, and perceptions of ties among human rights themselves.”

How a new issue is pitched in the existing issue space can be critical. “A new issue must be different enough from the current issue agenda to merit inclusion, but also similar enough not to conflict with or undermine an organization’s existing issue pool.” Accordingly, if an issue is seen as detracting from another already accepted issue, as some see the anti-male-circumcision movement as taking attention away from work to stop female genital cutting, this can produce roadblocks. Our success may also be rendered more

elusive by the beliefs in some quarters in the existence of genuine health benefits to male circumcision and of problems of religious intolerance raised by opposing it.

Our issue has some undeniable pluses: a clear set of victims, relatively straightforward measurability, and an obvious set of perpetrators. Problematic, however, are the facts that the perpetrators may not be seen as morally blameworthy, and also the victims—especially if classed as adult males—are not those on whom human rights elites are accustomed to focusing.

The author notes that one of our movement’s pluses is we have a high degree of professionalism in our movement among our entrepreneurs with many of us “with field experience in the medical or legal community” and familiarity with human rights discourse.

Carpenter does eventually mention the issue of the gender of the victims as a barrier. The practice is prevalent in the social networks of the human rights elites! “A bigger problem was that to address circumcision, fingers would need to be pointed at global health professionals who had long accepted and perpetuated the practice.” Adopting the issue would pit human rights organizations against powerful players such as World Health Organization and the Bill and Melinda Gates Foundation.

As Carpenter deftly points out, female and male genital cutting may be comparable conceptually but not comparable politically. Moreover, our movement may have “appeared to UN insiders as an effort by adult men to steal thunder from the gender-violence movement, rather than a campaign on behalf of children.” Carpenter expands: “Intactivists are waging an uphill battle against an entrenched cultural practice embraced by the states in which human rights gatekeepers are headquartered and by whom their organizational partners are funded, as well as many practitioners within health and development organizations to which human

rights elites are closely connected.”

“Ultimately, however, the support of leading human rights organizations is a crucial missing ingredient in the quest to consolidate this emerging understanding into an internationally recognized norm against the cutting of infant boys with resonance in the wider human rights network.”

One minor aspect of the book almost doesn't bear mentioning but in the interests of completeness I will include it. Unfortunately, a handful of typographical and factual errors slipped by the editors and fact checkers at Cornell University Press. For example, the names of Georganne Chapin and my own name are misspelled (which could slightly impede Internet searches for further information), and the year Attorneys for the Rights of the Child was founded is given as 1995

rather than 1997. It is also not true that the costs of ARC's 2001 mission to the UN in Geneva was “cobbled together the funds out of pocket.” We ran a fundraising campaign that did produce financial support for the full costs of the initiative. While this is not exactly an error, it would have been nice if this chapter had cited the Council of Europe's 2013 recommendation and resolution opposing male circumcision and/or the 2013 report by the UN requesting further study by Israel of circumcision's complications.

Carpenter properly chronicles the shift from focusing on circumcision to framing the issue as one of “genital integrity” and also observes the shift from discussing gender, parental consent, and health to “a purely children's rights frame.” Discussion of the recent switch to

a “genital autonomy” frame would have been welcome.

Details aside, like all of Carpenter's works, *Lost Causes* is simply brilliant, intellectually distinctive, painstakingly reasoned, with—as always with this author—a superlative, even artisanal quality of writing that is virtually never encountered in our hectic modern era. Charli Carpenter has probably published the most thought-provoking and original examination of challenges and opportunities for our success that has ever been published by an “outsider” to our movement. As always with this author, the writing is incisive and a pleasure to read, and the analysis and reasoning is crystal clear and easy to follow. Do not miss this indispensable book!

News

Lawsuit Filed Claiming Botched Clayton County Circumcision

Rhonda Cook

September 29, 2014

The Atlanta Journal-Constitution

www.AJC.com

A Clayton County mother is suing a clinic and a nurse midwife claiming they botched the circumcision of her newborn, allegedly scarring him to the extent that he cannot normally urinate and most likely will be unable to have sex once he is an adult.

According to the attorney who filed the lawsuit in Clayton County State Court, the tip of the baby's penis was amputated, leaving a stump.

“They cut through his urethra,” attorney Jonathan Johnson told *The Atlanta Journal-Constitution* Monday.

He said the child's body is reacting to

the wound by sealing up and they are “continuing having to go and have holes punched in that wound so he can urinate.”

The mother of the 1-year-old said she has to insert an instrument in the hole three times a day to prevent it from closing.

“He will be deprived for the rest of his life. Our society is so judgmental,” Stacie Willis said about her son, the youngest of three boys she and her husband have. “This may be a kid who never wants to have intercourse or kids, or will be ashamed. He may be suicidal or depressed. Nobody knows.”

His medical bills so far have total \$20,000, some of it covered by insurance.

Johnson said psychiatric care for the child is expected to total at least \$1 million over his lifetime.

Willis says doctors still don't know if any future surgeries can repair the damage.

The lawsuit, filed Thursday, says the boy was disfigured because of the

negligence of Life Cycle Pediatrics, nurse midwife Melissa Jones, who performed the circumcision on Oct. 3, 2013, and Anne Sigouin, owner of Life Cycle OB/GYN.

Neither Jones, Sigouin nor other officials at the businesses could be reached for comment late Monday afternoon.

The suit asks for monetary damages for physical and mental pain and suffering, for medical expenses and costs of care and equipment for the child and any lost income he may suffer as an adult.

Willis said there was an extraordinary amount of blood during the procedure, and she immediately took her son to a nearby emergency room.

“That's when I found out the tip of his glans (had been severed) and urethra was seriously damaged,” Willis said. “His penis will never be normal. He'll have to go through (more) surgeries for the rest of his life.”

Egypt's First Female Genital Mutilation Trial Ends In Not Guilty Verdict

Patrick Kingsley

November 20, 2014

The Guardian (UK)

TheGuardian.com

Dr Raslan Fadl and father of girl who died during the procedure have been acquitted, dashing hopes for a nationwide crackdown

The first doctor to be brought to trial in Egypt on charges of female genital mutilation (FGM) has been acquitted, crushing hopes that the landmark verdict would discourage Egyptian doctors from conducting the endemic practice.

Raslan Fadl, a doctor and Islamic preacher in the village of Agga, northern Egypt, was acquitted of mutilating Sohair al-Bata'a in June 2013. The 12-year-old died during the alleged procedure, but Fadl was also acquitted of her manslaughter.

No reason was given by the judge, with the verdict being simply scrawled in a court ledger, rather than being announced in the Agga courtroom.

Sohair's father, Mohamed al-Bata'a, was also acquitted of responsibility. Police and health officials testified that the child's parents had admitted taking their daughter to Fadl's clinic for the procedure.

Despite his acquittal, the doctor was ordered to pay 5,001 Egyptian pounds (about £450) to Sohair's mother for her daughter's manslaughter, after the pair reached an out-of-court settlement.

The case was pursued rigorously by activists and state officials in the hope that it would send a strong message to doctors that FGM, which was nominally made illegal in 2008, will no longer be tolerated in Egypt. Instead, said a lawyer from a local rights group – the first to take up Sohair's case – the verdict signalled the opposite.

"Of course there will be no stopping any doctor after this. Any doctor can do any FGM he wants now," said Atef

Aboelenein, a lawyer for the Women's Centre for Guidance and Legal Awareness, who was the first to find out the verdict.

Interviewed in his clinic hours after the verdict, Fadl admitted he had removed a wart from Sohair's pubic area. But the doctor said his incision was minor; claimed she died from an allergic reaction to penicillin; and denied he had ever carried out FGM – a practice he said was against religious teaching, and which he claimed he had always refused to do.

"The incision was just 1cm wide," Fadl said. "Do you know what 1cm looks like? Do you know how small that is? In every country in the world you would carry out this operation."

Fadl said his accusers were "on drugs", and asked "those human rights activists to come to me and I will teach them about human rights. They're letting the Palestinians be slaughtered, and instead they're going after me?"

The lawyer who pushed for Fadl's prosecution, Reda al-Danbouki, said the verdict contradicted the evidence presented in court. Though Fadl denied committing FGM, a report prepared by Egypt's forensic authority "proved what happened in the genital area of the girl was a clear circumcision operation", Danbouki claimed.

Suad Abu-Dayyeh, regional representative for Equality Now, an international group that campaigned on the case, said: "It's a very unjust verdict from the judge. It sends a very negative message. It was the first case in the country and we were hoping we could build on it."

Outrage was harder to find in Fadl's village, where both FGM and the doctor have stronger support. "I'm very happy for him," said one young woman waiting in Fadl's clinic. "It wasn't his fault."

According to surveys by Unicef, an estimated 91% of married Egyptian women aged between 15 and 49 have been subjected to FGM, 72% of them by doctors. Unicef's research suggests 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 with a low standard of education, such as Sohair's village of Diyarb Bektaris, FGM still attracts instinctive support from Muslims and Christians, who believe it decreases women's appetite for adultery. Residents of the village say they can easily find doctors willing to operate on girls for around 200 Egyptian pounds, and that it will take more than a court case to stop them seeking the operation.

"We circumcise all our children – they say it's good for our girls," Naga Shawky, a 40-year-old housewife, told the Guardian earlier this year. "The law won't stop anything – the villagers will carry on. Our grandfathers did it and so shall we."

Mostafa, a 65-year-old farmer, said he did not realise that FGM had been banned. "All the girls get circumcised. Is that not what's supposed to happen?" he asked. "Our two daughters are circumcised. They're married and when they have daughters we will have them circumcised as well. If you want to ban it properly, you'd have to ban doctors as well."

Fadl said his experience had caused other doctors to stop committing FGM so openly, but that they still did it in secret. "A lot of people got scared, so now they're doing it in their homes."

After the verdict, a local doctor uninvolved in the case said clinicians would continue carry out FGM undeterred. "They will do whatever they want when they want without worrying about anything," said Dr Ahmed al-Mashady, who stressed he did not personally engage in FGM. "They must keep doing this because it's a protection for the girl. Religiously it's a good thing."

While many use Islam to justify FGM, activists stress it is a cultural, rather than a religious practice. FGM is not mentioned in the Qur'an, and the practice is not as prevalent in other predominantly Muslim countries.

Sohair's father could not be reached for comment. But at Sohair's home, her great-uncle Mohamed said the family was unaware that the trial had ended. "The verdict was today? Praise God," he said, before declining to comment further.

In May, Sohair's grandmother, also named Sohair, admitted to the Guardian that an FGM procedure had occurred, but

claimed her death was "what God ordered".

Equality Now and local lawyers said they would appeal against the verdict, and redouble their efforts to curb the practice. "We will focus all our efforts on cases of FGM and underage marriage," Aboelenein said.

Activists, however, said it would take more than court cases to end a practice that

is so ingrained. Equality Now's Suad Abu-Dayyeh called for a sustained outreach programme in which campaigners frequently visit Egypt's rural areas to discuss 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."

Designer Vagina Ops Could Be As Illegal As FGM, Warns May

Martin Bentham

December 10, 2014

London Evening Standard

www.Standard.co.uk

Doctors who carry out "designer vagina" cosmetic surgery have been warned by Theresa May that they could be committing a criminal offence.

The Home Secretary said some of the operations are illegal unless there is a physical or mental health justification.

Her report to Parliament also warned that prosecutions could take place even if the woman had given her consent to the surgery and that courts could be asked to rule whether "purely cosmetic surgery" is a crime in the same way as female genital mutilation.

Mrs May's comments were a response to a home affairs select committee report on FGM in which the MPs called on the Government to consider introducing a ban on cosmetic genital surgery on girls aged under 18.

Such operations — which include procedures to reduce the size of the labia, tighten the vagina and increase the size of the "g-spot" — have become increasingly common in recent years.

They are in response to what doctors have branded "unrealistic representations of vulval appearance in popular culture" and "the 'intensive marketing' of cosmetic genital surgery as an 'unproblematic lifestyle choice.'"

A report by the British Society for Paediatric and Adolescent Gynaecology on labia reduction said there was "no scientific evidence" to support the practice and added that health risks, particularly to girls under 18, include bleeding, infection and a loss of sensitivity.

A study by the Royal College of Gynaecologists blamed "marketing by the private sector" and internet photos for the growing number of women now seeking cosmetic genital surgery for "aesthetic reasons." Mrs. May said she had "no plans" to create a new offence involving cosmetic genital surgery because such operations could already be prosecuted under 2003 legislation that strengthened the ban on FGM.

She added: "If a procedure is unnecessary for physical or mental health and is not carried out in connection with childbirth, then it is an offence even if the woman on whom the procedure is carried out consented. Ultimately, it would be for a court to decide if purely cosmetic surgery constitutes mutilation and is therefore illegal."

Most cosmetic genital operations are done privately in clinics on Harley Street and elsewhere. These are not required to collate statistics, meaning it is impossible to know how many take place.

Official figures do show, however, that the number of labia reductions done on the NHS [Editor's Note: The British National Health Service] has risen five-fold in a decade, with more than 2,000 in 2010.

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