Report: Genital Autonomy Conference - Frankfurt

ARC's Jonathan Friedman Honored

Dr. Anthony Lempert addresses annual meeting of the British Medical Association

Review: Celebrating Brit Shalom
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Events in the world of protecting children’s human rights continue to unfold at a truly astonishing pace. This year, I entered into my third decade as an activist, and am ever so pleased to see the pace at which new folks are entering the movement. Young scholars are joining forces with us and new grassroots organizations offering creative and in some cases radical approaches have entered the mix in recent years. Our delegation to the United Nations that for the first time enrolled into the official UN record the concept of male circumcision as a human rights violation has been bearing further fruit lately.

As discussed by the Secular Medical Forum’s Antony Lempert in this issue, our European colleagues have taken up the UN baton with great success, inducing the UN to issue a document demanding that Israel study the harm caused by male circumcision!

The biggest news is perhaps the September 8, 2015 release by the Canadian Paediatric Society (CPS) of a long awaited policy statement regarding infant circumcision. ARC issued a press release the same day responding to this statement. Earlier this year on January 16, ARC posted a strong response to and refutation of the Centers for Disease Control and Prevention’s (CDC’s) proposed guidelines regarding infant circumcision.

ARC’s Legal Advisor, Peter Adler, has been very active this year. He contributes to this newsletter a wonderful article about his experience testifying at the hearing on the New Hampshire bill to stop Medicaid funding for circumcision, and has also recently been notified that an important article he wrote about the CDC position statement will be published soon by the International Journal of Children’s Rights.

In February, the American Journal of Bioethics published our response to a pro-circumcision target article by Allan J. Jacobs and Kavita Shah Arora. The AJOB also printed pieces by our close colleagues Brian Earp, Robert S. Van Howe, and Robert Darby. We also learned that our 2013 lead article in the Journal of Medical Ethics critiquing the American Academy of Pediatrics (AAP) 2012 Circumcision Policy Statement was the 12th most cited paper from any bioethics journal in 2013.

We are extremely honored that for the second time in four months, an ARC principal has been honored by Intact America (IA) as Intactivist of the Month. After I received the honor in November 2014, ARC webmaster Jonathan Friedman received the same honor in February 2015. The IA announcement with their summary of Jonathan’s work may be viewed here.
Message from the Executive Director  
(continued from p.3)

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 marked two full decades of my personal activism, starting with the march on that day from the College of Marin to Marin General Hospital, from which NOCIRC’s Marilyn Milos was fired for 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.

The article regarding our smashing success debating friends of circumcision in Charleston, South Carolina is due to finally be published in the upcoming year by the Journal of Law, Medicine and Ethics. The article, entitled “Circumcision is Unethical and Unlawful,” was written in collaboration with co-authors Peter Adler and Bob Van Howe. 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 with fascinating material including: 1) ARC Legal Advisor Peter Adler's report on the New Hampshire hearing on a proposed bill barring state Medicaid funding for male circumcision; 2) Lisa Braver Moss' article about grassroots work relating to Judaism and genital autonomy; 3) Tim Hammond's report on ARC's presence at Gay Pride Week in Palm Springs, CA; 4) a photo report on the May conference in Frankfurt and Worldwide Genital Autonomy Day march in Cologne; 5) a firsthand photojournalistic report on Genital Autonomy Week 2015; 6) a report on the two conferences this year at which a team of Steven Svoboda, Marilyn Milos of NOCIRC, intersex activist Hida Viloria, and anti-female genital cutting activist Soraya Mire joined forces to present regarding genital autonomy; 7) reviews; 8) news reports, and much more.

Included in this issue are reports on my presentations in Frankfurt in May and in Berkeley in May and December. It was such a pleasure to make new friends and refresh acquaintance with familiar colleagues in Frankfurt, as well as to participate in the march the day before in Cologne to commemorate Worldwide Genital Autonomy Day.

And of course teaming with dear old friends Marilyn Milos, Hida Viloria, and Soraya Mire in May and again in December was truly memorable. I felt that the audience response and questions at all three events demonstrated the genuine advances we are making.

We were of course saddened – as well as finding renewed commitment to our work to save every baby that can possibly be saved – by the October death of a boy who bled to death from a circumcision in Ontario, Canada.

ARC was involved in the October passage into law of the first state-level comprehensive human rights accountability bill in the United States. California’s AB15 unfortunately does not explicitly address children’s rights to protection against genital cutting but still represents a step forward in providing for lawsuits involving human rights claims to be brought at the state level.

The full text of the bill can be found here.

ARC also co-authored a letter that was sent on May 29 to all of the nation’s urologists and pediatric surgeons warning them not to circumcise a 4.5-year-old Florida boy caught in the middle of a parental dispute. Unfortunately, we learned that the boy was recently circumcised and was diagnosed with leukemia after experiencing difficulties healing. Our hearts go out to the boy and his mother’s family who are still fighting for custody.

Thanks to ARC’s mentor Tim Hammond, ARC was represented on November 7-8 at the 29th Annual Palm Springs (California) Pride Festival by an information booth run by Tim and collaborators educating the public about the bodily integrity rights of children. A short report appears in this newsletter. We are celebrating the first anniversary of posting the “Know Your Rights” video by James Loewen that we filmed last year in Boulder starring premier penile tort lawyer (and ARC board member) David Llewellyn as the presenter, introduced by me. We continue to post on our website our “Know Your Rights” brochure as well as our ground-breaking list of all known significant legal awards and settlements in circumcision-related lawsuits.  
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Message from the Executive Director
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Along with several other movement roles, Jonathan Friedman continues to do wonderful work maintaining our website, editing our newsletter, and generally strategizing with me about new directions for ARC and 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.

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.

Thanks ever so much to everyone for your generous and truly irreplaceable support over the years, whether it be financial, emotional, logistical, as colleagues, or a combination of these roles. Each of you literally makes it possible for us to do this work.

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/donate) 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 buy anything from Amazon kindly use – and bookmark for future use – this URL as your starting page for orders (this URL can also be accessed from our donations page at www.arclaw.org/donate by clicking on the box labeled “Amazon.com” (not “Amazon Smile”). ARC will receive a hefty 4-6% 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

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Secular Medical Forum at the British Medical Association's June 24, 2015 Annual Representatives Meeting

The Secular Medical Forum (SMF) is a UK-based, non-profit organization of mainly healthcare workers aiming to protect patients from the harmful imposition of other people’s personal religious beliefs. The SMF has been active in the UK to protect boys from the surgical assignation of their penises with the religious preferences of their parents.

In the UK, circumcision of healthy boys is nearly always done for religious or cultural reasons and may be done by doctors or laypersons, in a hospital or in the community, with next to no regulation, monitoring or oversight.

SMF chair Dr. Antony Lempert works as a family doctor, a General Practitioner (GP), and is one of two Shropshire county representatives of The British Medical Association (BMA), the union and representative organization for most of the UK’s doctors. Each year in June, 500-600 BMA representatives from all branches of medical practice convene for four days to debate and vote on BMA policy. This four-day meeting is known as the Annual Representatives Meeting (ARM). All motions passed during the ARM automatically become official BMA policy. The majority of motions relate to the union function of the BMA although there is always time set aside for ethical debate.

Dr. Antony Lempert speaks about protecting all children from genital cutting at the British Medical Association's Annual Representatives Meeting, June 24, 2015
BT Convention Centre, Liverpool, England

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Secular Medical Forum  \textit{(continued from p. 6)}

For each of the past five years, the Shropshire division of the BMA has submitted a motion calling for gender-neutral protection of all children from forced genital cutting. Each year, the Shropshire motion has been relegated to the “gray zone” of motions that rarely ever enter the debate stage. Despite an annual presence outside the BMA ARM conference center by Men Do Complain, the Shropshire motion has never been chosen by representatives to be prioritized for debate.

In 2014, there were two motions kicked into the gray zone calling for protection of boys and all children from forced genital cutting, while several motions specifically calling for action on female genital mutilation (FGM) were prioritized as a group for debate. In the face of such a stonewall, both Dr. Lempert Dr. John Fitton, another UK GP, independently made the difficult decision to submit speakers’ slips to request two minutes each to speak against this composite FGM motion. This afforded an opportunity both to expose the gender discrimination and to speak on a topic that otherwise would not be heard at all – that of forced genital cutting of boys. Both Dr. Lempert and Dr. Fitton were called to speak in 2014.

Four SMF members were amongst the 600 or so total representatives attending the BMA’s June 2015 ARM in Liverpool. The gender-neutral Shropshire motion on forced genital cutting was placed in the gray zone for the fifth successive year.

Here is the wording of the 2015 Shropshire motion no. 394 which \textit{did not} get debated:

1. That this meeting supports the principles of child safeguarding for all children. This meeting:
   
i. Supports every child’s right to be protected from serious harm;
   
   ii. Notes the comments of the President of the Family Division of the High Court Lord Justice Sir James Munby, in January 2015, that: “In my judgment, if FGM Type IV amounts to significant harm, as in my judgment it does, then the same must be so of male circumcision.”;
   
   iii. Deplores the willful neglect that allows children to continue suffering from the significant harm caused by ritual genital cutting – a significant proportion of which is resourced by the NHS and performed by GMC-registered doctors;
   
   iv. Insists on gender equality of GMC policies in respect of non-therapeutic forced genital cutting of children;
   
   v. Calls for no further NHS commissioning or funding for the surgical assignation of children’s genitals with the religious or cultural preferences of their parents;
   
   vi. Calls on the UK Government to do much more to protect all children from all forms of forced genital cutting.

A different motion, no. 438, related to the broader topic of child maltreatment in all circumstances and the need for communities to do more to protect children. Motion no. 438 was chosen for debate and Dr. Lempert put in a speaker’s slip to support this motion.

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Here is the wording of motion no. 438:

That this meeting is very concerned about the adverse effects of child abuse, including child sexual exploitation, and:

i. condemns the abuse or maltreatment of children in all circumstances;
ii. highlights the need for communities to do more to support and protect children;
iii. calls for standardized child protection training programs for all professionals dealing with children and families;
iv. calls for a Health Needs Assessment to be undertaken in relation to child maltreatment in the UK;
v. in principle, supports the introduction of "Mandatory Reporting" child abuse legislation and insists that any introduction is scientifically evaluated;
vi. recommends that organizations working in the community on child abuse prevention programs should incorporate material related to Adverse Childhood Experiences ("ACEs");
vii. insists that, following introduction of the Modern Slavery Act 2015, statutory guidance, education and training for appropriate professionals, must be provided.

Dr. Lempert was called to speak in favor of this motion. Here is a transcript of his words:

Chair, RB.

This motion has fine words. I’d like to see those words in action. What constitutes maltreatment? Overfeeding an obese child, Refusal of treatment such as a life-saving blood transfusion because of a parent’s beliefs? (Supreme court July 2015) Procuring an exorcism on a child who is hearing voices?

And RB, which parent doesn’t think their child is special? Would you believe that some parents with strong beliefs think that their children are so special that they should be excused the let’s call it for argument’s sake basic human right, that all children should be protected?

And what about gender? When a parent or community expects a girl to be a homemaker, not a doctor, should we not still champion her right to an education? Of course we should and we do.

When a parent or community expects a boy to have his genitals cut as an infant or child, should we not still champion his right to reach adulthood with an intact body? Of course we should but we don’t.

Incredibly, GMC advice regarding irreversible excisional surgery of functional erogenous tissue for no therapeutic benefit on people unable to consent or resist recommends using parental beliefs to determine best interests. They must be joking! But they’re not.

RB, Some children are being protected. And some children born into certain communities are being hung out to dry. Let’s pass this motion, RB, and let’s mean it.

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Secular Medical Forum  *(continued from p. 7)*

Extraordinarily, immediately after he had spoken, the new chair of the BMA Medical Ethics committee, Dr. John Chisholm advised BMA representatives to ‘disregard what Dr. Lempert had said’. Dr. Chisholm later told Dr. Lempert that he felt that Dr. Lempert had deviated from the intention of the motion. Dr. Chisholm’s outburst was non-procedural; whereas the chair of the ethics committee will often direct representatives as to which way to vote, it was highly unusual and disrespectful of him to ask representatives to ignore a colleague’s words.

Of note, pedantry is alive and well at the BMA ARM. The phrase: ‘words mean what words say’ is constantly reiterated. Despite Dr. Chisholm's misleading public rebuke and despite the fact that most of the speakers were exercised about another part of the motion (mandatory reporting), forced genital cutting of all children is evidently encompassed by the wording of this motion.

(Here is a link to watch this debate: http://www.bma.public-i.tv/core/portal/arm-wed. Dr. Lempert’s two minutes start at 1h 28m. The start of the debate on motion no. 438 is at 1h 16m. In the context of his later outburst, Dr. Chisholm's introductory words at the beginning of the Medical Ethics section at 52m 30s bear listening to.) **UPDATE:** Debate on the FGM motion can be viewed on Vimeo at: https://vimeo.com/99675872 You may view Dr. Lempert's comments on YouTube at: https://www.youtube.com/watch?v=I75naEOP2Cc

Dr. Lempert has since been in correspondence with the chair of the BMA, Dr. Mark Porter and the new President of the BMA, Sir Al Aynsley-Green, the former commissioner for children in England who were both present during this debate. He has supplied evidence about the harms done to children by forced genital cutting.

Many SMF members have also written to Dr. Porter asking why the BMA fails to support the basic human right of bodily integrity in the face of forced genital cutting of children by parents with strong religious beliefs. They have asked why the BMA appears to labor under the misapprehension that children born to religious parents must share the values of their parents' community.

**ARC UPDATES**

ARC Press Release Regarding Canadian Pediatrics Position Statement on Circumcision

Attorneys for the Rights of the Child (ARC) issued a press release on September 8, 2015 regarding the Canadian Paediatric Society’s (CPS') “Newborn male circumcision” position statement, its first such statement in 19 years.

Links:


*(continued p. 9)*
ARC Criticizes CDC's Circumcision Guidelines for Ignoring Ethics, Law, and Foreskin's Functions

Attorneys for the Rights of the Child (ARC) posted on January 16, 2015 a strong response to and refutation of the draft circumcision guidelines published in December 2014 by the Centers for Disease Control and Prevention (CDC). ARC prepared the comments jointly with Intact America and they were posted to the CDC website. ARC called the CDC to account for ignoring "the considerable and reputable literature from the fields of medicine, medical ethics, law, and human rights that calls into question the legitimacy of foreskin removal (circumcision) as a health care measure." ARC stated, "In sum, the CDC exaggerates the benefits of circumcision, minimizes its risks, utterly ignores the function and benefits of the foreskin, and blithely disregards critical ethical and legal questions regarding the rights of all children to enjoy their normal, natural sex organs."

The full text of our comments follows below and is also available as a PDF.

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Response by Intact America and Attorneys for the Rights of the Child to the Centers for Disease Control and Prevention (CDC) “Recommendations for Providers Counseling Male Patients and Parents Regarding Male Circumcision and the Prevention of HIV Infection STIs, and other Health Outcomes.”

The following comments were jointly prepared by Intact America and Attorneys for the Rights of the Child – both not-for-profit organizations dedicated to protecting children from medically unnecessary, disfiguring genital surgery to which they cannot consent.

In compiling its proposed recommendations, the CDC has ignored the considerable and reputable literature from the fields of medicine, medical ethics, law, and human rights that calls into question the legitimacy of foreskin removal (circumcision) as a health care measure.

**Recommendation #1** acknowledges that routine circumcision in the United States, though performed “medically,” is primarily a religious, social, cultural and cosmetic procedure. As such, and in the absence of a diagnosable pathology, the circumcision of infants and children, and the circumcision of any individual in the absence of truly informed consent by physicians who understand the normal male genitalia and the function and benefits of the foreskin, is unethical. The CDC fails to mention that numerous medical organizations, legislatures, physicians and ethicists from European and Commonwealth countries with sophisticated medical systems and lower rates of sexually transmitted infections (STIs), including HIV, have criticized the American medical establishment for its cultural bias toward circumcision, for exaggerating the procedure’s benefits, and for ignoring and understating its risks and harms. The CDC also fails to acknowledge that even the merest pin prick of a minor girl’s genitals – whether motivated by religion, culture or aesthetic preference – violates federal laws against “female genital mutilation.” The United States Constitution guarantees equal treatment of females and males, and thus the circumcision of non-consenting male minors combined with the protection of female minors constitutes illegal discrimination. It also may constitute establishment of a religion in violation of the United States Constitution.

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ARC UPDATES
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ARC Criticizes CDC’s Circumcision Guidelines for Ignoring Ethics, Law, and Foreskin’s Functions (continued from p. 9)

**Recommendation #2** states that all sexually active adolescent and adult males need to use “other” (i.e., other than circumcision) “proven HIV and STI risk-reduction strategies...” The question must then be asked: Why perform surgery at all, especially considering that no benefit whatsoever is obtained for the (circumcised) male’s sexual partners?

**Recommendation #3** fails to mention that there has been no systematic longitudinal study of the long-term harms and complications from neonatal circumcision—many of which doctors are not taught to recognize and some of which do not appear until later in life. Nor do the recommendations acknowledge that unnecessary surgery in itself causes harm. As a California Appeals Court has stated, “Even if a surgery is executed flawlessly, if the surgery were unnecessary, the surgery in and of itself constitutes harm. (Tortorella v. Castro, 140 Cal.App.4th 1, 43 Cal.Rptr.3d 853, Cal.App. 2 Dist. (2006))

**Recommendation #4** fails to mention:

- Urinary tract infections can be treated in boys, as in girls, with simple antibiotics rather than the surgical removal of a normal healthy body part.
- Balanitis and balanoposthitis are easily treatable with topical creams.
- Penile cancer is extremely rare, and no medical organization (including the American Cancer Society) recommends circumcision as a preventive measure. The CDC’s reference to a “possibility” that circumcised males are less likely to experience prostate cancer is speculative and unproven and therefore its mention by the CDC as an argument for circumcision is inappropriate.
- The CDC acknowledges that “the risk [of HIV and STIs] for any individual neonate, child or adolescent cannot be definitively defined at the time that a circumcision decision is made.” The CDC also shockingly fails to examine and weigh the immunological, protective, erogenous, and other functions of the tissue that is to be removed. Unknown risks and omitted harms cannot be meaningfully weighed against asserted benefits.
- Surrogate (i.e., parental) permission for a procedure on a child is only valid in the case of a serious or life-threatening disease or illness. The American Academy of Pediatrics (AAP) states that the surrogate is limited to providing “informed permission for diagnosis and treatment of children.” (American Academy of Pediatrics Committee on Bioethics. Informed consent, parental permission, and assent in pediatric practice. Pediatrics 1995;95(2):314–7.) Non-therapeutic child circumcision is neither diagnosis nor treatment and thus falls outside parental power to consent. A normal boy with a normal foreskin should never be a candidate for circumcision surgery.
- Regarding “the timing of male circumcision,” the recommendations inexplicably dismiss the important fact that infants are not at risk of STIs. The recommendations also mention the lower cost of neonatal circumcision as justification. This claim is irrelevant as any surgery is too expensive if unnecessary.
- Regarding “complications,” mounting evidence indicates that both circumcised men and their partners experience sexual problems as a result of the male having had his foreskin permanently removed.
- The AAP’s 2012 technical report on circumcision has been roundly criticized for reasons also applicable to the CDC recommendations: cultural bias, cherry-picking of evidence, repeatedly stating that benefits of circumcision outweigh its risks without providing evidence of the harms, and omitting information about the functions of the foreskin.

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ARC UPDATES
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ARC Criticizes CDC’s Circumcision Guidelines for Ignoring Ethics, Law, and Foreskin’s Functions  (continued from p. 10)

In sum, the CDC exaggerates the benefits of circumcision, minimizes its risks, utterly ignores the function and benefits of the foreskin, and blithely disregards critical ethical and legal questions regarding the rights of all children to enjoy their normal, natural sex organs.

Downloads:

- Intact America and ARC Submission to CDC Responding to Draft Guidelines 1-16-15.pdf

ARC's Peter Adler Publishes Article on CDC Guidelines

ARC is proud to announce that our Legal Advisor, Peter Adler, has had his article, “The Draft CDC Circumcision Recommendations: Medical, Ethical, Legal, and Procedural Concerns,” accepted for publication in the Spring 2016 issue of The International Journal for Children’s Rights.

Peter’s article analyzes the draft recommendations regarding male circumcision that were issued in December 2014 by the Centers for Disease Prevention and Control. The article shows that the draft CDC recommendations are not medically correct, ethically sound, legally permissible, or procedurally valid. As stated in the abstract to Peter’s paper: “Accordingly, [the CDC guidelines] should not be implemented and would be legally invalid if they are. They provide erroneous and misleading advice to physicians that exposes them to the threat of lawsuits by men and parents. The CDC must revise its draft guidelines to comport with the prevailing view that circumcision is on balance deleterious to health; that men have the right to make the ‘circumcision decision’ for themselves; that physicians are not permitted to circumcise healthy boys; and that Medicaid cannot be used to pay for unnecessary surgery.”

Congratulations to Peter on a job well done.

Downloads:

- The Draft CDC Circumcision Recommendations: Medical, Ethical, Legal, and Procedural Concerns
ARC Webmaster/Newsletter Editor Jonathan Friedman Honored as "Intactivist of the Month" by Intact America

A heartfelt congratulations to our own Jonathan Friedman for his achievements over the years in helping protect children from genital cutting. This month, February 2015, he is being honored as “Intactivist of the Month” by Intact America. Jonathan has been working with ARC since the summer of 2011 as webmaster and newsletter editor and continues to play a vital role in our organization. Here is the text of the “Intactivist of the Month” announcement.

INTACTIVIST OF THE MONTH: Jonathan Friedman

One of Intact America's greatest strengths is the diverse and supportive intactivist community. Our "Intactivist of the Month" series highlights some of the most ardent opponents of infant and childhood circumcision, whose tireless efforts will ensure a future where all babies are kept intact.

Jonathan Friedman was raised by a large Orthodox Jewish family in Brooklyn, New York. As a young boy, he witnessed many Orthodox Jewish circumcision ceremonies where metzitzah b'peh (oral suction to remove the blood from the baby's penis) is a requirement.

“When I reached puberty,” Jonathan says, “I began to suffer from circumcision complications. Around the age of 16, my parents pointed out the man who circumcised me, and I immediately realized the chafing, bleeding and pain that I experienced was due to that mohel’s act performed on me as an eight-day-old infant.”

Friedman started researching circumcision during his engineering studies at The Cooper Union in New York City. He came across a video demonstrating the anatomy and gliding motion of the foreskin and shared it with his friends at school, many of whom were Jewish. “We all became really disturbed at what we learned,” he reports.

In January 2011, Friedman first learned of the intactivist movement through his closest school friend, who also was experiencing adverse effects from his circumcision. “I read as much as I could,” he says, and by Spring 2011 he published an article on Rebecca Wald’s website, Beyond The Bris, titled, “On Circumcision, Authority, and the Perpetuation of Abuse.” Shortly after, Jonathan launched IntactNews and joined Attorneys for the Rights of the Child as webmaster and newsletter editor.

Since becoming involved in intactivism, Jonathan has organized and participated in many demonstrations around the country, including NYC Pride, Genital Integrity Awareness Week in Washington, DC, and – in December 2012 – in Berlin, where he joined a protest against the impending German law enshrining circumcision as a religious right. He also joins the Bloodstained Men, spreading the message across the United States, and reaching thousands of people directly and many more through news outlets and social media. “The bloodstained suits are a powerful symbol, very effective at getting people’s attention,” says Friedman. “They express the deep trauma that we all carry, be it physical or psychological.”

“Coming out in public as an intactivist is very difficult, especially for someone of a Jewish background,” he says. “The movement has helped me deal with my suffering and I’m extremely grateful for that. I am also very optimistic about our cause.” Regarding Intact America, Friedman says, “Intact America takes a professional approach toward raising awareness. I can always count on them to stay on top of important developments and to share well-researched knowledge about this issue. I’m particularly grateful for Intact America’s leading social media presence and for its support of grassroots events, especially NYC Pride.”
ARC UPDATES
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Steven's Response to American Journal of Bioethics Published, Also Responses by Earp and Van Howe

On February 12, 2015, the American Journal of Bioethics published the attached pro-circumcision target article “Ritual Infant Male Circumcision and Human Rights” by Allan J. Jacobs and Kavita Shah Arora, along with the attached responses by six scholars of genital autonomy, Steven Svoboda, Brian Earp, Robert S. Van Howe, Alex Myers, the team of Barry Lyons and Ralph Hurley O'Connor, and the team of Sarah Burgess and Stuart J. Murray. The AJOB later published our close colleague Rob Darby’s response.

The AJOB also simultaneously published the attached responses to Jacobs and Arora written by two supporters of the authors, Gregory L. Bock and Johan Christiaan Bester.

Downloads:
- Ritual Male Infant Circumcision: The Consequences and the Principles Say Yes
- The Tolerance of Ritual Male Infant Circumcision
- Cutting Both Ways: On the Ethical Entanglements of Human Rights, Rites, and Genital Mutilation
- Sex and Circumcision
- Ritual Male Infant Circumcision and Human Rights
- The Jacobs Parental Prerogative Test
- Neonatal Male Circumcision, If Not Already Commonplace, Would Be Plainly Unacceptable by Modern Ethical Standards
- Growing World Consensus to Leave Circumcision Decision to the Affected Individual
- Presumptions Are Not Data and Data Are Often Not Informative
- The Mysterious Disappearance of the Object of Inquiry: Jacobs and Arora's Defense of Circumcision
- Genital Cutting, Male

LEGAL UPDATES

Landmark Human Rights Law Passed in California

2014 Dec 01

Attorneys for the Rights of the Child was involved in the passage into law earlier this month of the first state-level comprehensive human rights accountability bill in the United States. California's AB 15 unfortunately does not explicitly address children’s rights to protection against genital cutting but still represents a step forward in providing for lawsuits involving human rights claims to be brought at the state level.

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LEGAL UPDATES
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Landmark Human Rights Law Passed in California  (continued from p. 13)

California will be the first state to offer survivors of human rights abuses an extended period to file their claims in court. The reform bill extends the statute of limitations from two to ten years for serious human rights abuses, including torture, war crimes, extrajudicial killing, and crimes against humanity. It also extends the time for filing human trafficking claims.

AB 15 is the first state law that attempts to address accountability for a range of serious human rights abuses. It marks the first time that any U.S. state has codified a definition of crimes against humanity; even the federal government has not done so. The law also provides an award of attorneys’ fees for victims who prove their claims. Link: www.leginfo.ca.gov/pub/15-16/bill/asm/ab_0001-0050/ab_15_bill_20151004_chaptered.html

Hearing on New Hampshire Bill to Stop Medicaid Funding for Circumcision

Peter W. Adler  2015 Feb 17

Today, approximately twenty members of New Hampshire’s Health, Human Services, and Elderly Affairs Committee heard arguments for and against House Bill 251-FN, sponsored by Bedford, New Hampshire Republican Keith Murphy. The bill would have excluded the circumcision of newborn boys from New Hampshire’s Medicaid plan except when medically necessary, which it is estimated will save New Hampshire $212,000 per year. Unfortunately, the bill did not gain approval from the Committee.

This article briefly summarizes “who said what” at the hearing. New Hampshire Public Radio also has posted a brief synopsis of the hearing and two minutes of testimony and commentary on NHPR.org.

Representative Murphy led off the hearing, arguing that while experts would be making legal, medical, and other arguments in support of the bill, he believes that it is fundamentally unethical to strap newborn boys to a board and cut off parts of their genitals. He also said that neonatal circumcision causes on average 117 deaths per year. Mr. Murphy said that New Hampshire should join the other 18 states including Maine which have ended Medicaid coverage of circumcision.

A female opponent of the bill then spoke briefly on behalf of a rabbi who could not attend. She stated that parents have a religious right to circumcise their sons, and also that ending Medicaid coverage would deny the medical benefits of circumcision to sons of the poor.

Peter Adler, speaking as Legal Advisor to Attorneys for the Rights of the Child, then argued that under federal and New Hampshire law, Medicaid can only be used to pay for services that are medically necessary. Health care providers must assure that all services are supported by medical necessity, and peer review boards must review those decisions. New Hampshire law also expressly excludes using Medicaid to pay for cosmetic surgery. Mr. Adler handed out pages from a pamphlet for New Hampshire citizens about Medicaid to the above effect. He continued that it is uncontested that circumcision is unnecessary, non-therapeutic, elective surgery;

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Hearing on New Hampshire Bill to Stop Medicaid Funding for Circumcision  

indeed, most men who have every lived have been genitally intact. It is a felony crime under New Hampshire’s criminal statute, RSA167:61-1, for Medicaid providers to submit a claim with intent to defraud for services that are not medically necessary. Mr. Adler argued that insofar as the law is clear, and legislators are sworn to uphold federal and state law, they have a duty to pass the bill, without considering medical, religious, or other arguments that might be made against the bill. A representative asked why a bill is needed if Medicaid coverage of newborn circumcision is already illegal, and Mr. Adler answered that the bill is needed to prevent health care providers from continuing to charge Medicaid in violation of the law.

Attorney Georganne Chapin, Executive Director of Intact America, was unable to attend, and Mr. Adler summarized her written testimony following his own. Attorney Chapin argued that the foreskin is a normal body part, and that it is almost never medically necessary to circumcise boys. Circumcision is risky and kills an estimated 117 boys per year: without circumcision, none of those boys would die. Circumcision does not reduce or prevent disease: there have been a succession of false claims about the supposed benefits of the procedure in the past.

Today, HIV is more prevalent in the United States than in Europe, where less than 5% of men are circumcised. Circumcision is a costly waste of money, especially when circumcision repairs are included. Eighteen states no longer use Medicaid to pay for circumcision, nor is it covered by the governments of the UK, Europe, Canada, New Zealand, or Australia. The public should not pay for surgery performed for religious, cultural, and personal reasons. The money saved should be used for necessary medical care. Parents can still choose it, but if so, they should pay for it themselves. Moreover, using Medicaid to pay for circumcision unlawfully violates the equal protection clause and the requirement of the separation of church and state.

Ronald Goldman, Ph. D., a psychologist, then argued that the health benefits of circumcision are speculative and potential. Physicians in the rest of the Western world reject the argument that circumcision has any meaningful medical benefits, and that it has no adverse effects. No national medical organization in the world recommends circumcision. It is painful, traumatic, affects the developing brain, and changes behavior including maternal bonding. It carries more than two dozen surgical risks, and removes one-third of the penile tissue in the adult male, 12 square inches of erogenous tissue which facilitates sexual intercourse. Circumcised men often express anger, a sense of loss, sadness, and sexual anxiety. They may suppress their feelings and lack empathy. Circumcision also may cause autism. Trauma tends to repeat itself. Europeans think we are crazy to circumcise. 38 physicians primarily from Europe have called the position of the American Academy of Pediatrics and now the CDC culturally biased.

Dr. Goldman then read testimony from Robert Van Howe, M.D., a professor of pediatrics and department chair at Central Michigan University College of Medicine. Summarizing, Dr. Van Howe stated that the circumcision of an infant does not diagnose, treat, or prevent any disease, while it does interfere with normal form and function and removes the most sensitive, erogenous genital tissue in the male. Thus, it is not a valid medical procedure, and under the federal Medicaid statute, Medicaid cannot be used to pay for it. “No other surgery to remove healthy tissue is performed on infants for cultural reasons at parental request, or to prevent some speculative unforeseen future risk of disease which can easily be prevented by less invasive measures.”
LEGAL UPDATES
(continued)

Hearing on New Hampshire Bill to Stop Medicaid Funding for Circumcision  (continued from p. 15)

Dr. Van Howe stated that over the course of a lifetime, circumcised infants incur approximately $1,000 more in current costs than infants who are not circumcised. Circumcision doubles the risk of infantile autism, increases erectile dysfunction, premature ejaculation, difficulty in achieving orgasm, and decreases penile sensation, while increasing painful intercourse for female sexual partners and decreasing their sexual satisfaction. It would cost between $31,635 and $55,575 to prevent a urinary tract infection that can be treated with an antibiotic that costs about $18. Non-circumcising developed countries have lower rates of UTIs, STIs, HPV, HIV, penile cancer, cervical cancer, phimosis, and all other purported issues attributed to retention of the foreskin. For infant circumcision to prevent one case of invasive penile cancer, the up-front cost would be between $1.21 million and $2.05 million. Not a single study in the medical literature has demonstrated an association between infant circumcision and risk of heterosexually-transmitted HIV infection. “Systematic reviews of studies in the medical literature and meta-analyses of the data from these studies have failed to find a significant association between circumcision status and common sexually transmitted infections. Overall the risk of getting a sexually transmitted infection appears to be higher in circumcised men.”

Jennifer Frezell, Vice President of Planned Parenthood New Hampshire and a member of Planned Parenthood New England, then spoke in opposition to the bill. She said that circumcision has medical value in reducing the risk of various diseases.

The American Academy of Pediatrics revised its position to a more favorable one in 2012 based on a finding that circumcision reduces HIV and STDs. She stated that the AAP found that circumcision poses only a .5% surgical risk for infants, but a much higher risk for men. She said in answer to a question that she knew of no federal Medicaid policy or regulation about circumcision, but that when the federal government wants to set a policy about Medicaid, it can do so. She said that 38% of births in New Hampshire, male and female, were covered by Medicaid, but she did not have at hand the number of births.

Richard Angell, a New Hampshire intactivist, then noted that so far only two women had argued against passage of the bill, and that since 1997, girls have been protected from genital cutting, but not boys. Moreover, he said, Planned Parenthood are the people who claim that for girls and women when it comes to abortion, it is “her body, her choice”. The same rules should apply to boys and men. He argued, whose body is it anyway? Boys are entitled to the same autonomy and genital integrity as girls. It is “my body, my choice”. The legislature should absolutely pass this bill. Taxpayers’ money should not be used to pay for the unnecessary mutilation of children.

Jay Smith, a retired New Hampshire family physician, then spoke against the bill on behalf of the New Hampshire Public Health Association. He said that it is bad policy to remove Medicaid coverage when it is covered by other insurance. Yes, there are some deaths from circumcision. Yes, the medical benefits are tiny. But for Jews, it is a sacred ritual to circumcise boys on the 8th day after birth, which is often done by a mohel. Circumcision is not so easy later. New Hampshire should have a full debate about whether circumcision should be legal or illegal, rather than consider a bill only about Medicaid and circumcision. When asked whether circumcision rates were declining, he said that he did not know. He also was asked whether the American Congress of Obstetricians and Gynecologists has a policy on circumcision, and he responded that he thought ACOG followed the position of the American Academy of Pediatrics.

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Hearing on New Hampshire Bill to Stop Medicaid Funding for Circumcision (continued from p. 16)

Barry Borella, a New Hampshire citizen, then spoke. He said that he was a pilot and did not have specific expertise about circumcision, but wanted to speak in favor of the bill. Mr. Borella argued that if New Hampshire is paying for this cosmetic surgery, it should pay for all cosmetic surgeries. In fact, the government should not be paying for any cosmetic medical procedures, and should not be spending money on non-therapeutic circumcision.

Another New Hampshire citizen, David Branch, then spoke passionately in support of the bill. He said that New Hampshire admires and the legislators embody individualism, values, and integrity. According to European physicians, members of the American Academy of Pediatrics with a pro-circumcision viewpoint are culturally biased. Four of the doctors on the AAP Task Force on Circumcision were Jewish. In America and in New Hampshire, every citizen has a right to life, liberty, and the pursuit of happiness. Men do not want their bodies altered. As legislators you need to say no, that circumcision is not covered by Medicaid. Circumcision violates a boy’s and man’s right to freedom of religion: being branded as belonging to one religion takes that freedom away. Mr. Branch said, “I know how much a man would lose to have the most erogenous part of his genitals cut off”. Doing that is barred by laws and by the rules of medical ethics. In New Hampshire we value the Constitution and the rights of the individual.

Chairman then declared the hearing, which had started at 10:00 a.m., over at approximately 11:40 a.m.

The Chairman thanked every presenter during the hearing, and the legislators certainly appeared to be interested and engaged in the testimony throughout the hearing. (This contrasted with the hearing several years ago on the bill in Massachusetts to make male genital cutting illegal. In Massachusetts, legislators were mostly represented by their aides, seemed disinterested, and the committee chair reportedly had assured her constituents that the bill would never leave her committee.) The New Hampshire Chairman said several times that the Committee was interested in whether Medicaid should pay for circumcision in New Hampshire, and not in debating the merits of circumcision generally.

After the hearing, Representative Keith Murphy thanked those of us who had spoken in favor of the bill for our testimony. Based on a question asked by a committee member, Mr. Murphy may contact the director of Medicaid for the state of New Hampshire to see what that agency’s position is on the question at hand.

It would certainly be a “big win” to end Medicaid coverage of circumcision for newborns in New Hampshire, though we will have to wait until the next opportunity arises.

Downloads:

New Hampshire House Bill 251-FN
LEGAL UPDATES
(continued)

Colorado Medicaid Update

Craig Garrett NOCIRC of Colorado
2015 Apr 22

During this year's legislative session, none of the Colorado state legislators attempted to force Medicaid to waste state funds on circumcision. The state budget bill (the long bill) has been sent to the Governor with no mention of circumcision in it, so the state of Colorado will continue to save money by not paying for this unnecessary and unethical surgery.

Up until now, there has been an attempt every year to reinstate payments for elective circumcision, ever since Colorado removed medically unnecessary circumcision from Medicaid in July 2011. We are hopeful that this signals the end of these yearly attempts to waste state funds!

Conference Updates

Report on Genital Autonomy Symposium: Myths and Multiple Standards

Steven Svoboda presented at the “Myths and Multiple Standards” conference in Frankfurt, Germany on May 8, 2015. The title of his talk was “The rights of the child versus the rights of the parent?” The event was videotaped. Steven’s talk was received with interest by the large audience of well over 100 activists and academics. The conference lasted two full days and featured a number of mostly European presenters who addressed a wide range of topics relating to genital autonomy and specifically to intersex genital cutting, female genital cutting, and male genital cutting. The conference was preceded by a march and speakers in Cologne on May 7, 2015, commemorating the three-year-anniversary of the historic 2012 court decision upholding a boy’s right to genital autonomy.

Here is the abstract of Steven’s talk:

Contrary to popular belief, it has never been the law that parents have the right to impose their will on children regardless of the child’s best interests. Instead, parents have an obligation to promote their children’s rights as well as to preserve the children’s future options, whether the particular issue at hand be genital autonomy or any other aspect of child rearing. Numerous principles of medical ethics, legal cases, human rights agreements, and declarations by medical and political bodies confirm the primacy of protecting those who are too vulnerable to protect themselves. A new consciousness is dawning as we become more aware of our obligation to safeguard all beings, especially those who are most vulnerable, and as we further concretize this awareness.
CONFERENCE UPDATES

(continued)

Genital Autonomy America Posts Boulder Articles Including Svoboda's Regarding European Law


Downloads:
- Anderson, Scot.doc
- Antinuk, Kira.docx
- Bauer, Marcus.doc
- Bernaerts, Jonathan.docx
- Boyle, Greg.docx
- Chapin, Georganne.docx
- Collonge, Chelsey.docx
- Dunn, Leonid W..docx
- Earp, Brian.docx
- Geisheker, John.docx
- Goldman, Ronald.doc
- Moss, Lisa Braver.docx
- Sadeh, Eran.docx
- Schwartzman, R.doc
- svoboda_j_steven2014.doc
- VanHoweMath2014paper.docx
- VanHoweRobertHPVpaper.docx
- Winterling_Linguistic_Aspects.pdf

Berkeley BirthKeeper Summit

The year 2015 saw genital autonomy presentations at two professional prenatal and perinatal health events.

On May 1, 2015, from 3PM to 4:20PM, the first BirthKeeper Summit featured a session titled, “Protecting Genital Autonomy and Children's Rights.”

On December 4, 2015, from 2PM to 3PM, the Association for Prenatal and Perinatal Psychology and Health (APPPAH) featured a session titled, “From Circumcision to Genital Autonomy: Protecting the Rights of the Child” at their 2015 Congress.

Both sessions were co-presented by Marilyn Milos, Hida Viloria, Soraya Mire, and Steven Svoboda. Hida is Chairperson of Organisation Intersex International (OII) and Executive Director of OII-USA, Soraya is Executive Director of Persistent Productions, Steven is Executive Director of Attorneys for the Rights of the Child, and Marilyn is of course the Executive Director of NOCIRC.

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CONFERENCE UPDATES
(continued)

*Berkeley BirthKeeper Summit*  (continued from p. 19)

Below, a description of the sessions:

**Presentation Title:**

From Circumcision to Genital Autonomy: Protecting the Rights of the Child

**Brief Description:**

To help create a peaceful world, we must begin with how we welcome babies into the world and how we treat them once they're born. Protecting infants from unnecessary pain and trauma is crucial to health and wellbeing and non-therapeutic genital cutting is one of the first medicalized interventions from which babies must be protected.

There is considerable controversy today about the practice of non-therapeutic genital cutting of male, female, and intersex infants and children. This session will begin with an overview of the issues; female genital cutting will be discussed by a survivor; protecting intersex infants and children from years of surgeries, secrecy, and shame will be addressed by an intersex person; and an attorney will explain the legal and ethical issues of cutting the normal genitals of non-consenting minors and the importance of protecting children's rights to genital autonomy.
Jewish Updates

Extreme Sports: Celebrating Brit Shalom at Reform Judaism Conference

In early November, my co-author Rebecca Wald and I attended the Union for Reform Judaism (URJ) Biennial conference in Orlando, Florida. We were there to showcase Celebrating Brit Shalom, the first-ever book for Jewish families opting out of circumcision. Thanks to the backing of several generous donors, we were able to secure a booth in the conference’s exhibition hall and have display materials made, ensuring that our book would be seen by the thousands of Reform rabbis, cantors and lay leaders in attendance.

Reform Judaism, the branch of Judaism with which the most American Jews identify, is a progressive movement making tremendous efforts to be welcoming and inclusive. These efforts, which are widely perceived as strengthening the community, were to be the focus of the conference. So Rebecca and I created our display materials to tap into the theme of inclusion, with our own twist, of course: a call for open welcome of non-circumcising families in Jewish life.

With this as our premise, we were able to engage in many wonderful discussions and largely defuse those conversations that would otherwise have gotten heated and unproductive. Besides having our book available for sale, we had prepared a flyer laying out concrete steps that Reform clergy and institutions can take in order to send a clear message of inclusion to families opting out of circumcision. We gave out many dozens of these flyers (and gifted a number of books, too). Though a few visitors were less than friendly, the vast majority were respectful, and many were able to take part in thoughtful dialogue about the inclusion element and about our book. We were fortunate to have the help of the inimitable and tireless Martin Novoa, who added greatly to the conversation and was with us for most of the conference.

Since I’m an active member of a Reform congregation, I was eager to engage as many rabbis as possible. One highlight for me was a conversation with the president of the URJ, Rabbi Rick Jacobs. He took the time to look over our posters and materials, bought a book, and seemed particularly interested in our photo collage of brit shalom families—Jewish parents opting out of circumcision but holding a ceremony. I was able to explain to Rabbi Jacobs that our graphic designer (David J. Bernstein, who graciously donated his services) wasn’t even able to use all the families’ photos that we had given him to work with—in other words, that brit shalom is a growing trend. In recent years, we’ve been hearing about athletic endeavors that demand a combination of speed, height, danger, and stunts, known collectively as “extreme sports.” That’s not exactly my milieu, but I realized that attending this conference with Celebrating Brit Shalom was my own personal version of extreme sport. Demanding, invigorating, exhausting, exhilarating—just the fact of our being there was a huge victory.

I’m a very engaged participant in Jewish life, and am grateful to be part of a tradition that at its heart invites intellectual and spiritual inquiry. I feel proud that so many of the attendees understood and appreciated our deepening the Jewish conversation about this highly-charged issue. Please read Rebecca's terrific piece about our experience, which describes some of our interactions in detail.

Lisa Braver Moss  Author, Celebrating Brit Shalom
Grassroots Updates

ARC's Palm Springs Booth Raises Awareness

ARC was represented at the 29th Annual Palm Springs (California) Pride Festival, which took place on November 7 and 8, 2015, by an information booth run by Tim Hammond and collaborators from Tim's latest organization, Genital Integrity and Autonomy vs. Non-Therapeutic Surgeries. Over 140,000 people attended the event.

Dozens of visitors stopped by the ARC booth, staffed by Tim Hammond, John Diviggiano, Joe Sain and transgender activist Dene Nelson. Despite a few detractors who couldn’t see beyond their own sexual preferences, the majority of visitors - including a number of Canadian snowbirds - appreciated the children's rights approach taken by ARC.

For most of Saturday and into the early evening, the booth featured a TV monitor that played the video “Circumcision: The Whole Story,” which attracted many curious onlookers and gave us a chance to begin a dialogue about the bodily integrity rights of children.

NOCIRC at the Omaha Health, Wellness, and Fitness Expo

Janet Tilden

April 11-12, 2015 was the weekend of the eighth annual Omaha Health, Wellness, and Fitness Expo. NOCIRC of Nebraska has had a booth at the Expo each spring, and it has been interesting to witness the changes that have taken place in the public response to our booth since the first Health Expo in 2008.

Each year, more people stop by to tell us “I’m so glad you’re here!” They brag about sons and grandsons who are intact because their parents respected their child’s right to bodily integrity. In the past, we have had some individuals who stopped by solely to tell that we were misguided, but that didn’t happen to me this year. However, I noticed a man who did a literal double-take after he saw our banner that says “Today’s Parents Say NO to Circumcision!” He paused for a second to read the banner, started to walk away, then turned around and came back to re-read the banner, seemingly amazed by the fact that we were against something that he didn’t realize was controversial.

Raising awareness is one of our missions in the intactivist movement. Pro-circumcision people may not change their minds immediately when they read our banners or T-shirts, but our presence at events like the Omaha Health Expo can plant a seed of doubt about their assumptions regarding the acceptability of performing genital cutting on unconsenting minors.

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Grassroots Updates  
*(continued)*

**NOCIRC at the Omaha Health, Wellness, and Fitness Expo**  *(continued from p. 22)*

Jonalee helped staff the booth on Saturday afternoon and Sunday morning, and Luke helped Sunday afternoon. I was there except for Sunday morning. (April 12 was Easter for those of us who are Orthodox Christians, so I went to the Easter Vigil on Saturday evening and slept late on Sunday morning.)

Here are a few notes that I took during the event:

• A chiropractor said that her husband and son are both intact. Their son was born at home.

• A young mom told me that she and her sister had both left their sons intact. Both encountered resistance from relatives and medical professionals about their decision, but they knew they had made the right choice.

• A young couple stopped to chat, and the young man mentioned that he had given a talk about circumcision in one of his classes at the University of Nebraska at Omaha. The young woman mentioned that her boyfriend has had heated arguments with his mom about circumcision.

• Jonalee had a brief discussion on Saturday with a man who claimed that the Bible says Christians should circumcise their sons. I was on my lunch break and was sorry to have missed the opportunity to mention Galatians 5, which says “circumcision availeth nothing.”

• A middle-aged mom told me that she had found out the truth about circumcision too late and had apologized to her four sons for their circumcisions. I mentioned that Marilyn Milos, founder of NOCIRC, had also been misled by doctors.

• A young couple with a baby girl told me that they would never circumcise any future sons they might have.

• A woman told me that her son was born 25 years ago by the Bradley Method (as was my older son), and she had left him intact.

• Jonalee and I talked with a woman in her forties who kept giggling and telling us how “funny” we were because we cared so much about protecting babies from circumcision. (I wrote down “fluffy” in my notes about this woman.)

• A woman mentioned that she was born in Germany and that her 27-year-old son (born in the U.S.) is intact. She worked in a hospital here in the U.S., and one of her duties was cleaning the circumcision boards after the procedure. She shuddered a bit when she told me this.

• A self-described “Army brat” told me that he’s grateful to have been born in Germany while his dad was stationed there, because it meant that he was able to remain intact.

• A man had a surprisingly frank conversation with me about foreskin restoration. He was unhappy about being circumcised and hopeful about the prospect of restoration.

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Grassroots Updates
(continued)

NOCIRC at the Omaha Health, Wellness, and Fitness Expo  (continued from p. 23)

• A woman told me that her friend had adopted a toddler from China and had taken him to a doctor to be circumcised soon after his arrival in the U.S. At age 1-½. I mentioned that I was glad our younger son (adopted by us when he was 3 weeks old) had been left intact by his birth mother. We both shook our heads at the thought of someone bringing a child into their family and having him undergo circumcision.

I would like to express my heartfelt thanks to the generous donors who made it possible for us to have a booth at this year’s Health Expo. Thank you so much! I am also grateful to Jonalee and Luke for helping staff the booth, and to my husband and 16-yr-old son who helped me take down the booth on Sunday afternoon.

Reviews

The bris my parents did NOT want me to have!

Jonathan Friedman reviews "Celebrating Brit Shalom" book by Lisa Braver Moss and Rebecca Wald
Jonathan Friedman  IntactNews  2015 May 14

Pioneering Jewish mothers Lisa Braver Moss and Rebecca Wald have forged a milestone with their new book, Celebrating Brit Shalom. Coming in at just under 100 pages and a cover price of $12.95, their DIY-bris handbook need not frighten anyone: genital cutting is foregone and the Rabbi is optional. The once-elusive practice of brit shalom (a peaceful covenant without genital cutting) now has a masterpiece guidebook complete with liturgy and musical accompaniment.

Celebrating begins with an acknowledgment of and dedication to Jewish families that have recently pioneered brit shalom from relative obscurity to an up-and-coming practice. While some Jewish families have reluctantly skipped a welcoming ceremony for their boys (having no alternatives or fearing backlash), others have bravely pioneered welcoming ceremonies without genital cutting in many beautiful and unique ways. Moss and Wald have studied these ceremonies and have crafted three alternative ceremonies to choose from.

The three ceremonies are very similar in structure to a traditional bris. There’s liturgy led by a leader. The baby is brought into the room by godparents. What’s noticeably missing is the genital cutting, which is replaced by the cutting of a pomegranate (or other seasonal fruit). There are also passages to be read by parents and cues for musical interludes.

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Reviews
(continued)

The Bris My Parents Did NOT Want Me to Have!  (continued from p. 24)

I especially like how the shehecheyanu prayer—which praises God for bringing everyone together for the occasion—is recited during brit shalom. This prayer is not recited during brit milah because the baby is in pain. The shehecheyanu is a welcome relief and addition to the ceremony.

Before getting into the ceremonies themselves, the authors devote space to contextualizing Celebrating by explaining the origin of brit shalom and its significance. Brit shalom has a direct biblical basis, appearing in the Torah in a story about Pinchas, a Jewish priest, who is offered the brit shalom as a way to transform himself from committing violence in God’s name to practicing peace in God’s name, a nice allegory for the transformation of brit milah into brit shalom.

Central to the brit milah ceremony is the inclusion of the male infant into the covenant between Abraham and God. The first time the covenant is mentioned in the Torah, there is no mention of genital cutting. The second time the covenant is mentioned, God commands all male descendants of Abraham to perform genital cutting on their newborn sons on the 8th day of life as a sign of the covenant.

Brit shalom, the authors explain, is about replacing a symbol of the covenant—cutting of the male infant foreskin—with another symbol of the covenant—the cutting of a pomegranate (or seasonal fruit). Rather than opt out of a welcoming ceremony entirely, parents who choose brit shalom strengthen ties with family, synagogue and community and raise their child in the Jewish tradition.

The first ceremony, Peace and Wholeness, follows closer to a traditional bris, and expounds upon how peace and wholeness can’t be had one without the other. My favorite ceremony is the second one, Faith and Trust. Much is made of the newborn’s trust for his parents and community which is compared to the biblical story of Abraham’s faith and trust in God.

I found the third ceremony, Celebrating Equality, to be very inspiring. Progressive ideals have been influencing Jewish practice for thousands of years, with equality being a central theme. The prayers are gender-neutral and are inclusive of single parent and same-sex parent families.

The musical accompaniment adds to the ceremonial feel of brit shalom. Reuben Moss and Jason Paige deliver four new songs whose lyrics are ripe with meaning and nicely complement the form and content of the ceremonies.

The first three songs honor Abraham’s covenant with God, speak to the connection between peace and wholeness, and honor Miriam and Elijah, the protectors of children. The last song, Rimonim, Rimonim, expounds upon the pomegranate as a symbol of fertility and wisdom.

The recorded tracks on Songs for Celebrating Brit Shalom have a musical theater production quality to them, especially the vocals, and are sure to get children and adults singing along. Sheet music and lyrics are included in Celebrating and the songs are available for download on iTunes in both full and instrumental-only versions.

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Reviews
(continued)

The Bris My Parents Did NOT Want Me to Have!  (continued from p. 25)

The authors advise parents to give lead time to family as some may not be accepting of brit shalom and may need some time to accept the practice. Unfortunately, a brit shalom could lead to a major family conflict, so great care should be taken when raising the issue. The authors suggest giving a copy of Celebrating to family members who may not be on board. I think it’s a great idea, since Celebrating is non-judgemental about the practice of genital cutting and doesn’t vigorously defend brit shalom, but simply and gently is.

In terms of art work, the cover design is fantastic. The illustration inside the book of a properly set brit shalom table takes me straight back to my childhood days reading the Passover Haggadah.

Don’t forget to read the glossary, an opportunity to brush up on some Hebrew and to learn some insights.

I’m excited to be partaking in a major shift in Jewish consciousness and practice, especially having had the pleasure to review an early manuscript and to review the first edition of Celebrating Brit Shalom. For many of us, Celebrating Brit Shalom is long overdue, yet fits nicely into the present moment, fulfilling a rising need to evolve Jewish tradition. Moss and Wald have paved the way forward for a more peaceful, just, and consistent yiddishkeit.

Lisa Braver Moss and Rebecca Wald have been promoting brit shalom for some time now. Moss is author of The Measure of His Grief, the first novel centered on Jewish male genital cutting. Moss was instrumental in getting her Oakland, California synagogue Temple Sinai to explicitly welcome families that have not performed male genital cutting. Wald runs the popular website, Beyond the Bris, providing a platform for Jewish challenges to genital cutting.

Celebrating Brit Shalom is published by Notim Press and is available through the authors’ website, CelebratingBritShalom.com, select booksellers, and through Amazon.com. Songs for Celebrating Brit Shalom is available on Spotify, iTunes, Amazon, Google Play, Beats and other music sites, and contains eight tracks: four with vocals, and four instrumental only.

News

Week-long event protests circumcision

Jordan Gass-Pooré Scripps Howard Foundation Wire
2015 Mar 30

Passersby eyed an anatomically correct male doll fastened to a plastic contraption Thursday on the West Lawn of the Capitol. Christina Love, founder of Genital Autonomy of Western New York, explained to people that it’s a circumstraint newborn immobolizer used to circumcise male newborns.

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News
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Week-long event protests circumcision (continued from p. 26)

Love and other genital rights activists or “intactivists,” from the words intact and activist, protested against newborn male circumcision, the surgical removal of the foreskin from the penis, as part of Genital Integrity Awareness Week.

They marched Saturday from the Capitol to the White House where protesters chanted “not the family penis.” The week concluded Monday with a White House sidewalk demonstration.

“Intact genitals are a human right,” Love said about why she participated in the events. Other genital rights activists echoed her sentiments.

David Wilson, 61, also stood on the West Lawn and held a sign that read “Whose Penis? Whose Body? Whose Rights?”

The questions on the sign are some he has asked himself for decades and wants others to do the same.

When Wilson was 12 he heard his mom talk about circumcision and it left him traumatized. With this news, Wilson said he ran to the bathroom to look at his penis and saw the circumcision scar.

Wilson said he didn’t find out the reasons why newborn males are circumcised until a high school sex-education class. He said the teacher told him and the other students that circumcision helps prevent penal cancer, which kills one in 1,437 men annually.

“I’d rather take my chances,” Wilson said of his desire to restore his foreskin.

That’s why Wilson said he began writing about the topic online in 1996, where he found out he wasn’t alone.

The Internet helped him join forces with the nonprofit National Organization of Circumcision Information Resource Centers to start Genital Integrity Awareness Week in Washington, which coincides with the Monday’s anniversary of legislation limiting female genital mutilation passed in 1996.

“Where is the outrage over the 117 baby boys that die every year?” Wilson said. “One death from a McDonald’s toy and it’s yanked off the market.”

This figure was established by Dan Bollinger, an opponent of circumcision, based on his reviews of infant mortality statistics. It has been disputed by some medical professionals.

Ryan McAllister, Georgetown University research assistant, has been studying circumcision for about 15 years and said the topic can be viewed through many lenses.

“For something that seems like a single issue, it just became Mary Poppins’ purse; you go in and keep finding more stuff,” said McAllister, who has a doctoral degree in physics.

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Week-long event protests circumcision (continued from p. 27)

There’s the American medical community, which is, overall, in favor of circumcision, he said.

The American Pediatrics Association released an updated statement in 2012 that says the health benefits of newborn male circumcision outweigh the risks. However, the organization does not recommend the procedure universally.

The update comes at a time when sentiment against circumcision is on the rise. Circumcision rates declined from 64.5 percent to 58.3 percent from 1979 through 2010, according to a Centers for Disease Control and Prevention report.

Another CDC report concludes that circumcision doesn’t appear to reduce HIV transmission rates.

Studies have shown decreased urinary tract infections and herpes simplex 2 transmissions among those who have been circumcised.

Risks associated with circumcision are low. The most common complications are bleeding and infection, according to the CDC.

Some people are in favor of newborn male circumcision because they don’t want to eclipse the parent’s right or a religion’s right to choose, McAllister said.

Newborn male circumcision is practiced in Jewish and Islamic religions. It usually symbolizes faith in God.

Wilson said there should be genital rights for all children, regardless of religion or gender.

“We put religion above culture,” he said. “If it’s a religious reason it’s okay. If it’s cultural it’s barbaric.”

Mother in circumcision battle given right to visit sick son

Josh Hyber  Palm Beach Post
2015 Dec 25

The mother of a 5-year-old boy who went into hiding with her son to keep him from being circumcised has won the right to visit the child, who now suffers from leukemia.

Palm Beach County Circuit Judge Jessica Ticktin agreed Dec. 18 to allow the mother visitation because of the child’s diagnosis and because the boy has since been circumcised, the Fort Lauderdale Sun-Sentinel reported.

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Mother in circumcision battle given right to visit sick son  (continued from p. 28)

Heather Hironimus, 31, of Boynton Beach went on the run for two months with the boy earlier this year to prevent his father, Dennis Nebus of Boca Raton, from following a court order to have him circumcised. The court ruled that Hironimus had given consent in a 2012 parenting plan with Nebus. The couple were never married.

After her capture, Hironimus was jailed for nine days until she consented to the circumcision. Nebus blasted her in court for engaging in “cyber terrorism” by unleashing the passions of circumcision foes around the globe against him. At one point, the groups picketed the hospital where they believed the circumcision would take place.

Nebus had asked the court to prevent visitation because Hironimus “willfully” violated a December 2014 order by posting information about the child on social media, the Sentinel reported.

The judge ruled the posts did not violate the confidentiality order, the Sentinel reported, which bars any reference to the legal battle between the parents. The first post was a wish to the child on his fifth birthday. The second was to ask friends and family to pray for the boy after he was diagnosed.

Since her arrest in May, Hironimus visited the child once, the Sentinel reported.

The child is now in remission, but still has months of chemotherapy to ensure a chance of being cured, the boy’s oncologist said, according to the paper.

In September, before the diagnosis, Hironimus was granted permission for supervised visits with the child at a neutral site. According to the Sentinel, the judge ruled that even with the child’s now-weakened immune system, the family center visits can still happen.

Hironimus still must abide by the terms of a July pretrial agreement, the newspaper reported, that resolved her felony charge of interference with the boy’s custody. She is required to check in with a probation officer once a month, submit to random drug testing, undergo a mental health evaluation and complete a four-hour parenting course. If she does these, the State Attorney’s Office will drop the felony count in the summer.

Circumcision Clamp Makers Sued Over Amputated Penis

Y. Peter Kang  Law360  2015 Apr 22

Companies associated with the production of a clamp used in performing circumcisions were hit with a product liability suit in Pennsylvania state court on Wednesday alleging that the medical instrument’s poor design led to the amputation of the tip of an infant’s penis.

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Circumcision clamp makers sued over amputated penis  
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California resident Victoria Hoekstra, the mother of a minor child, filed the suit against Misdom-Frank Corp. and related entities Sklar Corp. and Medco Group Inc., accusing the Pennsylvania-based companies of negligence and product liability in connection with the partial amputation of her week-old infant’s penis in 2010 in what was supposed to be a routine circumcision procedure, according to the complaint.

Hoekstra says that the companies’ product, known as a Mogen clamp, has a design defect that does not provide any protection for the head of the penis, unlike other circumcision clamps, and contains a second defect that does not allow for the doctor to be able to visualize the head of the penis when applying the scalpel to the foreskin.

These design defects “are well known and have long been identified and published in medical literature,” according to the complaint.

“The Mogen clamp, unlike other circumcision devices, has a long history of penile amputations,” Hoekstra alleges. “Defendants have misrepresented the efficacy and safety of their Mogen clamp through various means and media, actively and intentionally misleading the medical community, patients and the public at large.”

Hoekstra says that her son has sustained permanent injury and will require future corrective surgeries and brings claims for strict liability, negligence and breach of warranty against the companies, seeking more than $50,000 in damages.

An attorney for the plaintiff told Law360 on Wednesday that the clamp should be pulled from the market.

“This circumcision is an ancient ritual that has been performed safely for centuries without incident,” said co-lead counsel Daniel Balaban of Los Angeles-based Balaban & Spielberg. “This case is about a defective product that has left our client mutilated and maimed. This dangerous device should be pulled off the market or fixed before another infant is harmed.”

A representative for the defendants did not immediately respond to a request for comment on Wednesday.

Hoekstra is represented by Daniel K. Balaban, Andrew J. Spielberg and Paymon A. Khatibi of Balaban & Spielberg LLP, Lee B. Balefsky, Michelle L. Tiger and Priscilla Jimenez of Kline & Specter PC and Browne Greene of Greene Broillet & Wheeler LLP.

Counsel information for the defendants was not immediately available on Wednesday.

The case is Hoekstra et al. v. Misdom-Frank Corp. et al., case number 150402154, in the Court of Common Pleas, Philadelphia County.
Circumcision to be offered nationwide

Despite widespread opposition to circumcising baby boys without a medical reason, Norwegian hospitals will all soon start offering the surgical procedure nationwide. A new law effective January 1 orders them to do so.

Nina Berglund  newsinenglish.no  2015 Feb 3

Doctors and professional organizations that warned against the new law have capitulated, reported newspaper Dagsavisen. All four of Norway’s regional state health agencies still have large numbers of physicians who have reserved the right to refuse to perform the surgery, but the regional agencies’ hospitals will solve any resulting capacity problems by purchasing the services of private health clinics or other state hospitals with available capacity. The two most likely are St Olavs Hospital in Trondheim and Oslo University Hospital-Rikshospitalet, which are the only two hospitals with dedicated pediatric surgery wards.

Setting age limits

At St Olavs, several doctors have refused to perform circumcision, arguing it is not a necessary medical procedure for young boys. Hospital officials in Trondheim feel they have enough other doctors on staff to do the surgery, however, and the same is true in Oslo. Both also claim the new obligation to offer circumcision won’t be at the expense of other children with medical conditions who require surgery.

Neither St Olavs nor Rikshospitalet, however, will circumcise newborns. Full narcosis is considered the only adequate means of relieving the pain of circumcision, “so we have set an age limit of one year,” Dr Øystein Drivenes at St Olavs Hospital told Dagsavisen.

Parents who want to circumcise their sons are likely to face waiting lists at Akershus University Hospital (Ahus) northeast of Oslo, where 13 of 15 urologists have reserved themselves against the procedure unless there’s a medical need. The two urologists willing to circumcise have also set an age limit of one year.

Not a priority

“Circumcision is not a prioritized procedure, and children who need surgery for medical reasons must come first,” said Dr Anja Løvvik at Ahus. “Today we perform five to six operations on children every day. That means that boys who seek ritual circumcision will be at the back of the queue.”

Norwegian authorities estimate that around 2,000 boys were being circumcised annually in Norway outside the public health care system before the law went into effect. Most are Muslims whom politicians hope will now opt for circumcisions in a more professional medical environment. Drivenes said hospital officials think Jewish boys will likely continue to be circumcised in religious ceremonies on the eighth day after birth.

Sørlandet Hospital in Kristiansand appears to be the only hospital offering to circumcise newborns, using local anesthesia. All the other hospitals in Norway intend to use full narcosis and set age limits at one to two years.
Malta Now Has One of the Best Trans and Intersex Laws in the World

‘To say this is groundbreaking is an understatement’
Joe Morgan  Gay Star News  2015 Jun 3

Malta is now leading with one of the most comprehensive laws protecting trans and intersex people in the world.

They will no longer need to have surgery, sterilization and a diagnosis of mental illness to legally change gender under a law passed yesterday (1 April).

It will also ban medically unnecessary surgery on the genitals of intersex infants.

“To say that this Act is a groundbreaking human rights milestone is almost an understatement.” Paulo Paulo Côrte-Real, co-chair of ILGA-Europe’s Executive Board, said.

“It provides an inspirational benchmark for other European countries that need to improve their own LGBTI equality standards. The Act is a beacon of hope - and bears testament to the political leadership and hard work of the LGBTI movement in Malta.”

The passage of the Gender Identity, Gender Expression and Sex Characteristics Act (GIGESC) followed an apology from the government to a trans woman Joanne Cassar who was successful in her fight to marry her husband.

The following year, gender identity was added to the constitutional list of non-discrimination and trans people were afforded protection under national employment laws.

The third reading was passed with a unanimous vote. The bill will now be sent to President Maria Louise Coleiro Preca for her signature.

Maltese Member of the Intergroup on LGBTI Rights, Miriam Dalli MEP, said: “I am very proud to be from a country that has from now on the most comprehensive and respectful laws when it comes to the rights of trans and intersex people.”

“No one should be declared mentally ill, undergo forced surgery or being forced to go through a divorce, in order to be recognised as who they truly are. I sincerely hope that the whole of Europe will follow Malta’s example, and that such degrading practices will be issues of the past.”
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Record Award for Family of Turkish Boy Whose Circumcision Was Botched

*Boy who was taken to mass circumcision ceremony for disadvantaged children lost large portion of his penis and health ministry ordered $255,000 payment*

*Agence France-Presse in Istanbul  The Guardian*  2015 Feb 3

A Turkish court has approved a record compensation payment for the family of a boy who had a large portion of his penis removed and burnt off in a botched circumcision operation, media reported.

The boy, who is now six, underwent the operation when he was one year old in a mass circumcision ceremony for boys from disadvantaged families in the south-eastern city of Batman.

The upper portion of the penis was mistakenly cut and burnt off during the operation, and the boy was still receiving care for his wounds, private Dogan news agency reported.

On Tuesday, a Batman court ordered the health ministry to pay the boy’s family a record 600,000 Turkish liras ($255,000) in damages, Dogan said.

The family of seven claimed that the operation was carried out only by a health technician because no qualified doctor was present during the circumcision.

The boy was sent home with burn creams and was told to “have some rest to heal properly”.

The parents, however, are not satisfied with the amount, saying that their child might require further treatment, including care abroad.

They are still seeking more than 2 million more Turkish liras ($850,000) in damages, Dogan said.

Circumcision is widely practised in all Islamic countries, including predominantly Muslim but staunchly secular Turkey.

It is an expense that many families find difficult to afford, with the operation costing hundreds of dollars and the ensuing celebrations even more.

As a result, many parents choose to pay unskilled circumcisers or barbers, who perform the operation with unsterilised instruments.
Ontario Newborn Bleeds to Death after Family Doctor Persuades Parents to Get Him Circumcised

Tom Blackwell  National Post (Canada)  2015 Oct 25

TORONTO — An Ontario doctor has been cautioned after a 22-day-old baby bled to death from a circumcision gone horribly wrong, underscoring the heated debate over a simple yet contentious procedure.

Another physician involved in the case was urged by a medical governing body to be “mindful” of the operation’s dangers.

But Ryan Heydari’s parents say the regulators who handled their complaints have shed little light on what led to Ryan’s death – or how to prevent similar tragedies in future.

They say they did not even want the newborn circumcised — a view in line with longstanding recommendations from the Canadian Pediatric Society — but were persuaded to do so by a family physician.

“We are so shocked that we will not have an answer to bring us some peace for our broken hearts, to prevent other cruel deaths like Ryan’s and to ensure that doctors take proper care of their patients,” mother Homa Ahmadi told the National Post.

In fact, the case only became public because the couple appealed the original Ontario College of Physician and Surgeons rulings, which were rendered in secret.

An appeal tribunal upheld this month a decision by the College to caution the on-call pediatrician who saw Ryan in the emergency department hours after his circumcision, his diaper stained red with blood.

The Health Professions Appeal and Review Board also confirmed the college’s separate advice to the pediatrician who conducted the procedure to be aware of its potential hazards, and document his efforts to get informed consent.

"We are so shocked that we will not have an answer to bring us some peace for our broken hearts, to prevent other cruel deaths like Ryan’s and to ensure that doctors take proper care of their patients,” mother Homa Ahmadi told the National Post.

The pediatric society said in a recent report that death from bleeding caused by circumcision is “extremely rare,” though it’s not completely unheard of. A five-week-old B.C. baby bled to death after being circumcised in 2003.

Ahmadi gave birth on Jan. 3, 2013 to a boy who loved attention, cried relatively little and seemed to actually smile. “He gave us the most amazing moments of our life,” says Ryan’s mother.
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Ontario Newborn Bleeds to Death after Family Doctor Persuades Parents to Get Him Circumcised (continued from p. 34)

She and husband John Heydari, who immigrated from Iran about 12 years ago, opposed having him circumcised, convinced that “mother nature created us the way she intended us to be.”

But their family physician persuaded them it was a good idea for medical reasons, despite contrary advice from pediatric specialists.

Once carried out on most Canadian boys and still common as a religious rite for Jews and Muslims, circumcision has generally fallen in popularity, rates hovering around 32 per cent.

The pediatric society has long held that its risks – including pain to a small baby, bleeding and the chance of disfigurement of the penis – outweigh its benefits.

The group revisited the issue with a report just last month that addressed growing evidence circumcision helps prevent sexually transmitted disease, acting almost like a vaccine in countries with high rates of HIV.

Circumcised boys are also less likely to suffer urinary-tract infections and to develop rare penile cancer later in life, the society says.

But its report still recommended against routine circumcision of every newborn male, saying that it may make sense in certain cases. For those who have the procedure, “close follow-up in the early post-circumcision time period is critical,” the society warns.

One urologist says he has encountered a few cases where circumcised babies had to undergo transfusions because of dangerous bleeding, and sees less-serious complications routinely.

Dr. Jorge DeMaria of Hamilton’s McMaster University believes regulators should require doctors to prove they have undergone proper training before doing circumcisions. He also questions circumcising newborns for preventive-health reasons, in a country with low levels of HIV and wide availability of condoms.

It was so obvious from the blood his tiny body had lost that he was in danger

“In our setting, in North America, really it’s not necessary.”

Ahmadi says she and her husband knew almost immediately after their son’s procedure that something was seriously wrong.

The previously unfussy baby “was crying so much, so hard, and he wouldn’t stop,” she recalled in written answers to questions. “He was bleeding, and it only got worse over just hours … It was so obvious from the blood his tiny body had lost that he was in danger.”

The pediatrician who did the circumcision told the College he conducts many of them, that Ryan’s was uneventful and there was no bleeding when he checked the dressing before the family left.

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Ontario Newborn Bleeds to Death after Family Doctor Persuades Parents to Get Him Circumcised  (continued from p. 35)

The parents called about bleeding later that day, though, and he advised them to take Ryan to Toronto’s North York General Hospital, which they did.

“We … waited for care that could have saved his life, but that level of care never came,” says Ahmadi.

A sparse outline in the board’s decision says Ryan was eventually transferred to Sick Kids hospital, but died there seven days later. Pathologists said he succumbed to “hypovolemic shock” caused by bleeding from the circumcision, which emptied his body of 35 to 40 per cent of its blood.

The doctor at North York General — whose name has been withheld according to College policy — was cautioned for failing to recognize the seriousness of the boy’s condition or treating “compensated shock” – the first stage of the condition.

But the process left the family little further ahead in fathoming how Ryan could have died, said Brian Moher, their lawyer.

“My clients felt that there was a big gap in what the College had done with the investigations, essentially missing the point around the infant’s death.”

The devastated parents, meanwhile, have not had other children.

“The loss of Ryan, our only child, has made us realize that we can’t possess anything, even our hopes and dreams,” Ahmadi says. “We hope that this never happens to any other baby.” I felt my stomach surge. This couldn't be true. But it is.

Three week-old Ryan Hedari bled to death from the circumcision surgery his parents didn't want him to have.

His parents resisted, because they believed, “mother nature created us the way she intended us to be.” But the b.s. about the "benefits" of circumcision was sold to his parents by the doctor who was accountable for the baby's wellbeing.