

Attorneys for the Rights of the Child

Newsletter

© ARC Winter 2017/2018 Volume 12, Issue 1
Whole Number 34



Protecting
Children's
Bodily Integrity

TIM HAMMOND



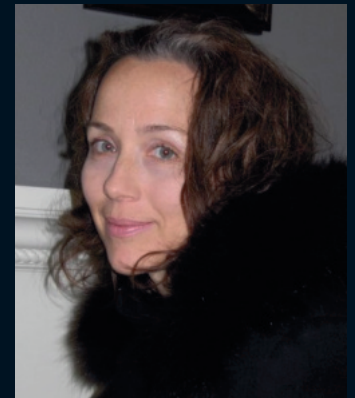
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Comments regarding the ARC Newsletter and its contents are welcomed.

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Message from the Executive Director

March 5, 2018

The twentieth anniversary of ARC has come and gone, and the work continues. I'll say more about this later when the time is right, but – thanks to the hard work of several very talented and brilliant fellow activists around the world – the work with the United Nations is continuing in 2018 that started with the delegation I led to Geneva in August 2001 and the oral and written reports that we put in the official UN record on circumcision as a human rights violation.

What we are discovering is that each year, more articles get written, more organizations get started, and more folks jump into this sometimes demanding yet always compelling work. Later this year, I will be married for the second time, and many of the guests are activists, a few of whom also attended my first wedding.

We continue to get invaluable contributions from our collaborators including Australian correspondent Travis Wisdom, Legal Advisor Peter Adler, Webmaster/Newsletter Editor Aubrey Terron Taylor, Tim Hammond, and a number of board members and behind-the-scene folks.

It's been another intriguing year. A legislative initiative is happening right now in Iceland and we recently emailed the Icelandic legislators to support the bill. We are also hard at work responding to Brian Morris' paper (mentioned elsewhere in this issue). In July 2016, the Journal of Law, Medicine and Ethics (JLME) finally published the paper by ARC Executive Director Steven Svoboda, ARC Legal Advisor Peter Adler, and Bob Van Howe entitled, "Circumcision is Unethical and Unlawful." The paper is part of a JLME special issue stemming from our unofficial debate victory over the American Academy of Pediatrics (AAP) at the Twentieth Annual Thomas



Steven Svoboda, NCFM, September 13, 2017

A. Pitts Lectureship in Medical Ethics, held at the Medical University of South Carolina in October 2013. This is the longest and most comprehensive general article I have ever published and we are very happy to finally see it in print.

We are very pleased that our article in the American Medical Association Journal of Ethics about circumcision as iatrogenic (doctor-caused) harm was one of the twenty most cited papers of the year!

On February 5, 2018, an extensive interview with Steven Svoboda by filmmaker Cassie Jaye was released. Included, in Cassie's words, is "never-before-seen footage" from her interview with Steven conducted in 2013. The video is available at: <https://youtu.be/-tQR8paDDr8>. I appear briefly in the film prior to a video clip of an infant circumcision. The interview with Steven was the second interview she and her cinematographer mother did in the early days of her work on her stunning film, "The Red Pill". Her film surveys the men's movement including activism for genital integrity as well as Cassie's growing sympathy for these movements.

Cassie wrote me to kindly say, "Thank you for agreeing to be interviewed those many years ago. It was

a real eye-opener for my mother and myself. Hopefully this video will help more people think twice before electing neonatal circumcision." There was a monumental personal side to a showing of the film followed by a question and answer session in which I participated, held on November 6, 2016 in San Rafael, California. An audience member, Gina Maria Mele, came up to me during the Q and A session and we struck up a conversation and now we are engaged to be married on July 28, 2018. Gina and I have are excited that Fred Hayward, who was also a participant in the Q and A session and was prominently featured in the movie, has volunteered to officiate at the wedding.

Elsewhere in this issue is a picture of (left to right) Steven, Cassie, author Warren Farrell [prominently featured in the film], and Fred, taken at a red carpet ceremony that preceded the November 6, 2016 showing of the film. Photos and a quick summary appear in this issue regarding my presentation entitled, "Genital Autonomy and Gender Equity," presented on September 13, 2017 in San Diego at the fortieth anniversary conference of the National Coalition for Men (NCFM). As mentioned elsewhere in this issue, last year saw prosecutions

being undertaken in Michigan of three individuals—two physicians and the wife of one of the two physicians--involved in female genital cutting.

We hope you enjoy this newsletter, which includes: 1) photo reports by Travis Wisdom regarding three groundbreaking conferences in which he participated in Sydney, Melbourne, and Adelaide; 2) book reviews of important new books including Hida Viloria's fascinating intersex memoir and David Lang's important book on a faith-based approach to the medical ethics and law behind genital autonomy; 3) longtime activist and ARC friend Dionne

Deschenne writing about her history of activism and her recent return to the fold; 4) a fascinating opinion piece by Tim Hammond inspired by his participation in the Pride festival in Rochester, NY; 5) news reports; 6) ARC updates; and more.

ARC released video from the Charleston debate last year, to complement the audio clips released in 2016, showing that the AAP doesn't know the functions of the foreskin and believes children do not have human rights. Top filmmaker Eliyahu Ungar-Sargon prepared the videos, working closely with ARC.

For the past eighteen years, we have

been putting out the newsletter so as to keep intactivists and their supporters updated on pertinent events throughout the movement to protect children from genital cutting and frankly, so as to keep spirits high through this often challenging work. Our newsletter continues to be carried by all three of the top content providers that electronically provide journals to libraries throughout the world! These three are ProQuest, EBSCO and Cengage (formerly Gale).

Personally, it continues to be and I imagine always will be the children who inspire me to continue dedicating our intellect, and spirit to this work.

Thanks ever so much to everyone for your invaluable support over the years, whether it be financial, emotional, logistical, as colleagues, or a combination of these roles. Each of you makes it possible for us to continue 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 94707, or made through paypal at our website (www.arclaw.org/arc_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 and bookmark your starting page as <http://www.amazon.com/?&tag=arc-20&camp=14721&creative=385805&linkCode=hom&adid=11CYB7JHVS05VPZ0AJCS&> (this URL can also be accessed from our donations page at www.arclaw.org 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



(l. to r.) Son Eli (16), Fiancee Gina Maria Mele, Daughter Sarita (13), Steven Svoboda.

Guest Articles

Genital Autonomy, Humanism and Human Rights: A Report on the Australian Humanist Convention 2017

By Travis Wisdom

The Australian Humanist Convention: 'Ethics in an Uncertain World' was held on 7-9 April 2017 in Melbourne, Australia. Humanism is an ethical and rationalist worldview. In the modern sense of the term, humanism:

[I]s the view that whatever your ethical system, it derives from your best understanding of human nature and the human condition in the real world. This means that it does not, in its thinking about the good and about our responsibilities to ourselves and one another, premise putative data from... inheritances from the ages of humankind's remote and more ignorant past (Grayling 2007, 33).

On this understanding, this year's conference explored humanist solutions to major contemporary problems in order to generate positive influence in society and the broader community. The three-day conference attracted an exciting range of speakers, including, as keynotes, eminent philosophers Peter Singer and A.C. Grayling. The event covered numerous themes and topics, including: advocacy and ethics; humanism, the individual and society; xenophobia and nationalism; secularism, diversity and education; and refugee policy and immigration detention. The event also honoured Dr Rodney Syme with the Australian Humanist of the Year award for his public advocacy of voluntary



Dr Meredith Doig with Travis Wisdom and Jonathan Meddings

assisted dying spanning over twenty-five years.

The conference also featured the panel, 'Genital Autonomy, Humanism and Human Rights,' which was moderated by Dr Meredith Doig, President of the Rationalist Society of Australia (RSA). Jonathan Meddings, Vice President of the RSA, and Travis Wisdom, PhD Candidate at the University of Adelaide, participated on the panel to discuss male circumcision and intersex genital modification as humanist and human rights issues.

Jonathan spoke about male genital cutting, moral relativism and the limits of religious freedom. He argued that all children have a right to the bodies they are born with, that all medically unnecessary surgery on their genitals is a

violation of both medical ethics and their human rights, and that religion is not a licence for child abuse.

Travis discussed intersex children and human rights in the context of non-consensual, medically unnecessary genital modification. Intersex people are 'born with sex characteristics (including genitals, gonads and chromosome patterns) that do not fit typical binary notions of male or female bodies' (UN Free and Equal). Intersex children often undergo non-consensual, medically unnecessary procedures designed to alter their sex characteristics in order to 'normalise' their bodies and make them conform to social and medical norms. He explored the emerging global interaction with intersex issues within the context of international human rights law and then

compared this interaction to the recent developments in Australia and explored the relevant legal frameworks and possible options for legal reform.

The panel discussion was very well-received: it generated substantial interest and interaction, and resulted in no resistance from members of the audience. The event was also fortunate to have the support of James Wright, Treasurer of the Australasian Institute for Genital Autonomy, and Max Roberts, Co-Director of Intact Australia, who attended the panel discussion. Several attendees inquired about the history of male circumcision in Australia, the enforceability of international human rights law in domestic legal systems, current legal frameworks for protecting children's rights, and reform and activism possibilities. The panel discussion clearly laid the groundwork for inspiring a group of Australian humanists to become future allies of the genital autonomy movement.

The conference also enabled the RSA to unveil its white paper on genital autonomy, specifically in the context of male circumcision and intersex genital modification. Its 2017 white paper states:

The RSA recognises the inherent right of all human beings to security of person, in particular their right to physical and mental integrity and bodily autonomy. The RSA rejects all non-consensual, medically

unnecessary genital cutting or modifications, and calls upon the medical community and state and federal governments to educate the public of the harms of these procedures, and to change the law to ensure all children are protected from genital mutilation (Rationalist Society of Australia 2017, 3).

The Genital Autonomy white paper and the Autumn 2017 edition of the RSA journal, *The Australian Rationalist*, were issued at the conference. The journal features numerous articles on contemporary issues, politics, and religion. It also features three articles on genital modification practices and bodily autonomy by Jonathan Meddings, Travis Wisdom and Cornelia Koch, and Brian D Earp. For more information on how to access the journal and to join the RSA, visit:

<https://www.rationalist.com.au/publications/>. You can also read the RSA's white paper on Genital Autonomy here: <https://www.rationalist.com.au/campaigns/genital-autonomy/genital-autonomy-2/>.

References:

A.C. Grayling, *Against All Gods: Six Polemics on Religion and an Essay on Kindness* (Oberon Books, 2007) 33.

Jonathan Meddings and Travis Wisdom, 'Genital Autonomy' (Rationalist Society

of Australia, February 2017).

UN Free & Equal, 'Intersex Fact Sheet', <https://www.unfe.org/system/unfe-65-Intersex_Factsheet_ENGLISH.pdf>.



Travis Wisdom (BA, MA, LLM) is a PhD Candidate at the University of Adelaide, South Australia. He completed a BA in Women's Studies from the University of Nevada, Las Vegas, MA in Human Rights, Globalisation and Justice at Keele University, and a LLM in International Law and Human Rights at the University of Birmingham. His thesis investigates legal approaches to children's right to physical and mental integrity in the context of intersex genital modification in Australia. His research interests relate to international human rights law and modification of children's sex characteristics, including male and female genital cutting, intersex genital modification, and gender affirmation procedures.



No Place for Personal Sexual Tastes in Struggle for Genital Autonomy

by Tim Hammond

The Empty Closet, September 2017

Having moved to California in 1983, I traveled back to Rochester in July and thoroughly enjoyed reconnecting with long-time friends and witnessing the exciting growth of Rochester's LGBTI community. I also had the opportunity at the pride festival to staff a booth about children's genital autonomy.

We advocate respect for children's rights to bodily integrity and protection from non-therapeutic genital surgeries ('circumcision' and other forms of cultural genital cutting). Bodily integrity is every child's right, whether they're male, female or intersex. Children should be free to grow up and decide

for themselves how much of their genitals they get to keep.

Staffing the booth was very rewarding. Numerous Jewish parents, including a couple (both sex therapists), shared with me their decisions to keep their sons intact. A human sexuality professor at SUNY/Alfred told me how she always discusses the American custom of male genital cutting. A mother of several intact sons, volunteering at the Libertarian party booth, explained why protecting everyone from violations of their bodies and rights was a core Libertarian value.

In contrast, some visitors defended newborn circumcision on alleged medical grounds. Those arguments, however, are obsolete upon closer examination.

Penile cancer (and cervical cancer) results from sexually transmitted infection with Human Papillomavirus

(HPV). There's no need, however, to cut off half the skin system of your son's penis when there's now a vaccine for both sexes, Gardasil, that prevents HPV infection.

The alleged 60% relative reduction in HIV risk with circumcision is actually only 1.8% when considering the absolute risk reduction. By contrast, the daily PrEP pill offers up to 98% protection from HIV. And of course, condoms are still one of the best forms of protection. Essentially, you can use a condom every time, or you can cut off part of your penis and use a condom every time.

Promoting circumcision, in fact, leads to a false sense of protection. The mass campaigns of voluntary male medical circumcision (VMMC) targeting men and boys in Africa is causing unprecedented individual, familial and cultural harm that's being documented by

the VMMC Experience Project (www.vmmcproject.org).

And with national circumcision rates trending below 50% (<20% out West), arguing the alleged importance of "looking like daddy or the other boys" is without scientific evidence, fallacious and shallow.

However, the most horrific defense of circumcision I encountered was from several who claimed to support circumcision based on their own sexual tastes. We're all entitled to our preferences, but fancying circumcised partners is NOT a reason to perpetuate the social custom of newborn circumcision.

One's sexual tastes are wholly inappropriate to the discussion of children's rights to bodily integrity and genital autonomy.

'Art(i)culations of Violence': A Report on the Fourth Annual South Australian Gender, Sex, and Sexuality Studies Postgraduate and Early Career Researcher Conference

By Travis Wisdom

The Fourth Annual South Australian Gender, Sex, and Sexuality Studies Postgraduate and Early Career Researcher Conference was held on 13-14 July 2017 at the University of South Australia in Adelaide. The interdisciplinary conference aimed to bring together a network of postgraduate students and early career researchers from South Australia whose research explores gender, sex, and sexuality. This year's theme, 'Art(i)culations of Violence: Gender, Sex, Sexuality and the Politics of Injury and Revivification' explored the myriad ways that violence occurs in society, whether such violence is institutional, personal, epistemic, discursive, cultural, economic, symbolic, and physical.



'Bodily Modifications, Consent, and Bodily Autonomy' Panel Discussion at the Fourth Annual South Australian Postgraduate and Early Career Researcher, Gender, Sex, and Sexualities Conference - University of South Australia, Adelaide, July 13-14, 2017

The two-day conference featured a diverse range of keynote speakers and presenters. Travis Wisdom, a PhD Candidate at the University of Adelaide, presented the paper, 'Regulations of Children's Bodily Diversity: Legal Approaches to Children's Right to Physical and Mental Integrity in the Context of Intersex Genital Modification in Australia.' In this paper, Travis explored global human rights developments by UN and other international bodies that criticise and condemn medically unnecessary intersex genital modification as a violation of children's rights. Among the rights breached by intersex genital modification are physical and mental integrity and bodily autonomy. Within Australia, legal developments that critically address intersex genital modification remain underdeveloped. Recent Australian parliamentary motions to raise awareness about intersex issues and formal apologies for discrimination against the lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ) communities provide symbolic consolation for intersex people, but are not reinforced by legislative action or judicial oversight to protect intersex children. Travis argued in this paper that Australian law must respond to global human rights developments and changing social understanding of intersex issues by safeguarding human rights and protecting children from medically unnecessary procedures.

The conference also featured a panel discussion on 'Bodily Modification, Consent, and Bodily Autonomy.' The panellists included: Morgan Carpenter, Co-Executive Director of Organisation Intersex International Limited (OII Australia) and a consultant to Global Action for Trans Equality (GATE); Aileen Kennedy, Lecturer in the School of Law at the University of New England, New South Wales, Australia; Zoey Campbell, a transgender and LGBTIQ community

advocate in South Australia; Mai Lang, a bodily autonomy educator and activist; and Travis Wisdom. As a consciousness-raising exercise, the panel cultivated rich discussion about bodily modification practices in light of children's capacity to consent and international human rights with an emphasis on bodily autonomy.

The panel recognised that many children undergo non-consensual modification of their sex characteristics, which may take the form of male or female genital cutting, or genital modification of intersex children. The panel also explored consensual bodily modification practices, including gender affirmation procedures for transgender minors wishing to align their physical bodies with their gender identities. Having a conversation about these particular practices framed as 'modifications of children's sex characteristics' highlights that different approaches are necessary to safeguard the right to bodily autonomy for all children. The panellists considered that in some cases, protecting bodily autonomy requires prohibiting medically unnecessary procedures without the informed consent of the child. However, in other cases, such as gender affirmation procedures, protecting bodily autonomy requires ensuring that minors can access the medical procedures they desire without unnecessary and burdensome legal obstacles. The panel provided thought-provoking discussion, which was well-received by conference attendees. It provided an opportunity to build alliances and bridge communities as feminists, scholars, and social justice activists concerned with children's rights and the universal right to bodily autonomy regardless of a child's sex characteristics.

Selected papers presented at the *Art(i)culations of Violence* conference will be published in a special issue of *Writing from Below*, an online, open-access, and peer-reviewed gender, sexuality and diversity studies journal

based at La Trobe University in Melbourne, Australia. *Writing from Below* is an interdisciplinary journal, which publishes academic and creative writings, and provides a particular venue for the work of postgraduate students and early career researchers. The special issue of *Writing from Below* will be published by late 2018, and will feature an article exploring bodily modification, consent, and bodily autonomy. The journal can be accessed here:

<http://www.lib.latrobe.edu.au/ojs/index.php/wfb/index>.



Travis Wisdom (BA, MA, LLM) is a PhD Candidate at the University of Adelaide, South Australia. He completed a BA in Women's Studies from the University of Nevada, Las Vegas, MA in Human Rights, Globalisation and Justice at Keele University, and a LLM in International Law and Human Rights at the University of Birmingham. His thesis investigates legal approaches to children's right to physical and mental integrity in the context of intersex genital modification in Australia. His research interests relate to international human rights law and modification of children's sex characteristics, including male and female genital cutting, intersex genital modification, and gender affirmation procedures.



My Journey of Activism

Dionne Deschenne

My journey of activism for genital autonomy began twenty-nine years ago without my even realizing it, when I worked at a rural hospital in Nebraska while I was a pre-medicine student. I was only occasionally assigned to the pediatrics unit, but I was there often enough to bear witness to a hand full of infant circumcisions, and to be devastated by them. The first one I inadvertently happened upon and visually witnessed a child in absolute anguish. After that, I avoided the procedure room, but was still aware of baby boys being injured because of their screams, which suddenly gave way to complete silence. At that time, I didn't know why they went silent, but even then, as a young woman who was not yet a mother, I knew it was an indicator that something was terribly wrong. I could feel that this was a horrific act and that these babies were being assaulted, and I could not understand how the medical professionals with whom I worked could reconcile themselves with harming these infants.

The horror of circumcision was one of a hand full of issues in allopathic medicine that deterred me from

continuing on to medical school. A few years later in 1993, I was married and preparing to be a mother and decided to take a couple of college courses to make good use of the time while my husband was out to sea with the U.S. Navy. At a small community college in western Washington, an introductory philosophy course challenged me to explore a complex ethical issue. Knowing that I was pregnant with a boy, I found myself often having to articulate my opposition to infant circumcision and this course gave me an opportunity, with an academic mentor who would either oppose me or support me, to deepen my understanding of this issue. In either case, I believed that I would come out of it better prepared to explain my position to my husband, other parents, and the navy medical staff, all of whom thought me bizarre for thinking circumcision was not only medically problematic, but also morally and ethically reprehensible.

I was correct. With the support and guidance of my professor, and healthy debate from both male and female classmates, I left that course with certainty that infant male circumcision was an absolute wrong, on all levels, and began sharing information with anyone that I encountered who was open to discussing the procedure. When I went into labor ten weeks early and spent two weeks in the hospital prior to having a Cesarean section, I got to spend many hours talking it over with hospital staff. It was during this time that I learned that most individuals could understand and admit that circumcision was wrong, if we spoke in private, but the moment they were back within a group, nearly all toed the line and remained silent about any doubts they harbored.

There was one notable exception: The young Army doctor who delivered my son at Madigan Army Medical Center in Tacoma, Washington, defended me when I refused to allow them to circumcise my son. My baby boy, born

eight weeks early and weighing only four pounds, was preparing to be discharged from the NICU only ten days after being delivered by emergency C-section and the hospital staff had the insanity to think that I was going to allow them to inflict a new and entirely unnecessary injury on him when he had just managed to survive my pneumonia, decreased oxygen levels, diminished heart rate, being born with his meconium in his lungs, and requiring a respirator for nearly a week. I was astounded that they would even ask, given how tiny he was and his precarious medical condition, but also because I had repeatedly indicated on every medical visit and form that he would not be circumcised nor have any invasive procedure, routine or not, performed without their first obtaining full and explicit informed consent in writing from me and his father. The doctor affirmed to his staff that my opposition was entirely reasonable and, quite frankly, reassuring to him, as he found the circumcision of pre-mature or medically fragile infants to be medically ill-advised and irresponsible. I wish I had a video of the faces of the nurses when he stated this. I believe that moment was also the crucial turning point for my husband, who finally stopped questioning my refusal after hearing the doctor say that. I left the hospital with my tiny boy, whole, healthy, and happy.

Over the next few years, I divorced and traveled with my son, living in Wyoming, Massachusetts, Rhode Island, and Colorado. I began studying holistic medicine and I continued to engage in conversations with anyone remotely interested in children's health or rights. It was during that time that I began to understand the cultural norms keeping circumcision going, but it wasn't until my second pregnancy, in 1999, that I became fully engaged in the intactivist movement and learned that was the name given to the act of opposing circumcision. It was also around this time that I became aware

of FGM and, like so many others, began referring to circumcision as MGM.

During my pregnancy, I went back to school and was pursuing a degree in philosophy with a certificate in values and social policy. For the sake of my academic work, I had begun corresponding with Marilyn Fayre Milos, George Denniston, and Steven Svoboda, to name but a few. Thanks to the work of Steven and the knowledge he had acquired through his ARC cases, I now knew to write in red marker across the top of the first page of all medical forms something like, "If you circumcise my son you consent to my suing you. I DO NOT consent to his being circumcised and will not do so."

You, like me, might think that this would have resolved any question that medical staff might have had about my desire regarding my son undergoing MGM. If so, you, like me, would be wrong. That's right, even with my explicit refusal, in big red permanent-marker letters, on at least a dozen forms, I was still asked a half a dozen times to mutilate my son. Needless to say, I had no trust that they would respect my wishes, so despite medical advice that I have a C-section, I delivered vaginally and without medication, so that I was lucid and able to protect my wee babe at all times. My son stayed at my breast for the few hours that

I had to be in the hospital and one or more of my friends were with me every minute of those few hours, enforcing my wish that my child not leave my side and not undergo any tests, procedures, or treatments unless I had explicitly consented to them in writing. Less than twelve hours after his birth, I left the hospital with my second son, whole, healthy, and happy.

The level of safeguards that I had needed to put into place to protect this son, and the astounding rate at which they were again disregarded, challenged, or mocked, compelled me to take a more formal role in addressing the problem of MGM. I was given the opportunity to carry out paid research as a Ronald E. McNair Post-Baccalaureate Scholar. I of course chose to use the opportunity to further explore MGM, specifically what compelled parents to choose to circumcise, and what facts they were aware of (or not) at the time of that decision. I drafted a survey that parents in Boulder, Colorado used to provide information regarding their decision-making and level of knowledge around MGM. The survey was distributed to the parents of children then enrolled in a pre-school program that served federal employees at the National Center for Atmospheric Research, National Oceanic and Atmospheric Administration, and the National Commerce Center, all located in Boulder, a highly educated and notoriously liberal college town, so I expected to find that few had circumcised and that most were quite rational in their decision-making process. Even among these highly educated professionals in Boulder, 16% had still elected to circumcise their infant sons.

This was far below national rates of the time, but when I read the parents' responses as to why they circumcised their sons, I was concerned: Religion, desire to comply with societal norms or have the son look like the father, and belief that circumcision enhanced hygiene

of the penis or provided health benefits were all cited as reasons for circumcising. There were other concerns that the study revealed. Only 50% of the respondents who circumcised were provided any information about the procedure prior to being asked to sign a consent form, as compared to 70% of those refusing. Only 50% of the respondents who circumcised were aware of the risks of death or amputation prior to electing the procedure be performed on their son. Of the parents who circumcised their infant, only 25% had been advised by their MD of the then-current American Academy of Pediatrics (AAP) statement that there was no absolute indication for routine circumcision of infant males, as compared to parents who refused, of which 80% had been advised of the AAP statement by their MD when deciding whether or not to consent.

I took a more public role, occasionally speaking on local radio shows with broad circulation and speaking to men's groups about the facts of the penis, both circumcised and intact. People were becoming more aware and MGM rates around the country were steadily declining. Other countries were moving away from the procedure altogether, in some cases making it illegal outside of medical necessity. Attorneys for the Rights of the Child (ARC), Doctors Opposing Circumcision (DOC), Genital Autonomy America (GAA or GA America, formerly NOCIRC), and many other organizations were making immense strides and doing phenomenal work to end MGM in America. That was my mindset when I became pregnant with my third son in 2002 and gave up a full PhD fellowship at Colorado University (CU) at Boulder. I decided to focus on being a mother for a few years, knowing that the intactivist movement was going strong and believing that one less person would not make a real difference.

Life went on: Moves, a divorce, the loss of a parent and a Goddaughter, career

Executive Director's Note

In the US territory of Guam, in early 2002 when my son was born, I too was asked a half dozen times to agree to have my son mutilated. I refused each time and one time, when I said to the nurse, "You do know there is no medical reason for this, right?" she chirpily replied, "I know." I am pretty sure if I had once agreed the deed would have been done without further question and my son would have lost his right to an intact body right then and there.

changes, and my sons grew up. They are now 24, 17, and 14. That brings us to earlier this year, when I made a comment on Facebook post by Brother K or one of the other remarkable leaders of the Bloodstained Men movement, which resulted in David J. Llewellyn contacting me. David was wondering if I might be willing to share the results of my research as MGM was again being pushed for and new research was needed. I was devastated. I had left the movement to parent my sons, all three healthy and intact, thinking that fewer and fewer boys

were at risk each year, that those numbers were continuing to decrease, and that MGM, like FGM, would soon be criminal in the United States. I was wrong.

I have been out of the fold for a while, so I leave it to all of you who have been leading the fight to end this atrocity to tell me where I am needed. I have dug out my research from 2000 and will gladly share those results, as David requested. Let me know where. I have returned to academia and am currently working on a master in public administration at the University of

Colorado in Denver. I am an investigator, forensic interviewer, researcher, policy analyst, freelance writer, grant writer, editor, and have been a spokesperson. I have been involved with research exploring multi-generational trauma, which I feel can inform the MGM issue. I am currently getting caught up on the literature published over the last fifteen years and appreciate anything you all care to send me. Let me know what else I can do, and thank you, to all of you for fighting each day to put an end to MGM.

‘Genital Autonomy and the Rights of the Child’: A Report on the Australasian Institute for Genital Autonomy Inaugural Seminar and Reflections on Intactivist Alliances with Intersex People

Travis Wisdom

The Australasian Institute for Genital Autonomy (AIGA) seminar was held on 20 November 2017 in Sydney, Australia. As an inaugural event, the AIGA seminar was held on International Children’s Day, which commemorated the anniversary of the UN General Assembly’s adoption of the Convention on the Rights of the Child in 1989. AIGA is a not-for-profit organisation loosely affiliated with the genital autonomy movement in various countries. AIGA advocates for global recognition of children’s right to genital autonomy to safeguard all children from medically unnecessary genital modification procedures regardless of a child’s sex characteristics. AIGA condemns all forms of medically unnecessary modification of children’s sex characteristics as genital mutilation.

The seminar’s theme, ‘Genital Autonomy and the Rights of the Child’ explored modification of children’s sex characteristics and international human rights law in the context of male and



Australasian Institute for Genital Autonomy Inaugural Seminar, 'Genital Autonomy and The Rights of the Child,' November 20, 2017, Sydney, Australia

female genital cutting and intersex genital modification. The seminar featured five speakers to explore these practices in social, medical, and legal contexts. Dr Olayide Ogunsiji, Lecturer in Nursing and Midwifery at Western Sydney University, explored the complexities of caring and living with female genital mutilation through the voices of Australian midwives and circumcised women. Juliet Richters, social epidemiologist and Honorary Professor at the Kirby Institute for Infection and Immunity in Society, University of New South Wales, presented her paper, Circumcision: What We Can and Can’t

Measure, which explored the incommensurability of pro- and anti-circumcision arguments. Michael Glass, retired teacher and private researcher, explored Medicaid funding for female genital cutting in Australia. Paul Mason, Family Law Barrister and Former Children’s Commissioner in Tasmania, explored international human rights law and children’s right to genital autonomy. Travis Wisdom, PhD Candidate in the Adelaide Law School at the University of Adelaide, South Australia, presented the paper, The Impact of a Physical and Mental Integrity Approach in the Family Court’s “Special Medical Procedures”

Cases Concerning Intersex Minors. The Family Court does not adopt a human rights framework in its intersex cases, and instead assumes an assimilationist approach to justify medically unnecessary genital modification on the understanding that adherence to socio-cultural norms is in children's best interests. In this paper, Travis explored the impact of a physical and mental integrity approach in these cases in light of global human rights developments to safeguard intersex children. Travis argued that the Family Court should adopt a nuanced human rights framework for intersex cases, which incorporates the mosaic of human rights standards which are breached by intersex genital modification.

The seminar was successful and the presentations were well-received by the audience. Each presentation elicited great engagement with the audience during the question and answer session. The seminar provided an inclusive environment where scholars, activists, lawyers, and medical practitioners explored the universality of human rights and the struggle for safeguarding children's genital autonomy.

Reflections on Activist Alliances with Intersex People

As a scholar and activist, the seminar provided me with an opportunity to reflect on the genital autonomy movement and the implications of activist approaches for intersex people. The UN defines intersex people as people who are 'born with sex characteristics (including genitals, gonads and chromosome patterns) that do not fit typical binary notions of male or female bodies' (UN Free and Equal). 'Intersex' therefore describes a person's sex characteristics, and does not describe a person's gender identity. Some intersex people are transgender or gender diverse, but most intersex people are not, and identify as either male or female. This means that most intersex people are either intersex

boys/men or intersex girls/women. As a result of their atypical sex characteristics, many intersex people are subjected to genital modification to make their bodies conform to socio-cultural norms of typically male or typically female bodies.

Organisation Intersex International Australia Limited (OII Australia) is an Australian organisation run by and for intersex people. OII Australia promotes human rights and bodily autonomy for intersex people and provides information, education, and an online peer support group. According to OII Australia:

Intersex is a lived experience of the body and we have many different ways of understanding our bodies, our sexes and our genders. We have a broad range of gender identities, just like non-intersex people. The identities of people with intersex variations may sometimes not match our appearance. Having a non-binary gender identity does not automatically make someone intersex.

A fundamental principle of genital autonomy advocacy is the universality of human rights, particularly genital autonomy for all children. In efforts to be more inclusive, many activists include intersex genital modification in their human rights advocacy. Typically, this leads to the view that genital autonomy is a right for 'every male, female, and intersex child.' However, the framing of intersex children as distinct from male and female children assumes that intersex people are a third classification and that they are neither male nor female. This otherises intersex people and does not recognise the diversity of the identities of intersex people. A solution to this framing is to advocate for the right to genital autonomy for 'every child regardless of a child's sex characteristics.'

Among the various educational

resources OII Australia provides on its website is a page entitled, 'Intersex for Allies,' where some of these concerns are addressed. These concerns are also addressed in the 2017 Darlington Statement, which is a joint consensus statement by Australian and Aotearoa/New Zealand intersex organisations and independent advocates. As most genital autonomy advocates are not intersex people, it is crucial for all of us to listen to intersex people, validate their views and concerns, and familiarise ourselves with the intersex rights movement. Doing so requires that we: (1) engage intersex people as real-life people with lived experiences; (2) reform problematic language; (3) recognise that people experience bodily modification differently; and (4) adopt nuanced advocacy approaches to ensure our activism liberates the children we seek to defend. These steps are especially vital for building bridges and forming alliances, which will make us better activists, allies, and defenders of human rights. The Darlington Statement summarises these issues by calling on allies of intersex people:

[T]o actively acknowledge our distinctiveness and the diversity within our community, to support our human rights claims and respect the intersex human rights movement, without tokenism, or instrumentalising, or co-opting intersex issues as a means for other ends. "Nothing about us without us."

The 2017 Darlington Statement can be read here: <https://oii.org.au/darlington-statement/>.

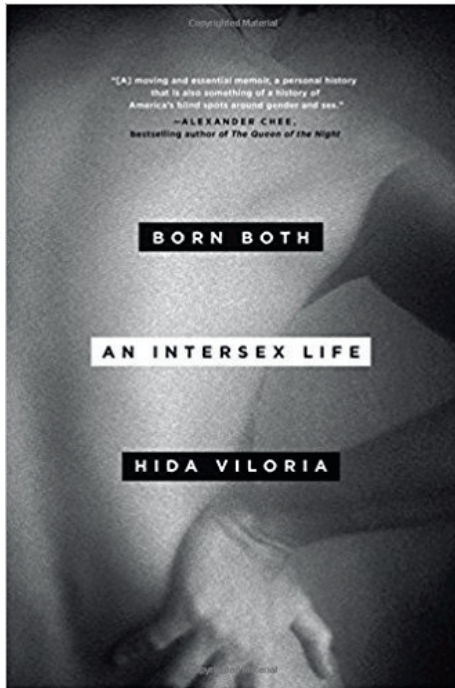


Book Reviews

Born Both: An Intersex Life

By Hida Vioria

Review by J. Steven Svoboda



Born Both: An Intersex Life. By Hida Vioria. New York: Hachette Books, 2017. www.hbgusa.com. 339 pages. US \$27.

Full disclosure: Hida Vioria is a close colleague of mine and also a personal friend.

Intersex activist and writer Hida Vioria has published her first book, a memoir that combines her own personal life with discussions of the politics of intersex activism. Intersex refers to persons, who by some counts amount to up to 2% of all humans, who are neither clearly and unambiguously male nor clearly and unambiguously female. The arrival of an intersex baby can trigger anxiety in both parents and physicians and a perceived though medically unnecessary and ethically unfounded desire to perform a surgical procedure (intersex genital cutting or

IGC) to create a supposedly clear sex for the baby.

As far as I know and have read, not a single one of the many hundreds of survivors of IGC who have spoken or written on the topic are happy that the surgery was performed on them. Hida has been out for two decades as an activist against IGC and for a greater recognition by society of the multiple forms that sex and gender can take. In the former role, she founded the Intersex Campaign for Equality (Ic4e), also known as OII-USA, the American affiliate of the Organization Intersex International (OII), the world's first international intersex organization.

Having set the context, it is now my great pleasure to review this truly unique, unquestionably brilliant, unforgettable book. For me, having reviewed over 200 books relating to gender and genital cutting, it is a genuine treat to read so much fresh writing from a true individual. Hida is not afraid to delve into a wide variety of personal topics including her relationships with her father and mother, the former of whom helped safeguard her from IGC, creating one of the few intersex activists who did not themselves suffer cutting as a child, and also sadly refused to accept her romantic interest in women. Her extended (pages 198-201) discussion of his dysfunction, complexity, and her ultimate disavowal of him is touching and poignant. Perhaps one of the most touching moments in a book stuffed with stories that fill up both heart and mind of a reader is her description toward the end of what turned out to be her final time with her mother, an extended stay in New York City while she was there to work with the United Nations. In the end, her mother came to understand and deeply appreciate her activism.

Born Both is remarkable precisely in that it does not hew to one topic nor to

one category of book. Both a personal memoir and a political memoir, Hida reveals at numerous ways the profound interconnection in her life of personal and political issues. Hida is not a boy and not a girl, but is both, and neither, and this can be hard for people to understand and accept. At the same time, as far as I know, and as far as can be told from this book, she has had very little if any grief from the sexual partners she has had throughout her life, and more recently has found great happiness and fulfillment with her latest partner C. Hida also does not shy from fearlessly describing personal struggles she went through with relationships before finally meeting C.

As one of countless examples, fairly early on in the book (pages 33-35), Hida discusses an incident where she contemplates suicide. She goes so far as to have a bottle of poison in her hands and is prepared to finish things off but decides not to when a voice comes to her suggesting, "What if somehow, someday, there was a girl who could love you, love you in that way, but you never found her because you were dead?"

Hida goes through enough trials and tribulations to test anyone. At one point,



Hida Vioria

even after groping her, a lesbian refuses to believe she is not a man. I found endlessly fascinating Hida's discussions and repeated explorations of what our definitions of ourselves mean and their flexibility or lack thereof. At one point (page 96), she discusses how earlier in the history of gay pride marches, there were attempts to keep out of the parade "drag queens" and "bull dykes" who, more conservative and gender-normative gays and lesbians feared might make them look bad and might incite more prejudice. One friend of hers is attacked for being what she calls "a visibly gay—meaning, not typically masculine—man."

Born Both is probably first a book about Hida Vioria and then secondly about intersex and about activism. The various things it does blend with and complement each other awesomely, and I

would say go further in actually cross-advancing the various arguments she is making. A long Burning Man section is fascinating for someone like myself who has never attended the event, as is her ensuing self-description as a "well-hung woman." Time and again, Hida shows us the breakdown of categories and her joy at being herself, at being both and neither. Children seem to have no problem accepting her liminal status.

Hida also describes in great, and fascinating, detail her groundbreaking participation in a meeting with the International Olympic Committee (IOC) regarding the treatment of intersex athletes at the Olympics. Later she talks at great length about the more recently coined term for intersex, Disorders/Differences of Sex Development (DSD), which many

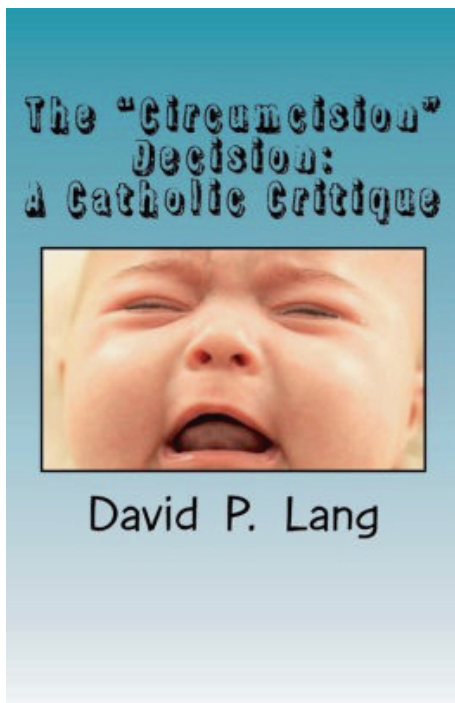
intersex persons and activists understandably don't like as (among other things) it categorizes them according to a condition.

Born Both is one of those books that has so many different things going for it that you simply can't miss reading it. First of all, the author is charming as all get-out, and also a writer with crazy talent. I can't remember the last time I read a book that combined such honesty with close attention to a story line. Nor can I recall when I last had the pleasure to read an author who blended so many different subject areas (gay life, intersex life, dating, political activism, figuring out one's place in the world, relationships with relatives, and much more). Plus Born Both has a just-can't-put-it-down readability. Highly, fervently recommended.

The "Circumcision" Decision: A Catholic Critique

By David Lang

Review by J. Steven Svoboda



The "Circumcision" Decision: A Catholic Critique. By David Lang. CreateSpace Independent Publishing Platform, 2017. ISBN 978-1546615569

www.hbgusa.com. 180 pages. No price on book; selling new on amazon for US \$7.59.

Brief disclaimer: David Lang is a colleague of mine with whom I have worked at times, and I am quoted in note 57 of this book.

Colleague David Lang has produced an interesting and unique, succinct book examining circumcision with reference to the author's background as a Catholic and an ethicist.

I have a few reservations, mostly extending to ancillary issues rather than the book's core concepts. First, I am not crazy about the somewhat amateurish-appearing formatting, as regrettably CreateSpace does not seem to offer a top-notch appearance to its books. Also, I generally prefer to see footnotes at the ends of chapters or at the book's end rather than on each page, while I appreciate the countervailing argument of convenience. Many of the early pages are

occupied to a large extent with notes rather than text, and I would have preferred either that the notes be shortened or at least some of the text in the notes be incorporated into the main body of the book. Lang should take care with his acronyms, using "RIC" at some points and "RMIC" at other points, both to mean routine infant circumcision.

Also, in my view, such a book badly needs a bibliography at the end so that interested readers can easily consult a summation of all sources quoted in preparing the book.

On the positive side, Lang is a likable, earnest author, very knowledgeable, perhaps even the world expert, in his corner of activism where the Catholic religion meets ethics and genital autonomy. While much of his book was previously published in article form, it is still useful to be cogently reminded that the current circumcision practice is very similar to the more extensive Jewish practice of periah, which greatly increased the cutting over the earlier practice known as brit milah. Lang also

provides much appreciated detail on the historical path the practice took to develop in this manner.

Lang is enlightening when addressing in depth Catholic moral law and its applicability to issues of genital autonomy. Many readers will be able to relate to Lang's extended, impassioned plea for genital autonomy on pp. 39-43. Catholic support for bodily integrity is discussed in some detail at several later points in the book, and the ironic (and perhaps quite revealing) point is made that dogs cannot lawfully be circumcised.

Lang's summary of intact male genital anatomy on pages 76-77 and 79 is crisp and instructive. I did not care so much for the extended block quotations from other sources, preferring shorter, more targeted excerpts. An apparent assumption on the part of Lang that his audience members are heterosexual may puzzle many readers, especially given the deep connections between activism and the gay community.

It is interesting to hear about the long-standing belief of the Catholic church that mutilations are not

permissible. Lang cites many different Catholic authorities on this point, sometimes almost to the point of redundancy, but at the same time the author is our best authority in this area and it is nice to have a wealth of prior writers on whose works we can draw. It is a bit hard to follow the significance of Lang's extended analysis of the Principle of Double Effect.

A lengthy discussion of asserted benefits of circumcision brings in a discussion of position statements of the American Academy of Pediatrics (AAP), the American Medical Association (AMA), and even the World Health Organization (WHO). Such a discussion is hard to pull off and Lang is to be applauded for making the attempt. Inevitably, it gets a little tricky to pull everything together and fully address some of the more troubling statements of the AAP and the WHO. Still I think there is value in a more restrained summary of such statements and Lang provides this, regardless of whether observers like this reviewer might give the AAP and WHO less credence and might dispose of the

claimed benefits a bit more easily than does Lang.

The chapter explaining how, starting about 160 years ago, America adopted a rabbinic rite does overlap somewhat with other chapters and is still enlightening.

One final disappointment is that the book somewhat trails off without providing a conclusion summarizing and pulling together the book's different strands. This is understandable given the book's provenance as several separate chapters but still I hoped for a bit more of an overall arc leading to some substantial conclusions and insights.

Lang writes simply and understandably. He is providing a service to his readers and has a humble and likable authorial voice. He lays out the ethics in an unarguable manner. His positions are less extreme/strong (choose your adjective) than many of us might prefer and yet that provides their very strength. His references can be dated. This book won't be the most radical book you read on the topic and yet it does provide some pieces no one else is able to fill. Recommended.

ARC Updates

Steven Svoboda's Talk at the National Coalition for Men Conference

September 13, 2017

Steven Svoboda's talk on September 13, 2017 at the 40th anniversary conference of the National Coalition for Men (NCFM) went very well. The topic of the talk was "Genital Autonomy and Gender Equity."

Outlined in the talk were recent developments in genital autonomy work including legal victories both here and overseas, as well as parallels seen with gender equity activism. A lengthy and lively series of exchanges took place with the audience after the talk ended.

The conference had about fifty attendees, some of them activists whose work goes back up to a full 40 years. A video of the talk is available online at <https://www.youtube.com/watch?v=YnzNeVS-xb0>.



Steven Svoboda, NCFM, September 13, 2017

New Videos Crush the AAP

October 1, 2017

ARC has released a series of six short videos from the October 18, 2013 debate between J. Steven Svoboda and Dr. Michael Brady of the American Academy of Pediatrics (AAP). The videos were made by award-winning filmmaker Eliyahu Ungar-Sargon. The debate was part of the Twentieth Pitts Lectureship in Medical Ethics held at the Medical University of South Carolina in Charleston, South Carolina. Dr. Brady effectively conceded defeat on the second day of the event, stating that he was unable to respond to any of Svoboda's arguments.

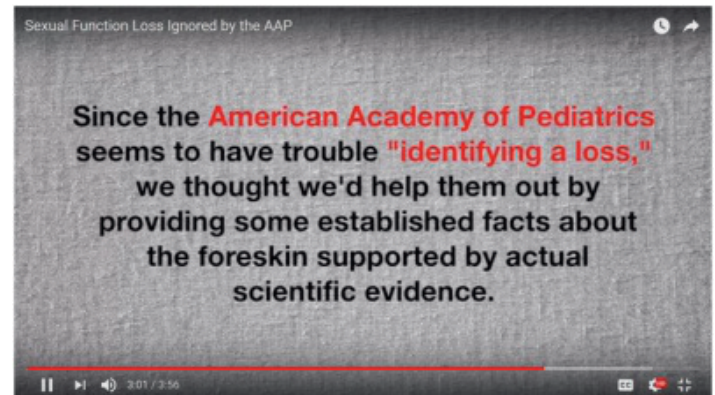
The topics of the videos are as follows:

1. Functions of the Foreskin
2. Biases of the AAP
3. Complications of Circumcision
4. Sexuality After Circumcision
5. HIV and Circumcision
6. Urinary Tract Infections (UTIs) and Circumcision

The videos, available on our YouTube page, provide great tools for showing flaws in the AAP's facts and logic regarding

male genital cutting (circumcision) as well as biases at work within the AAP. Audio of the same event was released in November 2016 and is available at <http://arclaw.org/>.

In August 2016, the Journal of Law, Medicine and Ethics published the proceedings of the event including the article by Svoboda, Peter W. Adler, and Robert S. Van Howe, titled, "Circumcision is Unethical and Unlawful" (<http://arclaw.org/resources/articles/circumcision-unethical-and-unlawful>). Two other physicians on the Charleston panel told Svoboda that they changed their positions to pro-intact based on the evidence presented.



AMA Recognizes Steven Svoboda's Article

December 20, 2017

The American Medical Association (AMA) Journal of Ethics published an article Steven Svoboda was invited to write for them. The article, published August 1, 2017, is titled "Nontherapeutic Circumcision of Minors as an Ethically Problematic Form of Iatrogenic Injury." It is available at <http://journalofethics.ama-assn.org/2017/08/msoc2-1708.html>.

ARC was notified by the AMA on December 20, 2017 that the article was "among our top 20 most-read articles published by our journal in 2017." "The process of working with the journal's extremely helpful editors was definitely the best experience I have had out of the 35 or so papers I have published," says Svoboda.

Brian Morris Responds to Steven's Charleston Article

January 10, 2018

On January 10, 2018, Brian Morris published a response to the Journal of Law, Medicine, and Ethics article by Steven Svoboda, Peter Adler, and Robert S. Van Howe. The paper was based on our successful debate with Michael Brady of the American Academy of Pediatrics (AAP) in Charleston, South Carolina, where we left Brady unable to respond to any of our arguments and effectively conceding our victory on the second day.

We are currently preparing a response to Morris.

Steven Featured in "Red Pill" Movie Outtake Interview by Cassie Jaye

February 5, 2018

On February 5, 2018, an extensive interview with Steven Svoboda by filmmaker Cassie Jaye was released. Included, in Cassie's words, is "never-before-seen footage" from her interview with Steven conducted in 2013. The video is available at: <https://youtu.be/-tQR8paDDr8>.

The interview with Steven was the second interview she and her cinematographer mother did in the early days of her work on her stunning film, "The Red Pill". Her film surveys the men's movement including activism for genital integrity as well as Cassie's growing sympathy for these movements. Steven appears briefly in the film prior to a video clip of an infant circumcision.

Cassie wrote to Steven to kindly say, "Thank you for agreeing to be interviewed those many years ago. It was a real eye-opener for my mother and myself. Hopefully this video will help more people think twice before electing neonatal

circumcision.”

There was a monumental personal side to a showing of the film followed by a question and answer session in which Steven participated, held on November 6, 2016 in San Rafael, California. An audience member, Gina Maria Mele, came up to him during the Q and A session and they struck up a conversation and are now engaged to be married on July 28, 2018.

Gina and Steven are excited that Fred Hayward, who was also a participant in the Q and A session and was prominently featured in the movie, has volunteered to officiate at the wedding.



(l. to r.) Steven, "Red Pill" filmmaker Cassie Jaye, author Warren Farrell [prominently featured in the film], and Fred Hayward [also featured in the film], at a red carpet ceremony that preceded the November 6, 2016 showing of the film.

ARC Letter to Icelandic Legislators

February 28, 2018

On February 28, 2018, ARC sent the below email to Icelandic legislators requesting their support for legislation that would restrict male circumcision in that country in the absence of a proven medical need.

Children's Human Rights Non-Profit Requests Your Support for Legislative Assembly Bill 183: Male Circumcision

Dear Honorable Legislators of Iceland:

Our award-winning children's human rights non-profit organization respectfully requests that you support Legislative Assembly Bill 183 (<http://www.althingi.is/altext/148/s/0183.html>), which proposes to restrict male circumcision in Iceland unless a medical need can be proven.

Male circumcision removes functional tissue serving proven protective, erogenous, and immunological functions. In modern times, its harms have become well-known, and there is no longer any place in civilized society for performing this procedure on infants, who of necessity cannot consent.

It is critical to protect the child's own right to self-determination and to choose their own religion upon reaching adulthood. Naturally, if the child desires circumcision as an adult, that is another matter, though statistics show that even in the United States, vanishingly few adults make such a decision. It can perhaps be inferred from the fact that men in the U.S. rarely elect to be circumcised that young boys would not elect circumcision for themselves if able to reason and speak. We believe that circumcision is ethically and legally prohibited.

Our organization first presented this issue to the United Nations as a human rights violation in 2001: (<https://documents-dds-ny.un.org/doc/UNDOC/GEN/G02/140/10/PDF/G0214010.pdf?OpenElement>).

The procedure is not required by religion and numerous Jews and Muslims have joined us in our work to protect children's rights. You have the opportunity to take a leading position in this struggle, as Malta recently did in outlawing genital cutting of intersex minors. We thank you for considering protecting non-consenting infants from the non-medical, cultural practice of male circumcision.

Attorneys for the Rights of the Child

Steven Svoboda's and Peter Adler's Abstracts for May 4, 2018 Symposium Presentations
March 2, 2018

ARC Executive Director Steven Svoboda and ARC Legal Advisor Peter Adler will each be speaking on Friday, May 4, at 2PM and 3PM respectively, at the 15th International Symposium on Genital Autonomy and Children's Rights, to be held from May 4-6, 2018 at the Kabuki Hotel in San Francisco, California. The full schedule can be viewed here: <http://gaamerica.org/program-information/>

The symposium is planned as the final one to be organized by Genital Autonomy America (formerly NOCIRC) and is announced on the last page of the GA America newsletter at <http://www.gaamerica.org/publications/GAAmerica2017nl.pdf>.

Steven plans to overview the history of the legal and human rights movement to safeguard children's bodies from genital cutting in all its forms, with attention to recent legal and human rights

developments and to the growing concern around the world with protecting children. Steven's abstract is as follows:

Genital Autonomy and the World
by J. Steven Svoboda

Forces helping maintain genital cutting include religious references and lies—about medical benefits, babies' inability to feel pain and no harm to males. A "hold back the floodgates" mentality may also be at play, along with message dilution fears, logistical inability to take on another struggle, submission to the reigning gender paradigm, and homophobia.

Barriers are several: profit, cultural/social predisposition, an appalling lack of knowledge regarding the foreskin's functions, and doctors deferring to patients' parents. Three times courts have avoided addressing circumcision's legality by diverting the discussion into peripheral issues.

The world is changing before our eyes, with a German court decision, a French adult legal victory, and two recent UK cases. Even the United Nations is awakening. Four years ago, the American Academy of Pediatrics lost a debate to a ragtag team of activists.

Skepticism to authority has grown and old institutions just don't, ahem, cut it any more. Changes in perceptions of gender and sex may also be helping genital autonomy.

Genital autonomy is an exceptional issue, characterized by numerous muddles, and creating discomfort. The personal is political for us too.

Peter's abstract is as follows:

Male Circumcision Violates the Physicians' Fiduciary Duty to the Child
by Peter W. Adler

The physician-patient relationship is based on trust. Accordingly, courts impose upon physicians a strict fiduciary duty, the highest duty in the law, to act in the best interests of pediatric patients in matters involving their health, keeping their welfare paramount. It is suggested that circumcision violates the physicians' fiduciary duty to boys and the men they become. First, boys are usually circumcised because their parents have a religious, cultural, or personal preference for the circumcised penis. To circumcise for such reasons is to make the interests of parents paramount, and to ignore the health of boys and men. The physician's duty is to render competent care to children based on their medical needs, independent of their parents' desires, and also to obtain the consent of children and adolescents to medical procedures whenever possible. In that regard, second, circumcision is unnecessary, irreversible surgery with no meaningful potential medical benefits in childhood. If men want to be circumcised, they can choose it for themselves, although they rarely do in the Western world. It is suggested that it is a breach of fiduciary duty or trust for physicians to circumcise boys when it is unnecessary, irreversibly surgery that men in the Western world rarely choose for themselves.

News

Human Rights Watch Issues Report Supporting Intersex Children's Rights

July 25, 2017

Human Rights Watch has issued a 160-page report supporting the right of intersex children to be protected from surgery that is not medically necessary.

The report can be viewed here: <https://www.hrw.org/report/2017/07/25/i-want-be-nature-made-me/medically-unnecessary-surgeries-intersex-children-us>.

Here we have reproduced a HRW press release regarding the report:

US: Harmful Surgery on Intersex Children

Chicago, July 25, 2017

Doctors in the United States continue to perform medically unnecessary surgeries that can inflict permanent harm on intersex children, Human Rights Watch and interACT said in a report released today. Despite decades of controversy over the procedures, doctors operate on children's gonads, internal sex organs, and genitals when they are too young to participate in the decision, even though the surgeries could be safely deferred.

The 160-page report, "I Want to Be

Like Nature Made Me': Medically Unnecessary Surgeries on Intersex Children in the US," examines the physical and psychological damage caused by medically unnecessary surgery on intersex people, who are born with chromosomes, gonads, sex organs, or genitalia that differ from those seen as socially typical for boys and girls. The report examines the controversy over the operations inside the medical community, and the pressure on parents to opt for surgery.

Once called "hermaphrodites" (a term now considered pejorative and outdated), intersex people are not rare, but they are widely misunderstood. Based on

a medical theory popularized in the 1960s, doctors perform surgery on intersex children – often in infancy – with the stated aim of making it easier for them to grow up “normal.” The results are often catastrophic, the supposed benefits are largely unproven, and there are rarely urgent health considerations requiring immediate, irreversible intervention.

“The devastation caused by medically unnecessary surgery on intersex infants is both physical and psychological,” said Kimberly Zieselman, an intersex woman and executive director of interACT. “Despite decades of patient advocates putting the medical community on notice about the harm from these procedures, many doctors continue to present these surgeries to parents as good options.”

As many as 1.7 percent of babies are different from what is typically called a boy or a girl. The chromosomes, gonads, internal, or external sex organs of these children differ from social expectations. Some intersex traits – such as atypical external genitalia – are apparent at birth. Others – such as gonads or chromosomes that do not match the expectations of the assigned sex – may manifest later in life, in some cases around puberty. A child can be raised as either sex without surgery. On the other hand, genital or gonadal surgeries on intersex children too young to declare their gender identity carry the risk of surgically assigning the wrong sex.

Surgery to remove gonads can amount to sterilization without the patient’s consent, and then require lifelong hormone replacement therapy. Operations to alter the size or appearance of children’s genitals risk incontinence, scarring, lack of sensation, and psychological trauma. The procedures are irreversible, nerves that are severed cannot regrow, and scar tissue can limit options for future surgery.

Medical protocols have evolved – in particular with an increasingly common

use of multi-disciplinary teams that work on cases of “Differences of Sex Development.” Most medical practitioners now acknowledge that parents may prefer to leave their child’s body intact. A doctor who works on such a team told Human Rights Watch: “We’re listening to the adult patients who are telling us that they feel they were mistreated and mutilated and that’s a very powerful thing.”

However, the field remains fraught with uneven, inadequate, and piecemeal standards of care – and broad disagreements among practitioners over how best to respect and protect the rights of their intersex patients. While certain surgical interventions on intersex children are undisputedly medically necessary, some surgeons in the US perform risky and medically unnecessary cosmetic surgeries on intersex children, often before they are even able to talk.

“The medical community has made progress in intersex care in recent decades, but medically unnecessary irreversible surgeries on children and infants remain common,” said Kyle Knight, researcher at Human Rights Watch and author of the report. “The pressure to fit in and live a ‘normal’ life is real, but there is no evidence that surgery delivers on the promise of making that easier, and ample evidence that it risks causing irreversible lifelong harm.”

United Nations human rights bodies have increasingly condemned countries around the world in recent years for failing to ban medically unnecessary surgery on intersex children. In a 2013 report, the United Nations special rapporteur on torture noted that, “Children who are born with atypical sex characteristics are often subject to irreversible sex assignment, involuntary sterilization, involuntary genital normalizing surgery ... leaving them with permanent, irreversible infertility and causing severe mental suffering.”

In July 2017, three former US

Executive Director's Note

Back in the late 80's and early 90's, I worked full-time on-site in Guatemala through the Harvard Law School Human Rights Program and co-wrote a book-length HRW report on human rights violations in that country.

surgeons general wrote that they believed “there is insufficient evidence that growing up with atypical genitalia leads to psychosocial distress,” and “while there is little evidence that cosmetic infant genitoplasty is necessary to reduce psychological damage, evidence does show that the surgery itself can cause severe and irreversible physical harm and emotional distress.”

The report is based on in-depth interviews conducted by Human Rights Watch researcher Kyle Knight and Dr. Suegee Tamar-Mattis, a physician and Human Rights Watch research consultant, with 30 intersex adults, 2 intersex children, 17 parents of intersex children, and 21 healthcare practitioners including gynecologists, endocrinologists, urologists, psychologists, and other mental health providers who work with intersex people. The report also contains an extensive literature review, and features the available data on surgeries.

Several doctors told Human Rights Watch that while they were increasingly uncomfortable advising parents to choose these surgeries, the operations are still taking place in their clinics. Parents said they still feel pressure from doctors to elect these surgeries.

“The pediatricians are in a position of power. And if it’s an issue of parents being scared, that is the problem that has to get solved. It’s not really a matter of if you do surgery – that doesn’t make any sense, that’s not solving anything,” an endocrinologist and medical professor told Human Rights Watch. “When we’re trying to force people into cultural normative, hetero-normative situations,

there's a high chance that we're going to make some major mistakes and harm people irreparably," said a gynecologist on a team for "differences in sex development."

Parents of an 8-year-old born with atypical genitals said: "The doctors told us it was important to have the surgery right away because it would be traumatic for our child to grow up looking different. What's more traumatic? This sort of operation or growing up a little different?"

These and other parents told Human Rights Watch that the most helpful resource in raising their intersex children

was meeting other parents and intersex adults through support groups.

The experience of those who have undergone the surgery, along with principles of medical ethics, suggest that unless and until there is outcome data establishing that the medical benefits of specific surgical procedures on infants and young children outweigh the potential harm, they should not be used, interACT and Human Rights Watch said. At present and despite several decades' worth of surgeries, that evidence simply doesn't exist.

The US government and medical bodies should put an end to all surgical

procedures that seek to alter the gonads, genitals, or internal sex organs of children with atypical sex characteristics too young to participate in the decision, when those procedures both carry a meaningful risk of harm and can be safely deferred, Human Rights Watch and interACT said.

"Parents of intersex children are often scared and confused about how best to protect their children from stigma," Zieselman said. "It's such a relief for them when they meet others who have the same intersex traits as their children and see that they have grown up healthy and happy."

Circumcision Case Decided in Connecticut in Favor of Defendants

July 26, 2017

A legal case relating to harm from a circumcision performed with a Mogen clamp was recently decided, unfavorably to the plaintiff who underwent the circumcision, in Connecticut, though the main thrust of the case was a procedural issue rather than anything relating to the substantive claim and harm.

Although the decision was handed

down July 18, 2017, the holding was not released until July 25, 2017.

The court held that the plaintiff's case was not prejudiced by the showing of a video of a different circumcision using a Mogen clamp.

"The plaintiffs alleged that Dr. Storch Smith was negligent in performing a circumcision on the child, who was a newborn at the time. The procedure resulted in the amputation of a portion of the glans — or head — of the child's penis. Following a trial, the jury returned a verdict for the

defendants. On appeal, the plaintiffs claim that the trial court abused its discretion by (1) declining to set aside the verdict and order a new trial, and (2) discouraging the jury from rehearing expert medical testimony during deliberations. We disagree with the plaintiffs and, accordingly, affirm the judgment of the court."

The full ruling can be read here:

<http://caselaw.findlaw.com/ct-court-of-appeals/1867894.html>

Another Doctor, Wife Charged with Female Genital Mutilation in Michigan

By Tresa Baldas and Robert Allen

Detroit Free Press

April 21, 2017

For the second time in a week, authorities have charged a Detroit-area doctor with breaking a federal genital mutilation law, this time arresting a suburban physician and his wife for allegedly helping another doctor perform genital cutting on 7-year-old girls in a Livonia, Mich., clinic.

According to a criminal complaint unsealed Friday, while a doctor removed parts of the girls' genitals, the wife of the clinic owner held the girls' hands "in order to comfort them."

Two months later, Dr. Fakhruddin Attar, 53, and his wife, Farida Attar, 50, both of Livonia, were arrested Friday morning at the Burhani Medical Clinic, where the alleged cuttings took place.

They're charged with conspiring to perform genital mutilation on minor girls by letting a doctor use their clinic to perform the procedure. Prosecutors say two Minnesota girls had their genitals

mutilated in February by Dr. Jumana Nagarwala, who was charged last week in what is the nation's first federal

Executive Director's Note

In the past couple of months, three people, including two Michigan doctors, have been charged with violating the US law against female genital cutting. Contrary to what the article says, this is not the first time such a prosecution has been launched. We are not aware of any known convictions under the 1996 US law.

prosecution of genital cutting. She was arrested April 12 and ordered jailed pending the outcome of her case involving the two Minnesota girls, though the FBI believes she has several more victims.

All three defendants are part of a small, Indian-Muslim community known as the Dawoodi Bohra, which was at the center of an Australian genital cutting prosecution that sent three people to prison in 2015.

The Attars were arraigned Friday afternoon in U.S. District Court and will remain locked pending a detention hearing at 1 p.m. Wednesday, when a judge will decide whether to grant them bond or keep them behind bars. Both appeared in federal court in handcuffs and chains.

"It's frightening for them," Mary Chartier, Fakhruddin Attar's lawyer said afterward, adding that the couple was surprised by the arrest Friday. "Dr. Attar is not aware of or believe any crimes were committed at his clinic."

He wore an orange and white striped shirt, khaki pants and a taqiyah-style, white and gold hat. His wife wore a turquoise chador covering her head and shoulders, with a matching jilbab-style robe. Chartier said the timing of the arrest was "classic government game-playing," with the couple now required to spend the weekend in jail before a hearing on bond next week.

She said the couple retained her and Matt Newburg, Farida Attar's lawyer, after being previously questioned by the FBI.

The Attars have "no criminal history whatsoever," she said, adding that they're "certainly no flight risk," having gone about their lives as normal after Nagarwala was arrested.

Nagarwala, an emergency room doctor with the Henry Ford Health System, has been placed on leave. She is not accused of performing any genital mutilation at the hospital, but rather at a

clinic in Livonia owned by Attar.

According to the complaint, Attar, an internist, has admitted to authorities that Nagarwala has used his clinic after hours to treat children ages 6-9 for problems with their genitals, including genital rashes, but that she only saw the patients "when the clinic is closed on Friday evenings or Saturdays." She never billed for the procedures nor documented them, the complaint said, noting multiple other young girls have told authorities that Nagarwala also performed gender mutilation on them.

Nagarwala has claimed through her lawyer that she did not engage in any actual cutting, but rather that she removed a membrane from the genital area using a "scraper" and gave it to the parents to bury in the ground as part of a religious custom within the Dawoodi Bohra community. The parents have not been charged. One of the girls in Minnesota was temporarily removed from the home but is now back with her parents.

Chartier declined to speak in detail on the couple's religious beliefs but said to expect more will be revealed in court Wednesday.

"They do have a very strong religious belief," she said.

On Friday, an organization that oversees the Dawoodi Bohra community in Detroit issued this statement.

"The Dawoodi Bohras do not support the violation of any U.S. law, local, state or federal. We offer our assistance to the investigating authorities," the group, known as Anjuman-e-Najmi Detgroit, said in the statement. "Any violation of U.S. law is counter to instructions to our community members. It does not reflect the everyday lives of the Dawoodi Bohras in America."

The organization, which operates out of a mosque in Farmington Hills, stressed that it has issued a written statement instructing its members not to practice genital mutilation because it is illegal in the U.S.

"It is an important rule of the Dawoodi Bohras that we respect the laws of the land, wherever we live. This is precisely what we have done for several generations in America," the group stated. "It is unfortunate if anyone has not abided by the laws of the country ... We take our religion seriously but our culture is modern and forward-looking. We are proud that women from our community have high levels of educational attainment and enjoy successful, professional careers."

The complaint unsealed Friday offers a more-detailed look at the investigation, which relied on cell phone records, surveillance video and medical evidence to bring charges against three individuals who were all placed at the alleged scene of the crime. The case involves two Minnesota girls whose mothers brought them to Michigan in February for what the girls thought was a special girls weekend. Instead, prosecutors allege, they ended up at the Livonia clinic on Feb. 3, where they were underwent genital mutilation procedures.

A follow-up exam by a Minnesota doctor revealed that the girls' genitals had been altered. According to surveillance video outside the clinic, Nagarwala, Attar and Attar's wife were all there.

In addition to the surveillance video, authorities said they also have obtained phone records that show Attar was in regular communication with members of the same Indian Muslim community in Minnesota, making 50 phone calls in three-month period starting last fall.

Authorities said they also intercepted phone calls in which Attar's wife is heard telling one Michigan member of the religious community not to cooperate if investigators inquire about the procedures. She allegedly told that parent to "completely deny" allegations of genital mutilation and "to say that nothing happened."

Cover photo:
"Marc Angelucci presents during National
Coalition For Men conference"
September 13, 2017, San Diego

