

Attorneys for the Rights of the Child

Newsletter

© ARC Winter 2019-2020 Volume 12, Issue 3
Whole Number 36

Protecting
Children's
Bodily Integrity



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THE RISING FORESKIN
REVOLUTION—p.5

RIGHTS, WRONGS, AND THE
SPACE BETWEEN—p.8

MY JOURNEY OF
ACTIVISM—p.10



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Comments regarding the ARC Newsletter and its contents are welcomed.

CONTENTS

Message from the Executive Director Steven Svoboda.....	3
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Features

The Rising Foreskin Revolution Michael Winnel.....	5
Rights, Wrongs, and the Space Between Antony Lempert.....	8
My Journey of Activism Mike Buchanan.....	10

In Memoriam: Robert Darby

James Chegwidan.....	12
Lindsay Watson.....	12
Douglas Mitchell.....	13
Leonard Glick.....	14
Bob Van Howe.....	14

In Memoriam: Jim Bigelow

Steven Svoboda.....	15
Deb Bigelow.....	16
Miriam Pollack.....	16
George Denniston.....	16
John Pelham Warren.....	16

ARC Updates

ARC Comments on and Issues Press Release on Government Proposal to Continue Circumcision of African Males.....	17
Svoboda/Adler/Van Howe Rebuttal Article to Brian Morris Published	17
Steven's Presentation in Leeds, UK on United Nations Work Well Received.....	19
Steven's Presentation in Chicago on United Nations Work and Legal Cases Well Received.....	20
Brussels Group Including Steven Publishes Major Ethical Article in American Journal of Bioethics.....	21
New ARC Website Operating.....	21

Message from the Executive Director

December 20, 2019

This past year proved a very eventful one filled with momentous events for our movement, both good and bad. Activists will not stop until we have ended all genital cutting. We will continue to fight to protect children.

All signs continue to indicate that the activist game is now being played on our court and we are winning. Of course we aspire to get to the day when all genital cutting ends as soon as possible so as to protect as many children as possible.

There has been plenty of good news lately. Together with colleagues Michel Garenne, Ph.D. and Antony Lempert, M.D., ARC recently submitted comments and a press release on draft guidelines issued in November by US President's Emergency Plan for AIDS Relief (PEPFAR). ARC expressed its appreciation of PEPFAR's recommendation that VMMC be discontinued for most youths 14 years of age and younger while criticizing other aspects of the guidelines on ground of human rights, the law, medical ethics, and economics.

Our press release and comment call for the African circumcision program to end once and for all and outline the numerous reasons why it must not continue.

The Danish parliament has been considering a ban on circumcising minors, with a parliamentary committee approving a draft resolution last September. A four-year-old boy received \$31 million from an Atlanta jury for a botched circumcision that amputated part of his glans. This is the largest known legal award ever for a genital mutilation case.

Brian Earp and I have made great progress on a paper about which I am very excited. I will say more once it is



Steven Svoboda, International Conference on Men's Issues, Chicago, August 16, 2019

published but we are looking at two important legal decisions that are connected in an illuminating way, one relating to female genital cutting, the other to male circumcision.

Sadly, we lost two treasured colleagues this year, my good friend and co-author, Rob Darby, and more recently, longtime toiler in the trenches and author Jim Bigelow. I was privileged to call Rob a friend. Rob was a truly unique spirit and one that will be sorely missed. Jim lit up the room with his positivity and his love of life. His writing and his organizing made everyone's lives richer. This

newsletter includes a memorial section to which a number of folks contributed text and/or photographic remembrances of Rob and of Jim.

Also included in this issue are: 1) a fascinating insight into Michael Winnel's history of activism in his native Australia and throughout the world with the recently founded Foreskin Revolution organization; 2) an intriguing first-hand glimpse inside a presentation Antony Lempert made to physicians on ethics that used a Trojan Horse sort of approach to mentioning issues of genital autonomy; 3) a feature article by Mike Buchanan on his

unique style of activism in the United Kingdom; 4) memorial sections remembering our sadly departed colleagues Rob Darby and Jim Bigelow; 5) ARC updates; and more.

A project that started way back in 2001 with ARC's delegation to the United Nations continues to bear fruit. I spoke about this effort twice this year, co-presenting in Leeds, UK in April about the UN work with Antony Lempert of the Secular Medical Forum and then later addressing, "Genital Autonomy, Gender Equity, and the Law" at the International Conference on Men's Issues, held in Chicago on August 16, 2019. In Chicago, I overviewed the movement to protect genital autonomy in its various forms, reviewing our team's United Nations work and recent court decisions. Later that same day in Chicago, along with no fewer than seven others (including filmmaker Cassie Jaye, participating by Skype), I appeared in a panel of activists appearing in the "Red Pill" movie about men's rights, in which I overviewed genital autonomy.

Along with Peter Adler and Bob Van Howe, I published a rebuttal paper in

May refuting arguments by Brian Morris against our in-depth Journal of Law, Medicine and Ethics paper. The JLME paper was based on our successful debate 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.

The American Journal of Bioethics (AJOB) has published a paper written by 91 mostly academic co-authors including Steven, the group being known collectively as "The Brussels Collaboration on Bodily Integrity," which seems to already be generating productive discussion of a possible unification of ethical views of all forms of genital cutting, without reference to the gender of the person being cut.

While based on a somber series of events, it must be seen as good news that the first successful prosecution for FGM has occurred in the United Kingdom after a woman cut her three-year-old daughter.

Our website has been extensively redesigned. Come visit; we are continuing to hone the site, and let us know if you see anything that should be improved, but we are very pleased with the results.

We continue to offer on our website: 1) our "Know Your Rights" brochure providing information for potential litigants on how to seek legal compensation for the wrong of circumcision; 2) our "know your rights" video addressing What is "informed consent"? Who may be responsible for damages? What are the time limits? What sort of damages may be awarded?; and 3) a list we have been painstakingly compiling since our founding in 1997 of all known significant legal awards and settlements in circumcision-related lawsuits.

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. 100% of all tax-deductible donations go directly to defraying the costs of safeguarding children.

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 whenever you buy anything from amazon, you can get us a percentage of all your purchases (regardless of what they are) by going to www.arclaw.org/donate and then clicking on the box labeled "Amazon Smile". (We are temporarily off the other program, called Amazon Associates, which had a higher rate of support for us, but hope to be back on shortly.) Thank you!

Steven Svoboda

Attorneys for the Rights of the Child



(l. to r.) Steven, Gina Svoboda, Eli Svoboda (age 18), Sarita Svoboda (age 15)

The Rising Foreskin Revolution

Michael Winnel

My journey into activism was gifted to me by my mother, who protected me from circumcision at a time in Australia when routine infant circumcision was the norm. Little did she know back then that her thought process about bodily autonomy, individual rights, and sexual pleasure would have such far-reaching effects years later, with her son leaving his illustrious sales career to dedicate himself to the cause full-time! (If she had of known, she might have opted for circumcision!)

In the late 1960s, when my mother first thought about having children, she took the initiative to research circumcision. She quickly discovered the value and benefit of the foreskin, especially as it relates to pleasure. Additionally she strongly believed that everyone deserves bodily autonomy and the right to make decisions relating to their own body for themselves. When she gave birth to my eldest brother in 1970, the doctor bullied and harassed her three times, insisting she have my brother cut. He even wrote in his notes when referring her to another specialist that she was “neurotic”. Her steely “neurotic” resolve saved the day, and with it, preserved her three sons’ intact bodies.

By the time I was born in the late seventies, Australia had hit its tipping point, and the circumcision rate had plunged to the 50/50 mark. (I therefore grew up in the eighties in a landscape where half my male friends were intact, and half were cut.) When I first discovered what circumcision was around age seven, I was horrified. I instantly knew with every fiber of my being that it was wrong. As a teenager, I was shocked to discover that half of my friends were missing part of their body. I always had a profound sense as a young lad that tribalism explained this barbaric



Richard Duncker and Michael Winnel

procedure. Little did I know how accurate this sense would turn out to be.

Given Australia’s Victorian roots and prior circumcision culture, as I grew into a young man, body shaming, sexual repression and ridicule were prevalent, but not overbearing. In essence, given the 50/50 status of circumcision, whether I had been “done” or not was never a huge

issue during my schooling.

By the time I was a young adult in the mid 1990s, Australia’s circumcision rate had steadily declined to 25%, so just as I was coming of age to tackle the issue myself, it seemed to be taking care of itself. Or at least I didn’t know what to do about it. As I see it, Australian culture is not particularly edgy, with people

generally focused on keeping things easy and calm. “She’ll be right mate,” everything’s fine, don’t make too much of a ruckus, or so the messages I heard urging solidarity and conformity. Speaking out against authority can be permissible. This is not so true when one is speaking out against the group or the collective, which can be seen as radical and which is generally frowned upon. So my activism lay dormant, a sleeping tiger waiting to be awoken.

I began a career in pharmaceutical Sales at Pfizer. Next my keen sense of adventure took me to New York City, where I moved in 2007 for what became a decade. As I moved my career with Pfizer to the city where the company is headquartered, I was enthralled and in

love with everything America had to offer. That remained true at least until I started to discover some contradictions that shocked me, a dark underbelly if you will. Working in healthcare, I was confounded to discover that in the hospitals where I was selling life-saving medications, just doors away in other rooms, they were mutilating children en masse. In the twenty-first century! In ostensibly progressive America! How could this be possible? That dissonance stayed with me day in and day out, and in my social life, I vigorously discussed the matter with friends, but without reaching a resolution that satisfied me. A landmark event occurred in March 2013, when I attended a sales meeting in Washington D.C. While working in the nation’s

capital, I stumbled across a protest I could only have imagined in my wildest fantasies. It was the Bloodstained Men! Stuff got real! There was hope! I knew exactly what I had to do.

Over the next couple of years I got involved with my first activist event, an Intact America march at New York City’s Pride march, and then with the Long Island-based Intaction, as well as with the New York Intactivists group. By day I’d be selling Viagra, by night selling foreskin consciousness to the parents of America! My public activism was well and truly born.

The next phase in my hero’s journey generated in me a desire in 2017 to return home to Australia. I hoped to bring back home the elixir I had acquired from



Jonathan Friedman (left), ARC's esteemed newsletter editor emeritus, currently with NYC Intactivists, and Michael Winnel (right) meeting with prominent human rights leaders at a high-level event looking back on 30 years of children's rights, New York City, September 29, 2019

making it in the world's most dynamic city. I also dreamed of righting the wrongs of my father's generation, a group that was still in power, and that had done little to end this scourge on children. My time in America had taught me the importance of acting locally and thinking globally. I saw Australia as a key player in co-creating the global permissibility of circumcision. I felt it was time for this to end. No Australian child should be sexually mutilated, simply because it was "done to dad."

Fate conspired in my favour, and whilst relocating back to Australia, I visited James Loewen, who filmed me at our first encounter in DC in 2013. James was enthused to do a four-year followup video. An Australian activist in Sydney saw the video. Damien Williams' career in marketing, his likeminded quirkiness, and upbringing under the cultural cringe, led to a uniquely Australian fusion of our two personalities in a single endeavour.

Damien and I met in a bar in Sydney

upon my return, immediately creating the genesis for the Foreskin Revolution organization. Damien and I were two gen X'ers, his background in marketing, and mine in sales. Together we co-created a brand-focused methodology to work toward conquering the great circumcision virus that had taken hold of Australia. I brought to Foreskin Revolution all my experience and learnings from everyone I'd met, including three important influences: Glen Callender of CAN-FAP, Jonathan Friedman of New York Intactivists, and Anthony Losquadro of Intaction. Also, I have probably soaked up influences in some form from every American comrade with whom I have come into contact. Add to it my own personal experience of the sheer joy, bliss and connection of experiencing foreskin, and voila, you have the recipe for what we call Intactivism 3.0. Intactivism 3.0 is Brand-Focused Intactivism, extolling the values of the foreskin, whilst not shying away from shining a light on the dark side

of circumcision harm.

We launched our organization in May of 2019, by going on a journey, deep into the Australian Outback, in search of the legendary Cock Rock. To our amazement, within two weeks of our successful discovery of the mighty Foreskin Rock, we ended up on national television, being interviewed at the iconic Bondi Beach in Sydney on the topics of foreskin restoration and the rising Foreskin Revolution in Australia. All of which can be seen on our youtube channel! Since that time we've made a plethora of videos, memes, tweets, and posts, which we shared across all social media channels: Facebook, YouTube, Twitter, Instagram and TikTok.

But we felt something was still missing. How were we going to pull all this together? What was our strategic map? And how would we incorporate what was going on in Europe?! Something told me I had to go find out. So we decided that the next phase of the hero's journey was for me to set off on a global coalition-building tour of Europe and North America. This tour included a goal of mapping various organizations' strategies, for possible adaptation and implementation Down Under. My first stop was Denmark, where I met with the legendary mastermind Lena Nyhus, chair of Intact Denmark. The conversations were mind-blowing. She is truly next level.

After meeting with Lena, I visited the lovely office of David Smith and 15 Square in Stone, just south of Manchester. Next was London, to meet the first Bloodstained Man, Richard Duncker of Men Do Complain. Then after a quick jump over the pond on Norwegian Air, I knocked out a New York City Union Square demonstration with my beloved old family Intaction. Next I hopped aboard a steam engine train to Connecticut to visit the Harry Potter-like halls of Yale, where I was privileged to hear the ingenious ethical musings of



Michael Winnel and colleagues share the Foreskin Revolution message at the Midsumma Gay Pride festival in Melbourne.

Brian Earp.

From New Haven, I headed north across the border in search of my Francophone brothers in arms, Montreal's Algosphere Alliance. Ally with them I did, swearing allegiance to the alleviation of suffering! And last but not least, "go west young man" I did, right across to Denver to meet the wonderful Daniel Strandjord, then onto Austin Texas, to jump in front of a camera being held by none other than the director of the American Circumcision film, Brendon Marotta. The tour was mind-blowing to say the least, and a five-star success. Not only did the activist world feel a little closer following this tour, but I learned the perfect formula for strategic success in Australia, based on insights from this diverse set of world leading organizations.

So what's next for the Foreskin Revolution? We are excited to announce our first Australian street demonstrations, the first of their kind Down Under, planned for the current Aussie summer. We are rapidly expanding our membership, and are focusing on several key strategic initiatives. We are contesting the unlawful funding of circumcision by Medicare, Australia being the only country in which the national health carrier funds circumcision at a federal level. Our goal is to have effectively ended circumcision in Australia within ten years, by 2030. Then we hope to leverage that victory to put pressure on US Authorities to do likewise. Act local think global.

And in closing, I'm going to leave you with...what else, but a pitch...

Join the Foreskin Revolution today!

Foreskin Revolution is a human rights movement that uses art, politics and popular culture to spread our core messages: The normal, whole body is awesome, with the foreskin being the most enjoyable part of the body. Circumcision of a healthy child is an assault on that body that needs to end. We wrap all of our activism in a revolutionary spirit that holds a place for everyone. We hold space for cut men, for their partners who resent it, for intact men who are sick of body-shaming, and indeed for anyone who understands that our society needs to move beyond this harmful practice. We invite everyone to rise up and join the Foreskin Revolution! Join today by subscribing to our emails, or follow us on any of the social media channels.

Rights, Wrongs, and the Space Between

Antony Lempert

My paid employment is as a practising GP (General Practitioner or family doctor) in Wales, UK. As part of my annual peer appraisal, I discuss work that I do both as a GP and in my other role as chair (since 2008) of the Secular Medical Forum (SMF) of the (UK) National Secular Society (NSS). The SMF works to protect patients from having other people's beliefs imposed on them. This includes challenging non-consenting non-therapeutic forced genital cutting. In the UK, this is almost exclusively requested by religious and cultural minorities.

My SMF work has evolved and expanded to include regular lectures, responding to regulatory and government consultations, and debating medical ethics both in the media and within the main UK doctors' union and professional body, the British Medical Association (BMA). BMA policy is determined at the

four-day annual representatives meeting (ARM) where, as a BMA representative for the past eleven years, I have had the opportunity to propose, support or oppose relevant medical ethics motions.

During my last appraisal, my GP appraiser, who runs the local GP training scheme, commented on the frequent references to medical ethics that I bring to my appraisal discussion. She invited me to deliver an ethics session to the junior doctors on the South-East Wales GP vocational training scheme.

Safe medical practice must include a good working knowledge of regulatory guidance and ethics that all doctors must have. SMF work also includes critiquing regulatory guidance. I therefore accepted her invitation despite a lack of formal ethical training. My remit was to deliver a day-long teaching session on medical ethics to almost 100 junior doctors; the format was at my discretion.

The session took place in November in the postgraduate medical centre of Abergavenny, a beautiful town in the hills of South East Wales. Since different

frames of reference can reasonably be used to approach any given ethical problem, I began by describing some common ethical frameworks. In small groups, the doctors were then asked to discuss a couple of hypothetical ethical scenarios, with the doctors returning for a facilitated whole group discussion. This format was repeated with different prepared scenarios to tease out different ethical principles.

Throughout the day, robust discussion and debate were encouraged alongside respect for the right of everyone to hold differing opinions and values; this is the epitome of secularism, a neutral, safe, shared space in which no one person's beliefs or expressions of belief are allowed to undermine other people's rights to hold and express their own beliefs.

After the first two scenarios, I gave another brief lecture on ethical principles and guiding concepts including the importance of empowering patients to be involved in their own care and the need to consider the least restrictive, most

effective treatment options. I also outlined a couple of different methods to help them structure an approach to medical ethical problems - particularly as we moved on to more challenging scenarios.

Consent to treatment, information sharing, protecting vulnerable people, minimising harm, sexual and reproductive health rights, conscientious objection in healthcare and assisted dying were all discussed. For the afternoon, I had prepared a session on “designer bodies” in which the doctors were asked to consider three separate scenarios as part of a bigger picture. The first was that of an adult requesting cosmetic labial surgery, the second a 17-year-old with a labial piercing seen coincidentally on routine examination and the third a baby with complications following a private circumcision procedure. The discussion was informed by accepted ethical principles, together with legal and regulatory inconsistency in the genital cutting arena. This session offered a rare opportunity for doctors to be asked to consider if they could devise an ethical framework for addressing all cases of non-therapeutic genital cutting. In sharp contrast to the current situation, a coherent over-arching ethical framework for non-therapeutic genital cutting would inevitably feature consent, autonomy and minimising harm.

Rather than lecturing about the ethics of ritual male circumcision, my intent was to highlight the inherent problems of the current situation to allow them to draw their own conclusions using agreed ethical norms. Non-therapeutic genital cutting of male children is increasingly recognised to be the most glaring anomaly in current medical ethics. I would argue that it would be nigh on impossible to devise a coherent ethical principle or framework that would allow the status quo to continue; none of the junior doctors made the attempt.

On reflection, my first foray into



Antony Lempert 'Supporting the United Nations in Developing Awareness of All Forms of Genital Cutting', Leeds, April 27, 2019

teaching medical ethics to junior doctors was both stimulating and very enjoyable. Their subsequent feedback bore out my impression that the doctors enjoyed the challenge of tackling difficult ethical questions in a non-judgmental environment; one doctor described it as the best day's teaching they had ever had, another described how their preconceptions about FGM and male circumcision had been challenged. For me, the opportunity to facilitate much-needed discussion and debate amongst the next generation of doctors felt immensely rewarding.

As a postscript, I have since been

asked in principle to deliver similar sessions around Wales and perhaps beyond and have agreed to run a training session for GP trainers on how to teach and discuss ethics with the GP registrars attached to their surgeries. The more that doctors discuss ethics, the more likely it is that ethical incoherence and inconsistency can be challenged and changed and the sooner all people will be protected from the practice of having their genitals surgically assigned according to their parents' beliefs and values, which is anathema to any coherent ethical framework.

My Journey of Activism

Mike Buchanan

It was an honour to be invited by Steven Svoboda, a man I've long admired, to write an article for this Newsletter. I'm a relative newcomer to the issue of non-therapeutic male circumcision. Along with most men's rights activists, I almost invariably term the procedure male genital mutilation (henceforth MGM).

My political party's 2015 general election manifesto¹ explored 20 areas where the human rights of men and/or boys are assaulted by the British state's actions or inactions, almost always to privilege women and/or girls. In stark contrast, the British state specifically assaults the human rights of women and girls in no areas today. None.

Readers might reasonably be puzzled as to why, in 2016, we decided our #1 campaign would be to end MGM in the UK – and why it remains so, to this day –

so I'll explain my thinking on the issue, and I will further explain what my colleagues and I have been doing.

The gender double standards on genital mutilation couldn't be more stark, nor could they be more understandable to anyone with any empathy for males (feminists are, by definition, excluded). Carrying out MGM or Female Genital Mutilation (FGM) is a crime under the Offences Against the Person Act 1861. This is true not because of a specific reference in the law to genital mutilation, but simply by the fact that genital mutilation entails infliction of at least actual bodily harm, and almost certainly grievous bodily harm with intent, a crime carrying a potential sentence in the UK of life imprisonment. It would require a parliamentary override for MGM to be legal, and that has never existed. No exemptions to the law are permitted on cultural or religious grounds. The legal position could not be clearer. Carrying out MGM in the UK is a crime, and has been

for at least 159 years (arguably for much longer, under common law).

FGM is additionally a crime under the Prohibition of Female Circumcision Act 1985. Only one successful prosecution under that Act has ever led to a guilty verdict (against a woman of Nigerian origin).

In early 2019 I sought to bring a private prosecution of a circumcising doctor, who had been negligent in ensuring a mother had given permission for her son to be circumcised (although of course parental permission wouldn't alter the fact that MGM is a crime.). A judge refused my application to bring a prosecution on a number of grounds, one being that no such prosecutions had ever been successful in the UK. This judge thereby ignored the fact that no such prosecution for MGM has ever been brought in the UK. Prosecutions have occurred following deaths resulting from the consequences of MGM, such as blood loss, but no punishments resulted. In any event, chances are that not much would have been gained if the judge had allowed the prosecution I proposed to take place. The Crown Prosecution Service has the power to take over private prosecutions, and would almost inevitably have done so in this case – then dropped the case. The point of the proposed prosecution was to expose the double standards of the justice system with respect to MGM and FGM, and it achieved that.

Over recent decades, the state has poured enormous resources into ending FGM in the UK, while happily accepting income tax receipts paid by doctors, mohels, and others carrying out MGM. The government recently committed £50 million towards efforts to end FGM in Africa. Any British adult can set up as a circumciser. (S)he wouldn't need to undertake any training, wouldn't need to notify any official bodies, and could carry out the procedure in the most unhygienic



Mike Buchanan demonstrates for the rights of boys to keep all parts of their genitals.

1 <http://tinyurl.com/V10manifesto>

of premises with impunity (no state body inspects such premises).

Our 2015 manifesto devotes two pages (pp. 9, 10) to the topic of MGM. It's fair to say that in 2014, when we started to write the document, my understanding of MGM was poor. But the more I learned about the subject, the more angry I became that this procedure could still be happening in my country, and even worse, with nobody being punished for performing it.

I know MGM mainly happens in the United States for cultural reasons – the movie *American Circumcision* was an eye-opener for many in the UK – but in the UK it's mainly carried out for religious reasons. (Jews circumcise baby boys at 8 days, and Muslims circumcise boys at any time between birth and pubescence). The Muslim population in the UK far exceeds the Jewish population.

In my view – and it pains me to say this – campaigning against MGM in the UK without recognizing that it's mainly carried out on religious grounds is unlikely to succeed. We don't challenge Jews and Muslims on religious grounds, but we point them to the religious cases against MGM prepared by Jews² and by Muslims.³ We faced some criticisms from activists (in the UK and elsewhere) for protesting outside a circumcision clinic in Golders' Green, an area of north London with a large Jewish population. Those same people had no objections to our largest protest, outside a clinic in Luton, a city with a large Muslim population.

As well as outside circumcision clinics, we've protested in Parliament Square and outside the annual Conservative party conferences. For years we've protested every second Sunday at Speakers' Corner, in London.

In 2016 I was arrested for blocking

the four-lane highway outside the Houses of Parliament in London, during a protest against MGM. Supporters recorded video footage.⁴ I was later charged and convicted, and unfortunately a series of (costly) appeals ending in the Royal Courts of Justice failed. My application to appeal my conviction before the Supreme Court was denied.

Over the years we've developed a MGM playlist on our YouTube channel. The playlist currently consists of 111 video and audio pieces, including some discussions on BBC radio to which I've contributed.⁵

Philip Davies, a Conservative MP, is – to the best of my knowledge – the only elected politician in the Anglophone world advocating for the human rights of men and boys with any frequency. He spoke at the 2016 International Conference on Men's Issues (London) as well as at the 2019 conference (Chicago). We've enjoyed a mutually beneficial relationship with him for some years. In the 2018 International Men's Day debate in the House of Commons, which he hosted, he spoke about MGM and its illegality. We have on our MGM playlist the key video clip (less than five minutes' duration)⁶ as well as a link to the full debate.

We have been greatly inspired by the activism of Brother K, the American founder and leader of Bloodstained Men & Their Friends, and we are hopeful he will speak at a future International Conference on Men's Issues.

I understand that the Children's Commissioners of most, if not all, Scandinavian countries are calling for a specific ban on MGM. Once the first country enacts the necessary legislation, it will surely be a catalyst for more forceful challenging of MGM internationally. A 2018 bid in the Icelandic parliament to

ban MGM attracted a lot of media coverage in the UK and internationally. That day when the first law is passed against MGM cannot come too soon for us and, I'm sure, for all of those in the global activist community.



Biography

Mike Buchanan, 62, a British man, took early retirement from his business career at the age of 51, in 2009, after deciding to devote the remainder of his life to challenging the ideology of feminism. In 2013 he launched the political party Justice for Men & Boys (and the women who love them),⁷ (J4MB), and is the party's leader. J4MB remains the only men's rights and anti-feminist political party in the Anglophone world. Of the five International Conferences on Men's Issues, Mike hosted the two London events in 2016 and 2018. Steven Svoboda was a speaker at the 2018 event.⁸

Mike has written 10 books,⁹ and runs a modest concern, LPS publishing,¹⁰ enabling people to have their books published.

2 <http://tinyurl.com/JAC>

3 <http://tinyurl.com/QP2017>

4 <https://www.youtube.com/watch?v=gk4Ji9he4p4>

5 <http://tinyurl.com/MGMplaylist>

6 <https://www.youtube.com/watch?v=R6pHLfl7acE>

7 <http://j4mb.org.uk>

8 <https://tinyurl.com/ICMI2018videos>

9 <https://tinyurl.com/MikeBuchananbooks>

10 <http://lpspublishing.wordpress.com>

In Memoriam: Robert Darby

Robert Darby – some recollections

James Chegwiddden
May 2019

It was with real sadness that the news reached me recently of Dr Robert Darby's death.

I first made Rob's acquaintance in around 2009, when, as a young barrister living in London, I started researching the history of male circumcision in Australia. Somehow I had found Robert's email (whether in an article he wrote or whether it was passed on through another research contact, I can't now remember), and was aware that Robert's primary academic interest was the ethics of male circumcision practice, particularly in the Australian/NZ context. I sent off an inquiry but, knowing that academics are not always keen to respond to unknown inquirers, was uncertain as to whether I would get an answer. I did. Rob and I ended up speaking by phone a good number of times and engaged in an extensive correspondence over a number



of years. I ended up meeting Rob several times in person in Sydney as well.

Rob was a quietly-spoken, cultured and educated man, having been awarded a doctorate from the Australian National University in Canberra where he lived. His knowledge on the subject of male circumcision was encyclopaedic. More than knowledge, though, was his ability to use his knowledge of the subject to substantiate his deep conviction that the forcible circumcision of infants was a major moral wrong, and to consider and dismantle the arguments of the dwindling, but often militant, opponents who

While I never had the chance of meeting Robert Darby in person, we had a relationship through email that lasted 12 years. During this time he was my mentor and go-to person when I needed to know something, whether it was about Post-modernism or the evidence for some obscure historical custom. Rob encouraged me, as a retiree, to write articles for journals as well as a book on the history of male genital cutting in New Zealand and Polynesia. His status as an academic researcher is well acknowledged, but less well known is his endless patience, willingness and generosity in sharing his expertise with those of us who were new to the topic of genital cutting. When I published *Unspeakable Mutilations* in 2014, without telling me Rob bought copies to donate to Australian libraries. One outcome of his support was that I was invited to submit an article for a Sexualities Workshop held by the History Department at Otago University in 2015. Over the years I have had five articles published in peer reviewed journals and co-authored a book largely due to Robert's encouragement. It is hard to believe he is no longer with us and his passing leaves a formidable gap in the intactivist movement.

-Lindsay Watson

Editor's note:

We learned of Robert Darby's passing last Spring, just as we were preparing to publish the previous issue of the ARC newsletter. We had only time to include one page of commentary in that issue, containing statements by Brian Earp and Steven Svoboda. Their remembrances can be found on the last page of Volume 12, Issue 2.

continue to promote the practice in Australia. Opposition to infant circumcision had had substantial success in Australia since the late 1970s, with the national incidence of circumcision reducing from highs of 75% of all male infants born in the 1960s to roughly 10-15% in the 1990s, and dwindling further since. In such circumstances one could understand a campaign considering their work largely done. However, in the interests of protecting those infants still at risk, Rob continued to devote his time, education and energy to the cause right to the very end of his life.

Rob's chosen medium was written discourse, mainly articles and some short books, a number of which appeared in print and academic journals, and many more online. Robert's prose was academic, carefully and judiciously composed and quite obviously the product of a lot of well-disciplined and informed thought.

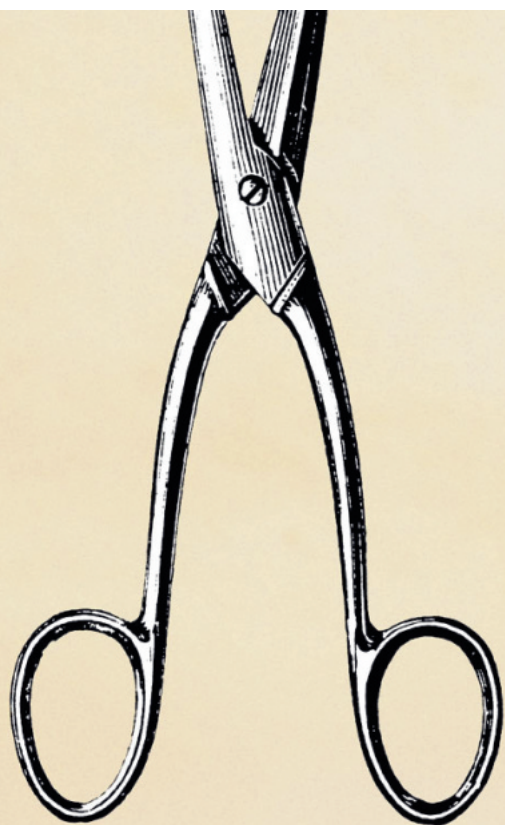
In assistance of the human rights cause of reducing infant circumcision, Rob ran, at his own cost, a website dedicated to providing information both to prospective Australian parents, to doctors, and to the public generally, on the subject of infant genital cutting. I used to visit his site, which was replete with relevant documentation and a news blog on the subject. Rob was ever up-to-date

with international developments as to this issue.

Rob wrote frequently and usually was able to publish his works. A perusal of his profile on the academic website 'Academia' reveals no fewer than 43 published articles, 11 unpublished articles, and two draft essays. His essays usually carried catchy titles – among them “American Psycho – a Surgical

Temptation”, and “Looking a gift horse in the mouth: the conflicted history of the condom”, which possibly explains the high numbers of researchers who read his writings. He also published four books.

Rob also engaged in several public consultations on the issue of infant circumcision, submitting detailed papers to the Tasmanian Law Reform Commission's 2009 consultation on male



A SURGICAL *Temptation*

*The Demonization of the Foreskin
& the Rise of Circumcision in Britain*

ROBERT DARBY

I wish I could remember where it was or from whom I first heard about Rob's work on circumcision in UK. It's not all that routine for acquisition editors to write potential authors out of the blue (in my case, I have a pretty vast network of people who supply me with good tips and who introduce me to new authors at conferences and the like). But I recall instantly contacting Rob to see if he had a book in mind for his research on the fascinating question of how circumcision came to be a medical fashion for a time in England, among a certain class, and the faded almost as quickly as it came to be. The double edge of his history—the meaning of circumcision (and the moral implications, the pleasure principle, the rights of male, and so on) combined with the diabolically paradoxical historical question of how the removing the foreskin from infants became fashionable and then lost its attraction was irresistible. When I heard back from him—I wish I had the file for the project, with correspondence in front of me—the quality of his prose and the quality of the mind it revealed was even more irresistible.

I had kept my intactivist sympathies for the most part to myself in professional work and with colleagues. But, having the mantle of sexuality studies editor proved an instant rationale for taking the manuscript under review and using my string of successes in the field to justify doing the book with the University of Chicago Press, even if the examples of the history were British. Throughout, I can say with an accumulation of the most pleasant memories of dealing with a wickedly intelligent, humane, sensitive writer and historian that knowing Rob was a highlight of my time in publishing.

-Douglas Mitchell

The cover of Robert Darby's 2006 book, A Surgical Temptation, reviewed in the ARC newsletter Volume 5, Issue 3.

genital cutting, and to the Australian Human Rights Commission's later survey of human rights and particularly of each child's right to an open future.

Rob was a highly meticulous academic who had read widely and had all the principal world literature at his finger-tips. A number of us ended up using Rob as a sort of virtual librarian, emailing him regularly to ask him what resources he had on such-and-such an issue – and he always replied with substantial answers and documentation. In fact, research was one of Robert's loves and I believe that had he been able to choose, he would have enjoyed roaming the world's libraries to collect further wisdom and learning on his chosen subjects: I remember him once excitedly giving me a list of book titles from the British Library in London – all of them from the Victorian era – that he really wanted to read and asking me to photocopy them for him when I next could and send back to Canberra. Obviously he had exhausted what Australian libraries were able to provide for him.

It is important to note that for all of his energy, output and dedication of time

When Rob sent me a copy of his book, he included a note expressing his appreciation for the work that old-timers like myself had already contributed. I think I'm younger than him, but he wouldn't have known that at the time.

Rob Darby was the best source of quotations from early enlightenment thinkers. He also turned me onto the Baroque Trilogy, which every lover of science should read as it expounds upon who created the calculus: Leibnitz or Newton.

-Bob Van Howe, pediatrician and leading author on genital autonomy issues for over 25 years

I was fortunate enough to meet Rob Darby only once, in Sydney, but we maintained correspondence. He was a unique person, a gifted historian, a dedicated opponent of the evil called circumcision. We honor his memory by continuing the intactivist campaign.

-Leonard Glick, author of *Marked in Your Flesh*

to this subject, Rob did all of this on a volunteer basis. I do not believe that he was ever paid a single penny for all his life-long efforts in human rights work, save perhaps for some extremely limited royalties from his books. In fact, he probably went backwards financially as a result of his care for various causes – both in running the information website he maintained and also helping out others on an ad hoc basis. I remember at one point, I was raising funds for a campaign related to genital cutting in Australia; Rob did not have any funds to spare to assist me, so he voluntarily sold a couple of his more valuable 'collector's edition' books to a second-hand book dealer in order to help me. Knowing how much he loved his books, this must not have been an easy sacrifice, but he made it willingly. Through such acts, one can see that this was a person strongly dedicated to causes he believed in, and prepared to be very generous, even sacrificially so, where he felt such help was needed.

As stated already, Rob's main academic interest was in genital cutting, and the cause against it, but his interests ran wider than solely this, and his articles published online reveal an strong interest also in English literature, nineteenth and twentieth century histories, and LGBT rights.

As often is the case with campaigners and academics, Rob was by no means wealthy and lived a very modest existence. He was uninterested in money and personal gain. I am sure that, with his academic talents and literary ability he could have made a good deal of money as a journalist or commentator had he chosen to do so – that he preferred to spend his time on promoting the causes

he thought worthwhile says a lot for his character.

Although by and large Rob was a thoughtful and somewhat reserved individual, he certainly had his own personality, and a sense of humour, which he would occasionally reveal with a witty comment or two when one met in person.

Rob very much prized his own independence, both academic and personal. As far as I know, Rob lived as a bachelor all his life. He did have a number of friends and social connections, though I suspect that many of his professional and academic contacts with others were (like his contact with me) mostly at a distance, often great distances, which meant that many people who knew him, and even those who worked closely with him on various projects, had rarely, if ever, met him. Thus Rob may, unfortunately, have been deprived of a certain amount of social and community interaction that others working in a more conventional setting can enjoy.

Rob's passing is a real loss to the human rights causes he supported, to the Australian academic world, and of course to his friends and family. I pay tribute to Rob's intelligence; his major contribution to scholarship in his chosen areas; his generosity with his time, his labour and personal resources; and his courteous, polite mannerism, all of which those who worked with him will remember.

-James Chegwidan, barrister and leading author on genital autonomy issues

In Memoriam: Jim Bigelow

I am sad to report that Jim Bigelow passed away on December 4th, 2019.

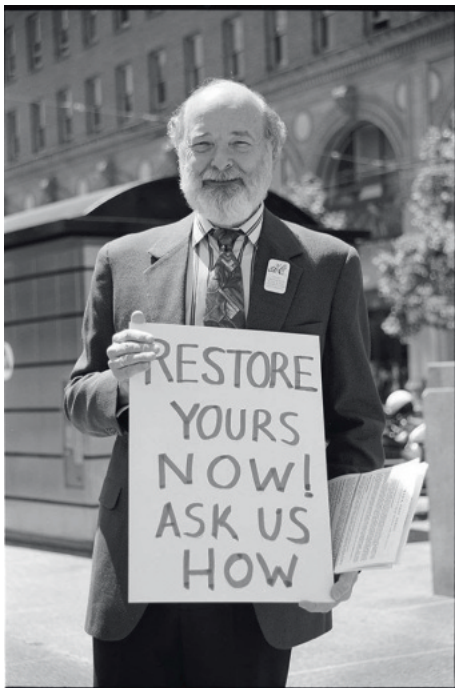
Jim and I met several times over the years at symposia and other events associated with the genital autonomy movement. He was memorable for his relentlessly joyful, friendly demeanor as well as for authoring the groundbreaking book *The Joy of Uncircumcising!* that as Marilyn Milos noted, offered so many men hope. Equally notably, along with Wayne Griffiths, Jim also cofounded RECAP, which later became NORM, the National Organization of Restoring Men.

My first exposure to the movement in fact was a very memorable meeting of RECAP in Concord in the summer of 1990!

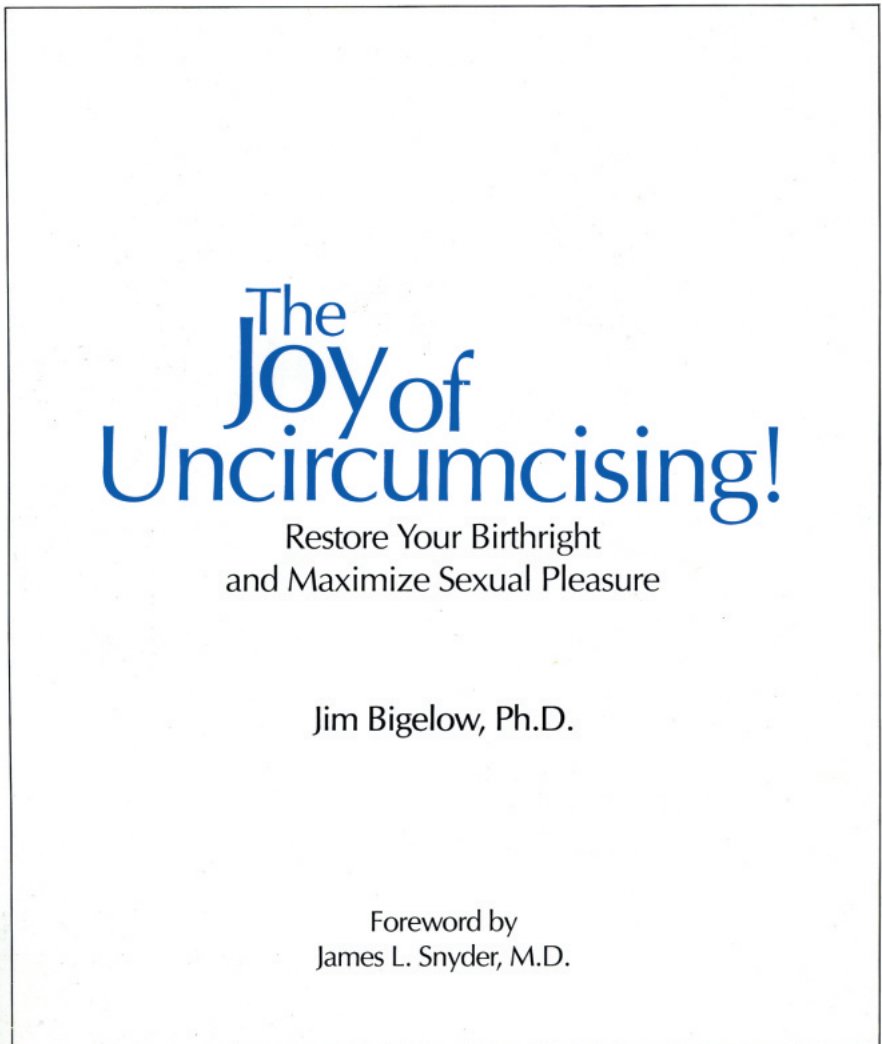
Rest in peace my friend. The world is a kinder place because you graced us with your presence.

Steven Svoboda

Attorneys for the Rights of the Child



Jim Bigelow demonstrating in front of the California Medical Association's San Francisco office in 1993.



(l. to r.) Wayne Griffiths, Jim Bigelow, and John Pelham Warren, June 2004.

Just before Jim passed away, he and I were talking about the variety of phases of his life. Jim was passionate about whatever he was involved in, including such interests as operatic music and art glass, both of which were meaningful to him for his entire adult life.

As a teenager in high school, he was introduced to opera through his music classes. He came from a family who loved country music and had no interest in classical music, but that didn't stop him. He was considered odd. At about age 16, he bought a pump organ that we still have. By the way, he didn't know how to play it. He couldn't afford retail records, so his music teacher recommended that he go to the Salvation

A very warm feeling in my heart, and memory of his utter kindness and smile which emanated from his heart.

-Miriam Pollack

Jim Bigelow was THE pioneer in helping men to feel better about themselves, after another human being had so cruelly wrested from them much of their adult sexuality. I remember when his classic book on foreskin restoration was unavailable for a time, and how many men were desperate to obtain a copy.

-George C Denniston, MD, MPH,
Founder and President of Doctors
Opposing Circumcision

Army to find good copies of used records.

That was the beginning of a lifelong hobby of haunting second hand stores, garage sales, estate sales, antique faires, Ebay and online bargains for wonderful and rare music. He later developed an interest in art glass that spanned all his years. Wherever we lived, there was always the hunt for rare pieces. Our home is filled with beautiful items and he could tell you where each one was found. We have always laughed that we are

'reverse snobs' . . . the cheaper an item was purchased, the greater the joy.

He has/had a music room with over 16,000 historical records and hundreds of CDs. His music room is like a museum: it includes almost every form of recorded sound from the beginning of recorded music. He built special shelves to house his old albums, and an incredible built-in in our hallway for his CDs. His music library probably rivals any other home collector.

While he was bedridden for nearly a year, his hospital bed was set up in our living room. There wasn't a day that passed that he didn't enjoy having the light turned on in our French cabinet that holds his rarest pieces of art glass.

Deb Bigelow

Jim was a great help to me in the 1990s when I contacted him after reading his book.

-John Pelham Warren



Jim Bigelow sitting in his Music Room with the shelves he built for his albums and some of his art glass.

ARC Updates

ARC Comments on and Issues Press Release on Government Proposal to Continue Circumcision of African Males

December 13, 2019

Together with colleagues Michel Garenne, Ph.D. and Antony Lempert, M.D., ARC submitted comments and a press release on the draft guidelines issued in November 2019 by US President's Emergency Plan for AIDS Relief (PEPFAR). The guidelines outlined that PEPFAR is considering ending the program of circumcising infants in Africa while at the same time also proposing to use a Chinese device, the ShangRing, for future circumcisions. More shocking even than this news is PEPFAR's plan, stated in the guidelines, to test the ShangRing on African people to learn what the botch rate is.

ARC expressed its appreciation of PEPFAR's recommendation that VMMC be discontinued for most youths 14 years of age and younger while criticizing other aspects of the guidelines on ground of human rights, the law, medical ethics, and economics. Our press release (right) and comment (next page) call for the African circumcision program to end once and for all and outline the numerous reasons why it must not continue, whether it be with the ShangRing or any other device.

Svoboda/Adler/Van Howe Rebuttal Article to Brian Morris Published

May 29, 2019

The Journal of Medical Law and Ethics has published a rebuttal paper written by Peter Adler, Robert S. Van Howe and Steven Svoboda responding to arguments made in early

For Immediate Release: 12/13/2019

Human Rights Group Criticizes Proposal to Continue African Circumcision Program with Adolescents as Violating Children's Rights

Berkeley, CA, USA--The human rights group Attorneys for the Rights of the Child (ARC) (www.arclaw.org) has today criticized a proposal to continue the so-called voluntary medical male circumcision (VMMC) program in Africa, though only on boys mostly 15 years of age and older. The proposal was made in draft guidelines released in late November 2019 by the US President's Emergency Plan for AIDS Relief (PEPFAR). ARC claims that as applied to youths 15 years of age and older, Section 6.2.5.1 of the guidelines, focusing on VMMC, rests on a distorted understanding of the medical evidence and is economically inadvisable. Moreover, the draft, if finalized in its current form, would put the U.S. government in the untenable position of violating core principles from medical ethics and human rights law.

ARC Executive Director J. Steven Svoboda said in a comment ARC co-submitted today to PEPFAR that circumcision is not the most cost-effective way to reduce males' risk of HIV acquisition. He commented, "The VMMC program has failed in its goal to circumcise Africa despite advertising and other publicity that has misled African youths into thinking circumcision is a safeguard from contracting HIV." ARC cosubmitted its comments with colleagues Antony Lempert, M.D. and Michel Garenne, Ph.D.

At the same time, Svoboda expressed ARC's appreciation for the guidelines' recommendation that the VMMC program be discontinued for most African youths 14 years of age and younger.

Svoboda said, "Medical ethics require doctors to use the most effective, least invasive treatment for any condition. For HIV prevention, this remains condoms."

Svoboda stated, "The time is right to stop this ill-conceived, Western-centric program. We call on the guidelines to cancel the VMMC program for all ages before further harm occurs and to divert the funds that are thereby saved to programs of proven effectiveness. The law and medical ethics require no less."

HIV is no longer an untreatable condition; it is now considered a chronic illness. Thus the emergency mentality that has in the past driven the VMMC program is no longer needed and indeed, is overridden by paramount ethical and legal principles. Amputating healthy body parts in a misguided attempt to stop it is a massive misdirection of effort, particularly when those body parts are taken from people not providing fully informed consent. VMMC participants were not properly informed that circumcision does not completely protect anybody, but at most reduces the probability of transmission, which is quite different.

Attorneys for the Rights of the Child is a non-profit organization founded in 1997 to protect children from unnecessary medical procedures to which they do not consent. ARC is currently working with the United Nations in response to UN requests for its expertise regarding human rights law.

The US President's Emergency Plan for AIDS Relief's (PEPFAR's) guidelines ("PEPFAR 2020 Country Operational Plan Guidance for all PEPFAR Countries") propose to continue the so-called voluntary medical male circumcision (VMMC) in Africa, while mostly discontinuing its support of childhood or early infant male circumcision. While we support this latter decision on both medical and ethical grounds, we argue that the broader VMMC program has serious inbuilt flaws that are not adequately addressed within the current draft of the guidelines. This draft, including section 6.2.5.1 of the guidelines, which focuses on VMMC as applied to youths 15 years of age and older, rests on a distorted understanding of the medical evidence and is economically inadvisable. But more than this—and we do not make these claims lightly—the draft, if finalized in its current form, would put the U.S. government in the untenable position of violating core principles from medical ethics and human rights law.

The VMMC program is undoubtedly well-motivated. But in its conception and implementation, it has failed to achieve its goals and has caused considerable collateral damage, as is now being documented in the peer-reviewed literature. One problem is the intensive pursuit of "demand creation" to meet quotas, relying on advertising and other publicity that has misled African youths into thinking that circumcision alone is a reliable safeguard from contracting HIV. [Gilbertson 2019; Luseno 2019] Some of these advertisements have relied on misleading, unsubstantiated, or non-generalizable claims, suggesting for example that women will reject men sexually if the men are not cut (amounting to body-shaming of genitally intact males); and local officials have resorted to outright misrepresentation that circumcision effectively immunizes a person from HIV. [Gathura 2019; Gwaambuka 2019]

We do appreciate the guidelines' recommendation that the VMMC program be discontinued for most African youths 14 years of age and younger. This is a long overdue step that must be taken on grounds of human rights, law, and ethics, as well as cost-effectiveness.

Regarding African males 15 years of age and older, the most critical aspects of the guidelines lie in what PEPFAR leaves out. Medical ethics require doctors to use the most effective, least invasive treatment or prevention method for any condition. For primary HIV prevention, this remains condom use and other behavioral factors such as reduction in the number of concurrent sexual partners. [Kaufman 2017] For secondary prevention, the most effective, least invasive interventions are condoms, "treatment-as-prevention," pre-exposure prophylaxis and post-exposure prophylaxis.

Studies of general populations support this view. The only populations in which male circumcision may show a substantial benefit are those at high risk of infection, namely those with HIV-infected sexual partners and those who engage in unprotected sexual contact with multiple partners of unknown HIV status. Given this, circumcision, if it has a role at all in HIV prevention, might be a potential intervention for such high-risk subgroups; however, given the effectiveness of condoms, "treatment-as-prevention", and pre-exposure prophylaxis, it would be unethical for a healthcare worker to recommend circumcision generally. Even if offered, very few men, given accurate disclosure, would choose circumcision over these other proven interventions, which should be invested in and made more widely available.

For an irreversible surgical procedure, the ethical bar for intervention is especially high. As a recent international consensus statement by leading scholars in ethics, law, medicine, and other specialist fields makes clear, medically unnecessary genital cutting can only be undertaken with the free and informed consent of the affected person [Brussels Collaboration on Bodily Integrity 2019]. Such consent obviously cannot be given by infants or young children; but even in the case of older boys or men, the coercive atmosphere in which the VMMC program is being imperative undermines this ethical imperative.

Securing proper informed consent, particularly providing proper information to make an informed consent possible, has not been at the core of the VMMC program [Schenk 2012; Luseno 2019; Schenk 2014] Yet it is completely essential. Stuart Rennie et al. called the world's attention to this issue near the beginning of the VMMC program in the world's premier journal on medical ethics, yet this was sadly ignored in the intervening dozen-plus years. [Rennie 2007] More recently, it has been shockingly reported that limited information is being provided to adolescents about HIV prevention and care, that adolescents are rarely provided with condoms, and providers report spending little time talking about either HIV prevention or condom use. [Kaufman 2017] Moreover, according to another study, most VMMC participants believe there is "no risk" to circumcision, and are confused about the difference between the risk of the procedure and the risk of HIV! [Friedland 2013] Genital cutting of adults is legally and ethically permissible as long as they are properly and fully informed and provide their informed consent prior to the procedure. In the case of VMMC, men were not properly informed that circumcision does not completely protect anybody, but at most reduces the probability of transmission from female to male, which is very different. [Schenk 2012; Luseno 2019; Schenk 2014]. Even more alarming, an estimated 35,000 young boys have been circumcised in Kenya alone without their own valid consent nor even the consent of their parents [Luseno et al. 2019]. A medically unnecessary surgery that is not consented to either by the individual or a valid proxy decision maker is simply criminal assault and battery.

HIV is no longer an untreatable condition; it is now considered a chronic illness. [Deeks 2013] Thus the emergency mentality that has in the past driven the VMMC program should be reconsidered, with greater attention paid to paramount ethical and legal principles. Permanently excising healthy, functional tissue from a psychosexually significant part of the body is a serious matter, and it is a massive misdirection of effort. Vast sums have been spent on circumcision that could have been better used on condoms, education and post-exposure prophylaxis and lifetime treatment of affected people that reduces to zero their risk of transmitting HIV to their sexual partners. VMMC advocates warn that circumcision is only effective if accompanied with extensive education about, for example, avoiding sex during the wound-healing period and the continued need to consistently wear condoms despite the genital surgery. But if African men and their partners can be effectively educated about such matters, as VMMC proponents insist they can and must be, then, a fortiori, they could be effectively educated to simply consistently wear condoms in the absence of surgery (with no wound healing period), which would eliminate the need for circumcision. Proper use of condoms, with or without circumcision, near-fully protects both men and women from HIV sexual transmission.

Even were there to be overwhelming evidence for a net health benefit of VMMC in real-world situations, which there certainly is not, it should still be the personal decision of the man himself whether to have surgery on a part of the body recognized as the most intimate, private and erogenous part of his body.

In Africa, traditional circumcision was never associated with lower HIV prevalence: there were as many situations where it was associated with more HIV than situations with less HIV, due to a variety of confounding factors. [Van Howe 2015] In Zambia, VMMC campaigns were not associated with lower HIV prevalence among men age 15-29, despite declining prevalence among their partners. [Garenne 2019] In Zambia, men who underwent VMMC tended to have riskier sexual behavior. [Garenne 2019] In African countries where VMMC campaigns were conducted on a large scale, HIV prevalence did not decline significantly compared with previous trends. For example, Uganda, which had seen a 47% decrease in HIV incidence after implementing the ABC program [Low-Beer 2004], saw an increase in HIV following the VMMC rollout. Some 10 years after onset, VMMC campaigns have not shown any appreciable benefits, despite the massive investment and the millions of men circumcised. [Gathura 2019; Gwaambuka 2019]

The time is right to stop the ill-conceived, Western-centric VMMC program. We are more than a dozen years on from the three randomized controlled trials (RCTs) and still their results have not been replicated despite being widely questioned. Mainstream HIV experts now regularly fail to mention circumcision as a worthwhile intervention [Workowski 2015] We call on PEPFAR to modify its guidelines to request full cancellation of the VMMC program for all ages before further harm occurs and to divert the funds that are thereby saved to programs of more surely proven effectiveness. The law and medical ethics require no less.

2018 by Brian Morris against our 2016 paper in the Journal of Law, Medicine and Ethics.

Our 2016 JLME paper referred to and was based on our successful debate in Charleston, South Carolina, where we left American Academy of Pediatrics Circumcision Task Force Member Michael Brady unable to respond to any of our arguments and effectively conceding our victory on the second day. (The JLME that published our original paper and the Morris response and the JMLE that published the recent rebuttal are two different but very similarly titled journals, confusingly enough!)

Steven's Presentation in Leeds, UK on United Nations Work Well Received

May 31, 2019

The talk on April 27, 2019 in Leeds, England by Steven Svoboda and his friend and colleague Antony Lempert of the Secular Medical Forum (SMF) was very well received by a primarily academic audience at the University of Leeds. The different backgrounds and experiences (and continents of residence) of Antony and Steven helped them to co-create, along with the audience, an interesting and wide-ranging presentation. They discussed the submission to the United Nations' Committee on the Rights of the Child of a third party intervention (basically a "friend of the court" brief to the UN) by the International NGO Council on Genital Autonomy (INGOCGA), which includes Antony, Kira Antinuk of Canada, James Chegwiddden of England, Lena Nyhus of Denmark, and Steven, after the sad demise of the previous team leader Paul Mason. The conference, entitled, "Future Choices: Keeping Europe Intact," was very ably run by the European non-profit Future Choices. The subject of the Leeds

THE CUTTING IS THE HARM: the Right to Genital Autonomy of All Children



Antony and Steven presenting in Leeds, April 27, 2019. See their abstract below.

Supporting the United Nations in Developing Awareness of All Forms of Genital Cutting

The United Nations (UN) has shown extreme concern for decades over female genital cutting and has recently displayed admirable interest in eliminating intersex genital cutting. Efforts to bring male genital cutting (MGC) to the UN's attention began in 2001 when Steven Svoboda presented before the forerunner to the Committee on the Rights of the Child (UNCRC). In 2012, Antony Lempert presented to the CRC executive on harm done to children by MGC. This led to supplementary submissions to the UNCRC, which placed MGC in the category of serious harm in 2013.

In 2016, the International NGO Council on Genital Autonomy (INGOCGA) formed to prepare and submit further reports to the UNCRC including an overarching 'core' report. In July 2018, the UNCRC invited INGOCGA to submit a third party intervention regarding a Finnish circumcision case on a young boy against the mother's wishes. Third party interventions are relatively novel procedures of expert input invited by the UNCRC to inform its decision-making.

Following the tragic death of Paul Mason, Antony and Steven led the preparation and submission to the CRC on 31-12-18 of this intervention including background medical, anatomical, legal, human rights and ethical considerations. INGOCGA will continue to work with the UNCRC towards an expansion of the recognition of the harm caused by all forms of childhood genital cutting with the aim of ushering in an era of heightened sensitivity to all genders and all harms children suffer.

talk is the work that has gone on with the United Nations, starting in 2001 when we first presented the topic to the UN, and more recently with successful initiatives and reports by Antony and the SMF.

Other standout presentations included James Chegwiddden on “Joined Up Thinking- Genital Cutting and Coherent Legal Frameworks in Europe,” Brian Earp on “Why a US Law Banning FGM was Ruled Unconstitutional and What can be Done to Protect Children” and Marie Fox, Michael Thomson, and Josh Warburton on a very interesting initiative to use the UK equivalent of Freedom of Information Act requests to obtain hospital data on complications of circumcision.



UN INCOGCA Team (l to r) Lena Nyhus, Antony, Steven, James Chegwiddden – Leeds Future Choices – Keeping Europe Intact, Leeds, April 2019

Steven's Presentation in Chicago on United Nations Work and Legal Cases Well Received

August 16, 2019

Steven Svoboda presented a talk, “Genital Autonomy, the United Nations, and the Law” presented at the International Conference on Men’s Issues in Chicago, Illinois on August 16, 2019. He overviewed the movement to protect genital autonomy in all its multifarious forms, discussing his team’s recent United Nations work and the recent and very different court decisions relating to the laws against female genital cutting in the US and in the UK. He compared the decision last year in which a Michigan judge refused to enforce the federal law against female genital cutting with a decision in the early 2000’s in a class action case in Queens, New York in which Steven was a lawyer. He argued that some aspects of gender equity from the male side are not well understood nor well protected and that these issues relate to issues of genital autonomy in interesting and potentially very important and even transformative ways.

The audience was very attentive and

Genital Autonomy, the United Nations, and the Law

In 2002, I was a lawyer in the first circumcision (male genital cutting, or MGC) legal case brought as a federal civil rights case. Visiting Judge Bernard Friedman used his full power to orchestrate a favorable result in this case for the defendants, making it impossible for us to get a fair hearing for our federal claims.

Last November, a federal judge ruled that a 1996 federal law prohibiting female genital cutting (FGC) was unconstitutional. The judge’s name seemed familiar to me; I realized with a start that the same Bernard Friedman prevented a federal court from protecting males from cutting and then 16 years later blocked them from protecting girls! The cases do differ: males get no protection, while Judge Friedman held that we don’t need a special anti-FGC law to prosecute cutters or their accomplices, though 27 States do have such laws.

Advocates of children’s rights need to band together and make clear that the central ethical issue here is the violation of a young person’s bodily integrity without consent, and the exposure of that person’s healthy ‘private parts’ to surgical risk without an urgent medical need.

Four European cases have held some forms of MGC to be worse than some forms of FGC and found liability. Why were these cases decided in Europe and not the US?

In 2001, my non-profit organization, Attorneys for the Rights of the Child, assembled a team that traveled to Geneva, Switzerland to present written and oral “interventions” or petition to the Sub-Commission. In meetings with us, the Special Rapporteur on Traditional Practices Affecting the Health of Women and the Girl Child effectively refused to do her job regarding this issue. We discovered and unearthed in our intervention a surprising procedural misdeed by the CRC that excised male children from the Special Rapporteur’s mandate.

I led preparation and submission by a small non-governmental organization of eight members to the UN Committee on the Rights of the Child on New Year’s Eve 2018-2019 of a “third party intervention” that the UNCRC invited us to submit regarding a Finnish parental circumcision case.

We concluded that removing healthy tissue from non-consenting minors conflicts with widely accepted ethical norms as well as with human rights. We recommended that the Committee find that applicable human rights documents support a guilty finding against the defendants.

Barriers to change include the profitability of MGC an appalling lack of knowledge among doctors regarding the functions of the foreskin, physician claims to feel pressured by boys’ parents to perform the surgery, and resource overload. I feel so blessed that protection of all children is becoming a reality. As long as childhood genital cutting is perceived as a gender issue, we will remain divided. Once it becomes a human issue we will stand united. The personal is political for us too.

the questions following Steven's talk were perceptive and in some cases even provocative.

Steven also appeared later that same day on a panel of activists appearing in the "Red Pill" movie, following a screening of the movie. Also appearing were filmmaker Cassie Jaye (present by Skype) and six other folks featured in the movie: Fred Hayward (the officiant at Steven's 2018 wedding!), Tim Goldich, Tom Golden, Alison Tieman, Karen Straughan, Paul Elam, and two officers along with Steven in the National Coalition for Men (NCFM), NCFM President Harry Crouch and NCFM Vice-President Marc Angelucci.

Brussels Group Including Steven Publishes Major Ethical Article in American Journal of Bioethics

September 30, 2019

The American Journal of Bioethics (AJOB) has published a paper written by 91 mostly academic co-authors including Steven, the group being known collectively as "The Brussels Collaboration on Bodily Integrity," named after a recent invitation-only conference on female genital cutting (FGC) held in Brussels, Belgium.

We believe this recent AJOB publication, especially considering the intellectual weight of the large and eminent group of co-authors, will meaningfully advance the discussion of the inconsistency with medical ethics of nonconsensual genital cutting. We also believe this article will move us ahead toward a unification of ethical views of all forms of genital cutting, without being unduly swayed in a particular case by whether the cutting is performed on a person who is male, female, or intersex.

Steven published two prior articles in the AJOB in 2003 and 2015, both of them written in response to pro-circumcision articles published by the journal.



"Red Pill" Film Panel, International Conference on Men's Issues, Chicago, August 16, 2019 top row: "Red Pill" filmmaker Cassie Jaye (participating by Skype), Tim Goldich, Paul Elam, Tom Golden bottom row: National Coalition for Men (NCFM) Vice-President and former ARC Board Member Marc Angelucci, Fred Hayward (who officiated Steven's marriage to his wife Gina), Steven Svoboda

New ARC Website Operating

August 8, 2019

We are pleased to announce that, as some of you will have already seen, our website has been redesigned and the new site is now operating. Among other exciting changes, all our previous newsletters are now available in pdf format at <https://www.arclaw.org/newsletter>, and a compilation of videos of our work can be seen at <https://www.arclaw.org/media/videos>.

We are grateful to Ritama Design for their extraordinary help designing our new website and collaborating with us on a successful launch. Newsletter Editor David Atkinson and Board Member David Wilton deserve our profound thanks for their invaluable technical assistance with this process.

Front cover photo:
"International Conference on Men's Issues"
Friday, August 16, 2019, Chicago

Back cover photo:
"Future Choices: Keeping Europe Intact"
Saturday, April 27, 2019, Leeds



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This issue, as well as previous issues, can be found on our website at www.arclaw.org