The Thirty-Year Project
by Lisa Braver Moss, President and Co-Founder, Bruchim --
www.bruchim.online

I’m proud of my Jewish identity — and I regret having circumcised my sons. For thirty-odd years, these two facts have played a big part in my life.

Because of my love of Judaism, I’ve always felt my dissenting voice should be part of the Jewish conversation. My first article appeared in a 1990 issue of Tikkun, a progressive Jewish intellectual magazine. Still, circumcision is such a deeply ingrained tradition in Judaism that my article seemed radical even to progressives in my community.

Overall, I was greeted kindly by the anti-circumcision movement (this was in the days before the term “intactivist” was coined). But I’ve never felt entirely at ease in that sphere, starting with a presentation I gave at the 2nd International Symposium on Circumcision in 1991. After my talk, a ...continued on p. 4

Andy Little’s Phenomenal, Brilliant Quest for Justice
by Andy Little

I was first introduced to circumcision and became aware that it happened to me when I was almost eleven years old. Even though no negative aspects of the surgery were mentioned, it bothered me that someone changed something about my penis when I was a baby without my permission. I rediscovered the topic years later when I encountered material on the internet that did not present the surgery in a flattering manner. I learned about the horrors of infant circumcision, its impact on sexual pleasure, and its human rights implications. I feel betrayed by the doctor who mutilated my penis when I was a helpless newborn. I want to feel complete, and as far as I am concerned that means living with the genitals I was born with. I shouldn’t have to settle for anything less. No one had the right to take that from me. At twenty years old I have not since been able to escape this obsessive epiphany.

Circumcision is a lifelong intrusion on my body and an imposition on my sexuality. My foreskin is a permanent loss that I will always grieve, so this harm ...continued on p. 6

My Path to Doing Ph.D. Research on FGC and to Founding “Stop the Cut”
by Maria Sanchez

I have been a radio talk show host for nearly thirty years. I hosted an NPR program in the late 90’s and one of my guests was Steven Svoboda. I had him as a guest to explain what Female Genital Mutilation (FGM) is and to talk about his newly founded Attorneys for the Rights of the Child (ARC). He spoke to me about FGM because it was in the news. Needless to say, I was horrified, and I vowed then to do whatever I could to help eradicate the practice. Through my various radio programs, my greatest resource was to raise awareness about FGM and solicit donations to organizations who are attempting to do away with the practice. I have had the pleasure of interviewing Steven numerous times over the years, and we stay in touch regularly.

I have three sons, all of whom are ...continued on p. 9

Lisa Braver Moss

Maria Sanchez
Message from the Executive Director
February 25, 2021

A year like no other has been followed by... another year like no other. The world seems to be falling apart in many ways, with people seeming farther apart than perhaps they have ever been. Amidst all this, why do we focus on an issue that some consider trivial and unimportant relative to everything else going on in the world?

We do it because we think it is right. And we do it because how we treat the least powerful members of our community, our newborn babies, reflects our moral status as a society. And for many of us, including yours truly, we do it because we cannot NOT do it.

The world continues to evolve. Social media have gained more importance than ever. As the parent of two teenagers, I feel the influence and pull every day. These new tools may take away our time and divert our attention to relatively unimportant matters, at least some of the time. Yet simultaneously, information can spread throughout the world at the drop of an electron. Ideas that used to take decades to spread, going back even to when I started in this movement in 1990, can now travel at the speed of light.

The potentially game-changing lawsuit in which we were grateful to be able to write a friend of the court (amicus curiae) brief, continues to pursue Massachusetts Medicaid for misuse of Medicaid funds on medically unnecessary and harmful circumcisions. A second promising case continues in New Jersey, based on a theory that the American Academy of Pediatrics’ 1989 position statement was fraudulent. Lawyers in both cases include our former Legal Advisor Peter Adler and young activist lawyer Andrew DeLaney. Our board
member David Llewellyn is involved in the New Jersey case.

As always, we find ourselves compelled to continue the fight until genital cutting joins footbinding as a practice relegated to the distance past. We will continue to fight to protect children.

I am on the verge of submitting a paper about which I am very excited. There are five European legal decisions supporting genital autonomy that we unearthed and then had translated and we are pleased to publish information about these five cases as part of our discussion of two important legal decisions that are connected in an illuminating way, one relating to female genital cutting, the other to male circumcision.

Also included in this, our 38th newsletter issue are: 1) a feature article by young Canadian activist Andy Little, who tells the long, harrowing yet inspiring story of his ongoing tireless work to obtain some small measure of justice from his country’s medical and governmental authorities; 2) a feature article by our longtime friend journalist Maria Sanchez, who has interviewed Steven fifteen times over the years, and recently both earned a doctorate with a dissertation relating to female genital cutting (FGC) and founded a new non-profit working to stop FGC; 3) a feature article by longtime friend Lisa Braver Moss regarding her new non-profit organization Bruchim organized with fellow longtime ARC friends Rebecca Wald and Eliyahu Ungar-Sargon; 4) Steven’s Executive Director’s Report including photos from Costa Rica of his family; and 5) news reports from ARC and relating to the struggle for genital autonomy.

The news out of Germany regarding legal protection for intersex genital autonomy is very welcome. Closer to home, in the first half of this year, Hida Viloria and I worked closely with California State Senator Scott Wiener and his office to influence pending legislation regulating surgery on intersex infants. We successfully influenced the debate to focus on genital autonomy and succeeding in preventing an unfavorable bill from passing and inadvertently giving legislatures and the public the misimpression that the issue had been addressed.

Shortly after the landmark 2012 Cologne, Germany legal decision supporting genital autonomy, we initiated an ambitious project of obtaining and having translated a total of nearly fifty legal cases and law review articles relating to genital autonomy. I am very pleased that we have recently posted on
our website the entire lot, including five very favorable cases that I am citing in my current paper. We are excited to share these cases with the activist world.

A project that started way back in 2001 with ARC’s delegation to the United Nations is approaching the finish line. After finishing our report on circumcision as a human rights violation in Canada, we finished work preparing our “core report” to be used as a general template suitable for adaptation by national activists wishing to submit complaints to the UN regarding male genital cutting as a human rights violation in their countries. We will shortly be posting the “core report” for use by the activist community. We are also continuing to work with national activists to prepare their own country-specific reports.

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 time, passion, 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”. Thank you!

Steven Svoboda
Attorneys for the Rights of the Child

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The Thirty-Year Project

...continued from p. 1 conference attendee cornered me in an elevator and told me with a sneer that he had once known a “Jewish rabbi” who was an awful human being. I was taken aback and upset by this remark.

I continued to attend occasional anti-circumcision events, but it was awkward at times. At one such event, a presenter openly blamed Jewish people on the editorial boards of medical journals for his difficulty in getting his anti-circumcision work published. Though I spoke up and said I was offended that he assumed Jewish bias was the reason for his failure to get published, he remained unapologetic.

It’s always been confusing to me that the anti-circumcision movement focuses on Jewish circumcision as much as it does. Just to offer some perspective, there are about 7 million Jewish males, total, in the world. Singling out the Jewish people regarding circumcision is not only grossly disproportionate; it also raises the specter of antisemitism in the intactivist movement, which can turn otherwise
receptive people off to the cause.

While I was dipping in and out of the intactivist movement, I was busy with my own projects. I wrote a novel about Jewish circumcision, The Measure of His Grief (2010). Rebecca Wald and I connected for the first time when she read my book and wrote about it on Beyond the Bris, a go-to site for Jewish people questioning circumcision.

A couple of years later, Rebecca and I began talking about the increasing number of Jewish parents opting out of circumcision. One thing that was missing, we realized, was a how-to guide that included alternative ceremonies for non-circumcising families. That’s how our book Celebrating Brit Shalom came about. We were delighted and deeply grateful when many intactivists, Jewish and non-Jewish alike, took an interest in our work and helped support our Kickstarter campaign.

Then about a year ago, Rebecca and I decided to embark on a new endeavor, a nonprofit intended specifically to advocate for non-circumcising Jews and also to encourage existing Jewish institutions to be more receptive and welcoming. We teamed up with a number of similarly interested people to form Bruchim (pronounced broo-KHEEM), which means “those who are blessed” and which also has the connotation of welcome, from the Hebrew phrase “Bruchim Haba’im.” Eliyahu Ungar-Sorgon, who wrote, produced and directed the documentary film Cut: Slicing Through the Myths of Circumcision, joined us on the founding board.

Bruchim is not an intactivist organization, because convincing Jewish people not to circumcise isn’t our main objective. Rather, we advocate for the increasing number of Jewish families who are already opting out. Practically speaking, this means bringing awareness to the Jewish community that non-circumcising members exist in their ranks and have specific needs that aren’t presently being met.

With Bruchim’s very engaged team (which includes a rabbinic advisory council), I now find myself working for the first time with a large group of people who are committed to Judaism and Jewish life, and who favor alternatives to circumcision.

Currently, we’re getting to know the non-circumcising Jewish community better through surveys and outreach. Our concierge service is facilitating connections of many kinds, and we are building a directory of welcoming Jewish spaces. We’re also encouraging rabbis to openly offer brit shalom (covenant of peace) birth ceremonies — and encouraging families to take this Jewishly affirmative step rather than quietly opting out.

It’s been amazing and gratifying to see that since Bruchim’s launch in October, 2021, the Jewish community has been willing — sometimes even eager — to engage with us. In response to our efforts, influential religious leaders have made strong statements in the press in support of inclusion for non-circumcising families. And members of our organization are appearing on widely-heard and well-respected Jewish podcasts.

Brit Shalom, a non-violent ceremony featuring a pomegranate

Lisa in a video meeting with Eliyahu Ungar-Sorgon of Bruchim

Rebecca Wald and Lisa Braver Moss, authors of Celebrating Brit Shalom
and radio programs. The Jewish conversation about circumcision is markedly different from how it was before Bruchim’s launch.

If you’ve been following us on social media, you may have noticed that our gatherings are just for Jewish people and their families. Having a “by us/for us” space in which to explore this topic has been essential. Yet, at the same time, many of our non-Jewish friends and colleagues have kindly asked how they can help.

We’re hoping that if you come across anti-Jewish remarks in activist spaces—or other types of poorly-informed or hateful speech—you’ll push back. Consider deleting from your social media accounts those who choose to focus their commentary disproportionately on the Jewish people, or who spread racist, homophobic, or misogynistic rhetoric. And when topics directly related to Jewish circumcision arise in the world of your activism, please consult with us on how best to respond.

News from the Department of Happy Endings: I now have an intact Jewish grandson!

Lisa Braver Moss

Rebecca Wald and Lisa Braver Moss, founders of Bruchim

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Eliyahu Ungar-Sargon, founding board member of Bruchim

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Andy Little’s Quest for Justice

...continued from p. 1

done to me as an infant continues to have a hold on me. I deal with feelings of brokenness and inadequacy: a jealousy of those who were fortunate enough to have been spared from the disfiguring surgery. Circumcision harmed my body image by limiting my capacity for sexual satisfaction—both physically and mentally. I cannot enjoy my sexuality to the fullest because my genitals have been tainted with feelings of grief, anger, and despair. For these reasons it was a sexual harm: it damaged my genitals and continues to take away from what was left behind (what I still have now). It infringes upon my sexual satisfaction and aesthetics. The missing foreskin and the physical scar on my penis are daily reminders. The mental scar is not as outwardly apparent as the physical scar; yet in their own disturbing ways, both will stay with me for the rest of my life. I doubt that I’m the same person that I would have been if the circumcision did not happen.

I cannot see myself as being anything other than mutilated. How could I feel otherwise? The erogenous tissue and its nerve endings will never come back. My sensitive frenar band is almost completely missing. Keratinisation and desensitisation of my glans has resulted from the absence of my foreskin’s protective role. These developments have created an artificial need for personal lubricant because I have none of the motility that my foreskin would have conferred. The conspicuous line of scar tissue at the circumcision site is a disturbing reminder of the mutilation inflicted upon me without my consent. What kind of “benefit” is this worth? Certainly none I’m aware of.

Iatrogenic suffering is an important aspect of the psychological distress, involving loneliness due to being dismissed and misunderstood by the establishment that harmed me. I feel betrayed by the institutions that had a responsibility to protect me. At the beginning of my life, a doctor took away from me the thing I want most of all: to have back my foreskin—a precious and irreplaceable part of my body. The forced circumcision makes me feel powerless, as though my body doesn’t belong to me. The medical establishment believes that I should have no say regarding whether I can keep a healthy body part. Can a doctor unecessarily cut off a part of me with impunity? My body feels like property: a doctor could freely make irreversible cosmetic alterations on my penis and I could do nothing to stop it. The medical establishment neglected to spare me from these harms because of a glaring cognitive dissonance involving prevailing misbeliefs and reluctance to question tradition. North American regulatory bodies have staved off
recognition of the harms of circumcision and the truth about culturally-biased policies that perpetuate it. Honesty about the problems of neonatal circumcision could threaten the credibility of the medical establishment: such honesty would probe the reasons behind its inaction, prompt acknowledgment of systemic wrongdoing, and inspire reflection about the bystander mentality and stubborn tenacity of the outdated practice that has harmed so many.

The trauma flowing from my forced circumcision has resulted in anxiety, unspecified obsessive-compulsive disorder, post-traumatic stress, and the onset of an eating disorder. The obsession and rumination about circumcision causes anxiety, uneasiness, intrusive thoughts, irritability, and insomnia. I have an intense discomfort and sensitivity regarding the subject of circumcision yet I can’t stop thinking about it. It’s a problem I cannot fix and it doesn’t fade over time: every time I look down the circumcision is still there and it will never go away. The unwanted surgery branded my penis with a scar which signifies the doctor’s disgusting, violent invasion of my body. The permanence brings a defeating sense of futility: something awful is forever carved into me. His permanent hold on my body is having a hold on my mind. Perhaps this is why I developed an eating disorder fuelled by incessant rumination about being physically violated by the doctor who mutilated me. My control of my weight makes me feel like I have control over the state of my body. Even though I remind myself that I cannot reclaim my bodily autonomy and avenge my foreskin through weight loss, the compulsions persist.

The physical harms occur to everyone who is non-therapeutically circumcised as an infant regardless of whether one realises it, but the psychological harm is individualistic and ranges in severity. The psychological harm of infant circumcision is latent. It becomes apparent in circumcised individuals under certain conditions: if they have been presented with the harms of circumcision, if they’re willing to accept the injurious aspects of circumcision as truth, and often when they possess specific personality traits. For me, perhaps the traits that allow the psychological harm to manifest at this magnitude include my pervasive and sensitive nature; my care about injustice inevitably when an injustice physically affects me; my tendency to have strong feelings about sensitive issues; and my perfectionistic disposition. These characteristics particularly amplify the intensity of the psychological harm caused by the genital cutting. The problem is not my personality—the problem is what happened to me. It is perfectly plausible for someone to be disturbed about this having happened to them. In the cases of torts and negligence one must “take their victims as they find them.” My personality did not cause this harm. The cause was the injury inflicted on me as an infant. I may be more predisposed than others to realising and manifesting a psychological response to some forms of trauma, but my inborn nature does not cause the harm. It is the harmful action that causes the damage.

There are a few things that help me cope. I started seeing a counsellor who has a great understanding about the harms of genital cutting. He is a good outlet for expressing my feelings and he provides value by helping me find healing strategies. I also began seeing a psychiatrist. For my stress and anxiety management I take an anti-anxiety medication that lowers the intensity of my obsessive thoughts and helps me feel less overwhelmed about the problem. It has been immensely helpful to have a network of trusted friends and intactivists on whom I can lean. Activism is an important avenue of my healing. I speak out about male genital cutting to inform laypeople and the medical community. It is productive to use my voice in a push for a good change. This way I channel emotions into helping others by raising awareness of this medical malpractice. I will soon approach the Ontario Human Rights Commission and the Royal College of Physicians and Surgeons of Canada about infant genital cutting in Canada.

I filed a complaint with the College of Physicians and Surgeons of Ontario directed at the doctor who mutilated me, outlining the harms, rights violations, and lack of consent involved in my circumcision. I was met with a lazy dismissal and an ignorance of the problems I presented. The Inquiries Complaints and Reports Committee avoided addressing the harms, ethical problems, and lack of consent on both personal and systemic levels. They relied on fallacious reasons and deflections, defending circumcision because it is “accepted by many.” The Committee claimed that it satisfies the “standard of care” even though it is absurd to describe forced genital cutting as “care.” It was disheartening that the College—which prides itself on being compassionate and open to change—did not see what happened as a problem, especially considering its duty to protect patients from unnecessary, harmful surgery. The CPSO does not seem to be ready to face the ugly truth. Instead, it tacitly approves and enables the practice while avoiding accountability. The complaint process was worth it despite the College’s denseness and unwillingness to see reason. Every complaint matters in the fight for bodily integrity for all. I am escalating my complaint to the Health Professions Appeal and Review Board. I don’t expect responsiveness, yet I will do my best to confront them with the necessity of decisive action.

I initiated a lawsuit against the doctor and hospital responsible for my mutilation. It will be a long uphill battle
but I have confidence in the merit of my case and the quest for justice. I gladly take this opportunity to demonstrate to the Canadian court that infant male genital cutting is a rights violation and that doctors should be held accountable for performing harmful, unnecessary surgeries on children. When health professionals damage the genitals of children with no medical justification, they ought to be held liable for negligence, assault and battery (regardless of whether it was intentional), and breach of fiduciary duty. The harm would be avoided if doctors acted in a reasonable, cautious, and prudent manner which would facilitate attentiveness regarding the best interests of infant patients—which should be expected. Patients deserve a coherently- and logically-implemented standard of care that protects the health and well-being of patients. This would demonstrate the priority of quality care over short-term incentives that led the North American medical profession to preserve a relic of Victorian era medicine for fear of being held accountable for the problem.

Updates:

→ I escalated the CPSO complaint to the HPARB but I am not confident that they will listen. They already intend to dismiss by appeal. The Board has been known to deflect and dismiss anyone who has the audacity to present them with the problem. The hearing is scheduled for May 2022. John Geisheker has kindly agreed to represent me within this HPARB proceeding.

→ I still represent myself because no lawyer wanted to represent me. I contacted upwards of twenty-six lawyers and firms across Ontario. They have given a range of reasons for not deciding to take my case. Ultimately, it appears to build down to their perception that my case is more difficult and possibly less profitable than other cases they can take on. Reasons (if they gave any):

- They had a heavy caseload at the time and were not accepting any new cases.
- They only deal with matters related to catastrophic, disability-causing injuries.
- They do not do contingency-based representation for any medically-related lawsuits. This might not be as much of a problem anymore since I might be able to afford counsel with help.
- They believed that my case was hopeless because it was three weeks past the end of my limitations period when I was initiating the case in February. They didn’t appear to consider the fact that I can equitably toll the statute, and the good reasons I have to justify the equitable tolling.
- They don’t feel that the matter of my case falls within their area of expertise (sometimes even when they advertise themselves as medical malpractice and/or personal injury lawyers).
- The firm had a personal connection to the hospital so they could not take the case because it would introduce a conflict.
- They couldn’t distinguish what happened to me from “ideal care” (?)

→ I still search for legal counsel, no matter how futile it feels. I will represent myself until the end if I need to. I’m at the point where the lawyers and firms are referring me to ones who have already rejected my case, which is very disheartening. It feels as though I’ve been failed twice by societal institutions: first by the medical profession, and now by the legal profession because now that the injustice has occurred and I am speaking up about it, even the lawyers turn away where they’d pounce on a chance to fight for a case like mine if it was about anything else.

→ The CPSO suggested that I consider a legal forum for my grievance. In the legal forum, it is suggested that I approach the medical community to propose systemic change. The lawyers and firms redirect me to each other. Everywhere I go with this issue, I keep getting turned away and pointed towards someone or somewhere else. The ordeal has given me the impression that the whole issue is a hot potato, where none of the people and entities who are supposed to act (when presented with a problem of this nature) will do anything at all. They turn away and hope that I go somewhere else—or in the case of the CPSO, all the while, they’ll congratulate themselves about being compassionate defenders of human rights and pat themselves on the back for being open to change and committed to evidence-based medicine (it says so on their website!). I think that they should rephrase those self-praises to specify that their actions only match when it’s convenient for them.

→ In June, both the doctor and the hospital issued third-party crossclaims against my mother. Essentially, they are suing my mother for signing the consent form that they gave her. This is what they propose in their third-party crossclaim: if the genital cutting damages are conceded, they want my mother to be liable to me (which I do not agree with), OR if the damages are NOT recognised in Court, for my mother to pay the doctor’s and hospital’s legal costs/indemnity. They are trying to make it so that my mother loses either way.

→ They claim that my mother “gave informed consent” and that she was “well aware of the issues pertaining to circumcision” at the time she signed the form, but at the same time they insist that my mother “didn’t adequately inform herself” about the surgery. They contradict themselves!

→ The third-party crossclaims against my mother represent an attempt to coerce me into withdrawing my action. Even though I believe that the third-party claims, which target my mother, are logically and legally meritless, this still adds immense pressure within my family by pitting my parents against me and
introducing the threat of financial ruin as a worst case scenario.

→ My parents agree with me about infant genital cutting—they understand the problem and they also want infant male genital mutilation to stop—but they feel that my lawsuit is threatening my stability and as a result there is much more tension, more arguments, and more stress within my family, and my parents gave me an ultimatum: they will no longer financially support me if I continue with the lawsuit past December 2021. If this is the situation, so be it. I continue to communicate with my family regularly. I still have a good relationship with my parents and I can talk to them comfortably about most things except the issue of genital cutting and the legal action.

→ The hospital has not at all changed their behaviour in the time since they solicited uninformed, inappropriately-used surrogate consent from my parents twenty-one years ago. The hospital not only offers non-therapeutic infant genital cuttings—hospital staff advertise it and steer parents towards it! They’re not only indifferent to the omissions about the known harms and advantages of non-intervention, they actively mislead parents by saying that there are no harms and that they do not know of anyone who has ever regretted agreeing to the surgery. When the hospital is confronted by their fraudulent misrepresentation of the infant genital cutting, they resort to throwing the parents under the bus to avoid any responsibility, but then they keep doing the same thing as if nothing happened. The hospital isn’t even covering its tracks.

Andy Little

My Path to Founding “Stop the Cut”

...continued from p. 1

circumcised. As a 30-something woman giving birth to my four children, I never even gave it a thought. My then husband was Jewish and he was circumcised, my father was circumcised, and my two brothers were circumcised. Foolishly, I thought every male was to be circumcised. When I was asked who should perform the procedure, my only question was, who was more qualified, the pediatrician or the OB/GYN?

I do recall asking the hospital staff to bring me my sons after the procedure so that I could nurse them. I vividly recall them sobbing so violently that they couldn’t latch on to my breast. It brings me to tears today to write this. My sons are now 36, 34, and 32 years of age. I have since apologized to them for robbing them of their genital integrity. Fortunately, they have forgiven me. However, I am unable to forgive myself for my ignorance.

Female Genital Mutilation has been on my radar since Steven spoke to me about it. I have become an FGM eradication activist. I have been to the United Nations on February 6 in two different years to attend the International Day of Zero Tolerance for Female Genital Mutilation. I was saddened to see that there were fewer than a hundred of us participating in this yearly event. I also attended a two-day conference at the University of Leeds in April 2019. Steven was a presenter. Additionally at that conference, I had the honor of listening to the UK FGM activist Hibo Wardere about her experience with being cut when she was a young girl in Somalia. I introduced myself to Ms. Wardere after her very moving and emotional talk and I told her about my doctoral research on FGM. Although I identify as Hispanic, I present as a White woman and I was constantly being told, “You’re a White western woman living in an ivory tower. How dare you impose your wishes on another cultural phenomenon? It’s none of your business.”

When I told Ms. Wardere that, she stated, “I don’t care if you’re purple, it’s child abuse, do something about it.” Her statement emboldened me to continue my Ph.D. research about eradicating FGM. I successfully defended my dissertation on
December 1, 2021. The title of my dissertation is, “Using The Bystander Intervention Model To Improve Efforts To Reduce Female Genital Mutilation.” Bystander behavior research deals with the question of why, when witnessing an assault, some people intervene and others don’t. FGM is violence against women and child abuse and yet millions of us stand by and don’t intervene in eradicating the practice.

My testing and my research results have given me confidence that I/we can eradicate Female Genital Mutilation in my lifetime. For that reason, I have created a California 501(c)(3) to do just that. My foundation is STOP THE CUT! Eradicating Female Genital Mutilation.

The website is www.STOPTHECUT.net and www.stopthecutnow.org

I have a strong international alliance with other FGM eradication activists. It is my intention to collaborate with them and support their efforts through funding. Thus, I see my role in STOP THE CUT! as a conduit for awareness and as a development entity, raising funds to execute my research and to award grants to other organizations who are making small dents into the eradication cause.

I thank ARC for the honor of spotlighting me and my eradication efforts on behalf of STOP THE CUT!

Happy New Year, Maria Viola Sánchez

ARC Updates

ARC Publishes LGBTI Brochure
June 28, 2021

Our longtime colleague Tim Hammond has produced a new brochure regarding genital autonomy and the lesbian, gay, bisexual, transgender, and intersex (LGBTI) community in collaboration with Attorneys for the Rights of the Child and Doctors Opposing Circumcision.

Tim elaborates on the purpose of this brochure:

“I’m pleased to announce the publication of the attached brochure aimed at encouraging more involvement by the LGBTI community on issues of children’s genital autonomy. It’s a revised version of a similar brochure I created in 2014 for CHHRP when I was living in Canada. This newer version contains content specific to the U.S. (e.g., how immigrants from Central America are being coerced into circumcising their sons when giving birth in U.S. hospitals, which wouldn’t be the case in their home countries).”

“Although the wording in some sections of the brochure might seem a bit awkward to some of you, my choice of words was very deliberate in terms of how to make the brochure more inviting and welcoming to intersex and transgender people after having had my consciousness raised by allies from those communities who are sympathetic to the need to stop circumcision.”

“The brochure is copyrighted, which means that no alterations are permitted to the language or images. However, individuals or organizations at the local level may use the brochure for local LGBTI outreach efforts.”

All our brochures can be found at: https://www.arclaw.org/brochures

ARC Posts Translation of Important 2013 Swiss Case Supporting Genital Autonomy
November 22, 2021

ARC has posted on our website a translation of a 2013 Swiss legal case upholding a child’s right to genital autonomy. As far as we know this case is previously unknown to the activist and scholar communities.

The Swiss cantonal court held that a four-year-old Muslim boy could not be circumcised because the proposed procedure was inconsistent with the child’s welfare and the decision could be delayed until the child could make the choice himself. The court noted in passing the inconsistent legal treatment of female genital cutting (FGC) and male genital cutting (MGC) and the incongruity of “a special offense solely for injury to the female genitals but not to the male genitals.”

ARC had the case translated from German and we are hereby publishing the translation as we consider it an important case. It can be found on the Legal Victories page of our website at https://www.arclaw.org/legal-victories

ARC Posts Translation of a Second Swiss Case (2019) Supporting Genital Autonomy
November 29, 2021

ARC has posted a second legal case that we had translated, also from Switzerland, this one from 2019 and also upholding a child’s right to genital autonomy. As far as we know, this case is, like the previously posted 2013 case, unknown to the activist and scholar communities.

The Superior Court of the canton of Zurich refused to allow a mother to have her son circumcised for religious reasons. The court reached its decision partly due to the son’s unusual sensitivity due to unrelated past trauma he had suffered.
The court held, “Parental decision-making authority... is, on one hand, subject to the child’s legal capacity and, on the other hand, restricted by the welfare of the child and respect for the personality of the child... [C]ircumcision is permissible with the consent of the parents if it does not endanger the welfare of the child. If circumcision would endanger the welfare of the child, there must be no intervention until the boy himself has the necessary competence to make a judgment and give valid consent.” (Section 5.1 of the case)


ARC translations of other important European cases and law review articles related to genital autonomy are being prepared for a release in the near future.

ARC Publishes Trove of Translated European Legal Documents
December 23, 2021

We are pleased to announce that we hired translators who translated to English 50 foreign language documents related to genital autonomy, which are now available on our website at https://www.arclaw.org/translations

These include the two Swiss cases that we had translated that we recently added to our Legal Victories page, as well as an assortment of court cases from other European countries.

Several of those cases will be incorporated into an upcoming paper of Steven's, including:

1) A Dutch case from 2007 in which the child's foster parents protected him from his biological mother, as the court ruled that circumcision was not in the child’s best interests.

2) A German case, also from 2007, in which the court held that an 11-year-old’s circumcision constituted an unlawful personal injury.

3) A 2013 German case in which the court, citing the possibility of psychological damage, protected the 6-year-old child of a Kenyan woman who wanted part of her son's penis to be amputated.

4) and 5) The two Swiss cases we already released.

In addition to the court cases and other miscellaneous documents, our Translations page also includes a large number of German academic legal articles pertaining to the historic 2012 Cologne case and the subsequent legislative shenanigans in the Bundestag.

We compiled this collection of translations over the past several years, and are now making them publicly available for the benefit of the English-speaking legal and activist communities.

To support the work of Attorneys for the Rights of the Child, please visit https://arclaw.org/donate.

New German Law Protects Intersex Children
April 28, 2021

The German legislature (Bundestag) passed a law in March 2021 which will prohibit most cases of intersex genital mutilation perpetuated against children. As reported in Zeit Online and Der Spiegel, procedures intended solely to force a child's body to conform to either "male" or "female" will no longer be permitted in Germany.

According to the Bundestag, parents can only authorize gender-conforming genital surgery "...if the intervention cannot be postponed until a later self-determined decision of the child."

"In addition, consent to such an intervention generally requires approval from the family court. But if the intervention is necessary to avert a threat to life or health, and the family court procedure can no longer be waited for, no approval is required."

The two largest political parties (CDU [center-right] and SPD [center-left]), which comprise the ruling coalition, supported the legislation. Three additional parties (FDP [center], LINKE [far-left], and GRÜNE [green]) agreed with the intent, but abstained from voting because they did not believe that the law as written would adequately protect children. AfD [far-right] opposed the measure.

See the two German news reports on the next page, with English translations provided by Google Chrome.

Interim Legal Victory in Massachusetts Medicaid Case
June 21, 2021

Attorneys for the Rights of Child is pleased to report an interim legal victory in a circumcision case.

A Massachusetts state trial court has ruled that MassHealth, the state health agency, is violating state law (Massachusetts G.L. c. 29, § 63) by paying for non-medically necessary infant circumcisions. The same court ruled against the plaintiffs on their claim that MassHealth is also thereby violating federal Medicaid law.

In July 2020, 28 taxpayers brought suit in Massachusetts under the unique state law allowing taxpayers to challenge
Bundestag votes for greater protection for intersex children

Unnecessary gender reassignment interventions will be prohibited in the future. The rights of parents are restricted for this, decided a majority of the Union and the SPD.

www.zeit.de - Zeit Online - March 26, 2021

Parents of intersex children are no longer allowed to undergo gender reassignment surgery on their offspring. The Bundestag decided to ban these treatments. There are only a few exceptions. Intersexuality means that the sum of the physical sex characteristics of a person cannot be clearly assigned to the categories of man or woman. The now banned treatments aim to bring the physical appearance of a child into line with that of the male or female sex.

In future, parents can only agree to a gender-changing operation if the operation cannot be postponed until the child makes a self-determined decision. In addition, parents are not allowed to perform treatments such as the administration of medication or hormones themselves. Surgical interventions must always be approved by a family court. They must also clearly serve the best interests of the child, which a commission must confirm. There is an exception in the case of danger to life or health.

The CSU legal politician Paul Lehrieder said that the law protects the right to gender self-determination and protects those affected from unnecessary treatment. It is estimated that there are around 160,000 intersex people in Germany.

The law was passed with the votes of the Union and the SPD. The FDP, the Left and the Greens abstained and criticized that there were still gaps in protection. They also called for the creation of a central register for gender-changing treatments so that those affected can obtain comprehensive information about interventions that have occurred long ago. The AfD rejected the law and criticized it as a “bureaucratic monster” that burdens affected children, parents, doctors and family judges and harms the welfare of the child.

Gender reassignment surgery prohibited in children

Operations to adapt the sex of a child to the binary order of "male" and "female" are now banned after the decision in the Bundestag. The law does not go far enough for the opposition.

www.spiegel.de - Der Spiegel - March 26, 2021

Parents of intersex children will no longer be allowed to undergo gender reassignment operations on their offspring. The Bundestag decided late Thursday a ban on treatments that are to adjust a child to the male or female physical appearance. Exceptions are only allowed if the intervention cannot be postponed medically and is approved by an interdisciplinary committee.

With the draft law of the Ministry of Justice, a point from the coalition agreement between the Union and the SPD had been implemented. The parties had agreed that gender reassignment surgery should not be performed just to adjust the sex of the child to the binary order of "male" and "female".

The CSU legal politician Paul Lehrieder declared that the law protects the right to gender self-determination and protects those affected from unnecessary treatment.

It is estimated that around 160,000 people in the Federal Republic of Germany were born with not clearly defined gender characteristics. It is unclear exactly how many children could be affected, since births of babies with an ambiguous gender are not statistically recorded in Germany.

Opposition sees the rights of those affected not being adequately protected

The FDP, the Left, and the Greens abstained from voting in the Bundestag. Although they support the objective, they do not see the rights of those affected as being adequately protected.

Clear rejection came only from the AfD. Their family policy spokesman Martin Reichardt spoke of ideological delusion at the expense of the child's best interests.

Massive New Study Confirms Absolute Uselessness of Circumcision to Stop HIV

September 28, 2021

The Journal of Urology has recently published the most extensive study of HIV and circumcision ever completed. The study, entitled, "Circumcision and Risk of HIV Among Males from Ontario, Canada," was published in the September 2021 issue of the journal and is authored by Madhur Nayan, Robert J. Hamilton, David N. Juurlink, Peter C. Austin, and Keith A. Jarvi.

The study examined an astounding 570,000 males, encompassing all males born in the Canadian province of Ontario who underwent circumcision at any age between the years 1991 and 2017. The study concluded that circumcision provides no protective effect in regards to contracting HIV.

We are confident that at long last this will put to rest the frantic quest of circumcision advocates to find any shred of evidence to support the continued mutilation of babies.

For our readers’ convenience, the study may be accessed at https://www.arclaw.org/blog

an imminent unlawful state expenditure. After ruling on the case in March 2021, the Superior Court referred it to the Massachusetts Appeals Court, Civil Action #2021-P-0318. The Plaintiffs are preparing their appellate brief, due on June 30.

The lead plaintiff in the case is Ronald Goldman, Ph.D., Executive Director of the Circumcision Resource Center (CRC). The main attorneys in the case are Peter Adler, formerly ARC’s Legal Advisor, and Attorney Andrew DeLaney of New Jersey.

For more details, see CRC’s website, www.circumcision.org