

# Attorneys for the Rights of the Child Newsletter

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## How I Came to Oppose Circumcision

by Jonathan Meddings

I realised about halfway through my medical science degree I had made a huge mistake. The thought of doing shift work in a pathology lab with little social interaction, average pay, and limited career progression in an industry that would automate most of its workforce in a couple of decades suddenly dawned on me, and it wasn't appealing.

I decided to salvage my degree with a research project, so in 2010 I started a two-year study of turtles and their immune systems. It was during this time, while reading in between lab tests, that I stumbled across an article by Christopher Hitchens on the subject of circumcision.

Hitchens described the Jewish practice of metzitzah b'peh, in which the mohel (who performs the circumcision) sucks the bleeding wound before spitting out the blood. At this point my eyebrows

*...continued on p. 5*



Jonathan Meddings



David Wilton

## My Path to Intactivism

by David Wilton

My path to intactivism took a while. I was seriously impacted by my circumcision at an early age, but it would be another 30 years before I became an activist for the cause of protecting children from genital cutting.

I was a bedwetter until age nine. I was diagnosed with meatal stenosis at that age as the cause and prescribed corrective surgery as the solution.

For the second time in my life, my penis was to be operated on. I recall being in a long corridor with dull green walls. A nurse was carrying me around. I don't know how that was possible as a nine-year-old. But that's what I recall.

I was crying and couldn't stop. A doctor walked up to the nurse holding me and got in my face and shouted, "Shut up!" There were other kids on the ward and I was disturbing them, he continued to shout without any apparent sense of irony.

At some point, I was brought into an operating room, undressed and placed on

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## A Tale of Masculinity, Stupidity and Creating a More Caring Society

by James GaNun

I did not know it then, but my journey of anti-circumcision advocacy began when I was eleven years old. I'm part of the generation for whom the full weight of the Internet came down before our parents even knew what had happened: much sooner than any generation before, we had near constant access to the bulk of humankind's collected knowledge. It was during a fervent expedition into this world of adult knowledge, me and my iPhone behind the locked bathroom door, that I came across the word "circumcision." I was pretty sure I had heard it before in the Bible or something, maybe at church in the flatly ancient intonations of a Catholic mass, but I'd never known what it meant.

My initial reaction was visceral disgust. With no prior exposure or desensitization towards the topic, the absurdity of it struck

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James GaNun



## Protecting Children's Bodily Integrity

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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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### Feature Articles

How I Came to Oppose Circumcision Jonathan Meddings.....	1
My Path to Intactivism David Wilton.....	1
A Tale of Masculinity, Stupidity and Creating a More Caring Society James GaNun.....	1

### Book Reviews

<i>This Penis Business: a Memoir</i> , by Georganne Chapin <i>Please Don't Cut the Baby!: A Nurse's Memoir</i> , by Marilyn Milos Reviewed by Steven Svoboda.....	11
<i>The Final Cut: The Truth About Circumcision</i> , by Jonathan Meddings Reviewed by Steven Svoboda.....	16
<i>A is for Alex: A Bereaved Mother's Promise to her Beloved Son</i> , by Lesley Roberts Reviewed by James GaNun.....	16
<i>Time to Think: The Inside Story of the Collapse of the Tavistock's Gender Service for Children</i> , by Hannah Barnes <i>Irreversible Damage: Teenage Girls and the Transgender Craze</i> , by Abigail Shrier Reviewed by Steven Svoboda.....	17

### ARC Updates

Journal Publishes Steven's Article about Circumcision Decision-Making as a Parent and His Activism.....	20
New Videos from Charleston Debate Published.....	20
ARC Releases Updated List of All Jurisdictions Legally Restricting Male Circumcision.....	20

### News

Dangers of circumcision highlighted by protestors in Hays, Great Bend.....	20
Man is awarded just £20,000 after his penis was chopped off during botched circumcision.....	23
Florida man arrested after cutting 2-year-old relative in botched circumcision.....	23



## Message from the Executive Director

December 6, 2023

It's been an interesting year. I was very pleased to be able to "go public" in a peer-reviewed journal with my story about the birth of my son Eli in 2002 and the many requests from the hospital's nursing staff on Guam for my consent to circumcise him. It was a big relief to be able to talk about the interrelationship of personal and family aspects of the procedure and the work I have been doing since early 1997 with Attorneys for the Rights of the Child, and for about a year prior to its founding with other activists. (Other contributors who are friends of ARC and of the movement include Lisa Braver Moss, Petrina Fadel, veteran activist Laurie Evans, Dionne Deschenne, and long-time ARC friend and collaborator Maria Viola Sanchez,

Ph.D.) As I relate in the article, published earlier this year in *Narrative Inquiry in Bioethics*, when I said to the nurse, "You do know there is no medical reason for this, right?," she quite quickly and brightly replied, "I know." Then... I asked, "Why do you do it?" And why do we still do it, as a country, as a world, not just this form of genital cutting, but all the crazy, inhumane things we are still doing to our children and other vulnerable people throughout the world?

One of the longest journal articles I have ever written is under peer review at a top human rights journal. It is a solo effort addressing a case in which I was one of the litigators and delving into both male circumcision and female genital cutting, both as treated legally in the US and as human rights issues. We have learned that we cannot give specifics on such things due to our adversaries, who will pepper the journal with attacks and

repeated requests to publish pro-circumcision articles.

This is our 40th issue, which feels like a landmark of sorts. As I write this message, I have decided to use this message to go public on a different issue also related to protecting children's genital autonomy and human rights. ARC is not planning to jump into extensive work on this topic, but it is interesting to compare and contrast with "our" issue and we do consider it important.

I am feeling sad. Sad because my family is currently being directly affected by the raft of "gender confirmation" surgical and medical options that are now available to anyone eighteen years of age or older (or younger with parental agreement) who identifies as transgender and believes they need to change their body.

I certainly do not doubt that many



Steven Svoboda and his family including his two children, Rancho La Puerta Family Camp, August 28, 2023.

trans people genuinely exist. They are obviously a group of people needing our understanding, compassion and support. If you are eighteen or over then legally, you can do whatever you consider best. And best of luck!

The exact numbers vary but this phenomenon has exploded in recent years, particularly with teenagers, and even more particularly with female-to-male teenagers. Some authorities find that in under a decade, the number of such kids expanded by between 100 and 1,000 times! This is a truly astonishing level of uptake. So why the change? Obviously smartphone omnipresence plays a big role in making extreme, unmoderated views easily available to teens (and indeed to anyone) on social media sites. In our own family, my child who is planning “top surgery” (breast removal) two days from today as I write this decided he was trans almost immediately after his Mom and I allowed him to have a smartphone at age twelve. Previously he had always been my happy daughter, laughing, going to father-daughter weekends with me, and mentioning nary a word about being trans. This girl was gone forever once his identification with the trans world happened. (Many in the lesbian community are apparently lamenting, not without cause, that virtually no kids are lesbians any more. Everyone instead identifies as trans.) Identifying as trans, especially if you might be an otherwise relatively privileged, upper middle-class white person, does have the “benefit” of instantly raising the young person’s status in that it may be seen as making them more interesting and aligning them with an oppressed group.

If you have to be twenty-five years old, when the brain finishes maturing, to rent a car, why not consider requiring people to reach the same minimum age to make a permanent and irreversible change in their body? European countries are reversing their previous “gender affirming” policies and even the

American Academy of Pediatrics (AAP) is doing an evidence-based review of whether their gender affirmation policy is medically justified. It is worth noting that regarding both male genital cutting and gender confirmation procedures, the AAP has falsified medical evidence in its position statements.

Complications of top surgery include pain, scarring, loss of sensitivity, a lifelong inability to breastfeed, esthetic harm, bleeding, infection, poor healing of incisions, hematoma, loss of nipple sensation, loss of the nipple and areola, and anesthesia risks. The complications of other interventions like cross-sex hormones are even more horrifying.

As I mentioned above, ARC is not planning to divert a lot of energy into this issue of “gender confirmation procedures”. Many other people and organizations are working on it and also right now it’s an issue on which it’s hard to have a fair, objective, balanced conversation given certain levels of hysteria on both sides. It is happening in my own family in two days and there are some analogies to the forms of genital cutting we are fighting. ARC will continue to work on our core issues and core expertise.

Thus, we are honored to present three truly fantastic and awe-inspiring feature articles by Jonathan Meddings, ARC Board Member David Wilton, and a truly remarkable young man named James GaNun. We are proud to also include six total book reviews: 1-2) my combined review of two superlative memoirs by two of our shining stars in our movement, Marilyn Milos and Georganne Chapin, 3) James GaNun’s excellent review of the memoir *A is for Alex* by the mother of a victim of circumcision who eventually committed suicide, 4-5) my review (after reading six books about “gender confirmation” procedures) of the two best books on the topic, *Time to Think* by Hannah Barnes and *Irreversible Damage* by Abigail Shrier, and 6) my review of

Jonathan Meddings’ comprehensive introductory text *The Final Cut: The Truth About Circumcision*. We are happy to also include what might be the best article ever published in a mainstream newspaper about our good friends, the Bloodstained Men. Finally, sadly, we are reprinting two newspaper articles about two separate circumcision botch cases. Truly we are blessed to have all these folks working with us on behalf of the children.

We are proud to continue to provide on our website: 1) The core report by the International NGO Coalition on Genital Autonomy (INGOCGA), of which ARC was a co-leading member, on male circumcision as a human rights violation; the guide is intended for use and adaptation by local activists who are working to submit a report to the United Nations on male circumcision as a human rights violation in their country; 2) Presenting what we believe is the most current and comprehensive list of medical and legal position statements regarding male circumcision ([arclaw.org/medical-and-ethical-positions](http://arclaw.org/medical-and-ethical-positions)); 3) Presenting a significant update of ARC’s list ([arclaw.org/legal-victories](http://arclaw.org/legal-victories)) of favorable legal decisions and legal settlements in cases involving circumcision, including adding several recent important European cases that ARC found and had translated to English; 4) our “Know Your Rights” brochure providing information for potential litigants on how to seek legal compensation for the wrong of circumcision; 5) 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?; 6) a vast trove of European genital autonomy-related legal documents (cases and law review articles that were hitherto unknown or not translated into English) that we assembled and had translated to English; and 7) a list we are maintaining of all jurisdictions that currently have



legal restrictions on male circumcision.

More than a quarter-century down the road, as always, we persevere because we believe in what we do. And we know we all started as children and all children deserve respect, kindness, and love.

The work will continue until no one remembers that anyone ever cut boys' or girls' or intersex persons' genitals.

Thank you to all our valued supporters, whether your contribution comes through support that is financial,

emotional, logistical, as colleagues, or more than one of these roles. You each make it possible for us to persevere with this work. 100% of all tax-deductible donations go directly to defraying the costs of safeguarding children.

Please note: As of mid-2023, Amazon's previous programs from which ARC derived income (sometimes amounting to a third or so of our total operating funds) are both discontinued. 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 can be made through paypal at our website ([www.arclaw.org/donate](http://www.arclaw.org/donate)) or using the paypal address [sarah@arclaw.org](mailto:sarah@arclaw.org). Thank you. Merry Christmas! Happy Hannukah! And a most joyous New Year!

Steven Svoboda

Attorneys for the Rights of the Child

## Jonathan Meddings

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were so high they had probably left my forehead.

I was surprised not just to learn such a practice had existed, but that it continues to this day despite leaving babies brain damaged or dead as a result of herpes-infected mohels transmitting the virus. This harmful practice is thankfully only performed by a minority of Jewish people, but that it is performed at all remains deeply concerning.

My surprise prompted questions. How did metzitzah b'peh come about?

Why are health authorities not doing anything to stop a practice that is resulting in babies dying? Come to think of it, why are we circumcising boys anyway? Can religious freedom really justify cutting off the healthy body parts of children? What about the supposed medical benefits of circumcision I've heard about in the media?

Every answer led to more questions. I wrote everything down, because I find writing the best way to clarify my thoughts. I continued doing this in my spare time for over a decade.

Few things have captured my attention for so long. I think I find this issue so interesting because more than 1.2 billion boys and men are circumcised, yet most of them didn't choose to be. Baby boys die from this unnecessary procedure, and survivors are often left physically deformed as a result of complications, or psychologically scarred from the experience. And yet we rarely talk about it.

In 2014, I presented at the International Symposium on Genital Autonomy and Children's Rights in



*Jonathan Meddings at the launch of **The Final Cut: The Truth About Circumcision***



*Jonathan Meddings at the launch of **The Final Cut: The Truth About Circumcision***

Boulder, Colorado. It was inspiring to meet so many other people working to protect and promote the health and human rights of children by ending medically unnecessary circumcisions. [I met Jonathan at that conference and was very impressed by him and by his commitment.—Steven Svoboda]

As a board member of the Rationalist Society of Australia, I pushed for the organisation to advocate on this issue. It resulted in a white paper on genital autonomy and human rights I coauthored with Travis Wisdom, and us both speaking at the Australian Humanist Convention in 2017. It was there I met Maxwell Roberts and James Wright, who would later ask me to join the board of AIGA following the passing of its founder and chair, Paul Mason. I have chaired the organisation, now called The Darbon Institute, since 2020.

Meeting so many wonderful people committed to this cause has been further motivation to keep going, and it certainly helped that I have a strong interest in several topics which intersect with circumcision: medicine, religion, morality and human rights. I ended up reading the literature on circumcision in all these areas, and before I knew it my notes had turned into a manuscript.

*The Final Cut: The truth about circumcision* was published in 2022. I pitched to a couple dozen agents and publishers and was rejected by all of them. They either didn't want to take a risk on a book about the "niche" topic of circumcision, or they feared the wrath of religious extremists if it ever caught their attention. Oh well. At least there will always be the irony in pitching a book about circumcision to people with no balls.

Despite self-publishing over a year ago and spending nothing on marketing beyond a website I built myself, the book continues to sell, and has now been bought in over a dozen countries. In fact, it is selling as well as most non-fiction books do even when they are published and promoted by a publishing house. It's a validation of what I always knew to be true: many people are uncomfortable talking about circumcision, but many of those same people are eager to read and learn about it.

If my book changes even one mind, and prevents the harms of even one unnecessary circumcision, then it has all been worth it.

*Jonathan Meddings is the Chair of The Darbon Institute and author of **The Final Cut: The truth about circumcision** (2022)*



# David Wilton

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a table with a big light overhead. I watched a man with a large knife move towards me as a mask was put over my face. I woke up in the recovery room. Urination was unbearably painful.

I can't be sure the details of this event in my life are totally accurate. However, the broad outlines of the story are true. I had meatal stenosis, a common complication of infant circumcision. I was a bedwetter whose cause was believed to be meatal stenosis and the solution was corrective surgery to widen the opening of the urethra to allow greater urine flow. I was a very scared nine-year-old at the time of the surgery. And the children's hospital in Dallas, where this type of corrective surgery was undoubtedly common, was a very frightening place that employed at least one very scary pediatrician.

Some years later as a teen, I began to detest my circumcision. By then I was coming to terms with being gay and I was aware of intact penises and cut penises. While I hadn't seen very many at that



*David Wilton, Bay Area Baby Fair, San Francisco, CA, 2005.*

point in my life, there were no ugly intact penises that I had ever seen but some very gnarly-looking cut penises. Mine included.

I recall in about 1988 listening to the radio. Dr. Dean Edell's AM radio call-in show was on the air. Someone called in and wanted help with his painful

erections. Dr. Edell suggested that he restore his foreskin or at least enough of it to reduce or eliminate the pain caused by his infant circumcision. I was speechless. The possibility seemed miraculous.

Fourteen years after that in about 2002, I was a new lawyer working in El Paso, Texas. Now in the age of the internet, I was able to more easily research the issue. I recall calling Marilyn Milos of the National Organization of Circumcision Information Resource Center (NOCIRC). I'm not sure why I called or what we talked about specifically. I do remember a very understanding woman who answered the phone. Marilyn was very sweet and clearly cared about this issue, offering empathy and hope that American secular circumcision could be defeated.

Four years after that and 30 years after I went under the knife to correct a serious circumcision complication, I was living and working in San Francisco. As I was driving back from a short vacation in Vancouver, BC in 2006, I had plenty of time to think. It dawned on me that the



*(l. to r.) Eliyahu Ungar-Sargon, David Wilton, Dan Strandjord, Tenth International Symposium on Circumcision, Genital Integrity, and Human Rights, University of Keele, Keele, UK, September 4-6, 2008.*



Bay Area is the center of intactivism in the United States and I should get involved.

In subsequent years, I began to work with the Bay Area Intactivists Group, Intact America, and Attorneys for the Rights of the Child. I organized some of the first intactivists appearances at the Folsom Street Fair, the Castro Street Fair, and helped with the intactivist activities at Pride. I participated in protests and marches. In 2011, I represented Intact America, along with several others, at the International AIDS Conference in Rome.

Then, the calamity of HIV/AIDS became the focus of the pro-circumcision lobby, which is a very real thing. All of the progress of the previous many years and decades appeared to be in jeopardy, all because of a deeply committed group of circumcisionists who had commissioned deeply flawed, ethics-free studies on another continent in support of genital cutting to reduce the risk of HIV transmission.

Feeling helpless, I trudged forward anyway, founding a blog I called "Male Circumcision and HIV." I spent six years blogging on the issue. I responded as best I could in real time and gained a following. The blog remained online for another 6 or 7 years after I had stopped actively updating it. I eventually shut it down. By then, better minds had taken up



*David Wilton at 6th International AIDS Society Conference, Rome, Italy, July 17-20, 2011.*

the cause and frankly I had said everything I could think of to say about the issue.

Around 2012, Steven Svoboda, founder of Attorneys for the Rights of the Child, invited me to sit on the board of his august organization. I accepted and have served ever since.

Steven had always impressed me. He and I met several times over the years. He once stayed with me in Houston when he had a layover between a destination where he had given a talk on the issue (Jamaica, I believe) and his next destination where he was slated to give another talk.

We met again after I moved to the Bay Area and would see each other at the various symposia organized first by NOCIRC and later by Intact America, Genital Autonomy - UK, and Genital Autonomy - America. I attended the ones in Seattle, Keele, Berkeley, and San Francisco. I virtually attended the one in Atlanta.

That's basically my story of how I came to be involved in this movement. I'm retiring soon from law practice and hope to continue working to defend the rights of children to intact genitals well into my last chapter of life.



*(l. to r.) Steven Svoboda, Richard Duncker of Men Do Complain, London, UK, April 4, 2023.*



*(l. to r.) James Chegwidan, Steven Svoboda, London, UK, April 6, 2023.*



# James GaNun

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all at once. Cutting off the foreskin (a body part I hadn't even known of until that very moment) of a baby's penis? This is unlike any other medical procedure – a routine amputation, of part of the most sensitive organ! At that age, I didn't even know what the difference between circumcised and intact penises looked like, nor was I sure if I had been circumcised. All I knew was that my parents were normal, loving, and sane, and that God was on my side, diligently watching over this little body that was made in his image. Surely my parents had protected me from this bizarre form of defilement. My disgust doubled when I looked at the images and learned that I was, in fact, circumcised.

Then I laughed it off. If it had been done to me, it must be just a normal thing. How silly I'd been to feel violated by something so innocuous! I was still on the cusp of realizing my parents' fallibility, and I was not in any position yet to see the truth. Despite my best efforts, a distinct sense of dread lingered in my head, mixing with a sense of ironic detachment. This bewildering contrast created one of the many confusing feelings I had to reckon with at that age. Later in life I would discover that many American men maintain this mindset of unsettled ignorance well into their adulthood.

For me, though, the next few years would be a period of general disillusionment, in the best sense of the word. I realized that what was taught in Sunday school did not correlate with reality and I became an atheist. I also realized that I was homosexual, and that I had no personal issues with this despite the conservative milieu in which I'd been raised. For the first time, I was forced to reckon with the possibility that everyone – the church, my family, and my friends – could be completely wrong about something so obvious. In this period of rapidly shifting

stances on big issues, circumcision came along for the ride. The Internet, which had exposed me to the concept of circumcision, also allowed me to access the discourse on the matter, and I curiously sought out facts and arguments. The more videos I watched and papers I read, the more I was convinced that infant genital mutilation is impermissible. The sickly gut feeling that had hit with the realization in the bathroom had ended up leading to the truth.

I didn't talk about it with my parents, of course – nor did I talk about my religious views or my sexuality. I'd decided I was just too different in too many ways, and that the exposure of one form of dissent would drag all the others out into the light. My middle-class upbringing had been hemmed in on all sides by conventional ideas of rightness and normalcy. Regular people just didn't struggle with things, at least not in any personal way. This lightness with which I had been taught to take on the world had its benefits, but it prevented me from asking uncomfortable questions for fear of being like those weird people who struggle bearing the demands of the norm.

My parents had decided that I'd go to an all-boys Catholic military school, and I went, reluctant but for the sense of morbid curiosity of what awaited a boy like me there. By my junior year, though, I'd found in school a comfortable place where I took great pleasure in debating my peers and teachers on anything in which I could find a juicy disagreement. Multiple times after lunch, my friends and I would walk into homeroom locked in a terse and loud discussion on circumcision, the rest of the class offering brief interjections but otherwise afraid to jump into the verbal fray. Later on I chose to deliver a presentation on the topic in my Junior Reserve Officer Training Corps (JROTC) class, subjecting an entire classroom of high school boys to my well-researched ramblings on the true history and ethics of circumcision. Over the

years, these discussions gave me great insights regarding the American male attitude toward circumcision.

First, I learned the now obvious truth that, in contrast to my own passionate fascination with the topic, many people had simply never thought about about circumcision as an ethical issue. There really isn't much positive support for the practice; rather, it's perpetuated due to the ambivalence towards it. Though it had been done to most of them, it was simply never something these boys had thought hard about. Later in life I would learn that when the United Kingdom's National Health Service (NHS) removed circumcision from its list of covered procedures, rates of infant circumcision in the UK would fall drastically, as parents weren't willing to pay the small fee out-of-pocket. Much more common than a staunch parental belief in the benefits of circumcision is an unthinking ambivalence towards the destructive procedure simply because that's what's done.

The second, and most important, insight I gained was being able to see in real time how masculinity and insecurity factored into American men's inability to recognize the harm. For a man who was circumcised as a child to come to believe that circumcising infants is wrong, he must admit that he was made a victim of what in any other context would be considered a sex crime at the most vulnerable time in his life, and that his own parents had signed off on this violation. Traditional American conceptions of masculinity, colored by the masculine ideal of stoic, rugged individualism, leave little room for conceptions of personal victimhood, even when they're true. Furthermore, the procedure is inherently emasculating – the removal of part of the penis, a literal diminishing of the 'manhood' – which is thought to be part of why the Jewish tradition of circumcision began in the first place.

No one wants to be the man who admits that there is something wrong with his penis, that his capacities to function sexually and to feel sexual sensation have been diminished. These circumstances make it difficult for the American man to admit harm, and make it far easier for him to sit by and watch the cycle continue on his own sons. This is why, in my writing, I'm explicit and open about my being circumcised. I hope I can be an example of a man who understands that his body is primarily beautiful and good, but also that something of great value was taken from him.

Since coming to college, I've written an opinion piece in *The Harvard Crimson*, an undergraduate student newspaper, titled "The Secret Injustice: Circumcising Infants is Wrong." After seeing the article, Steven Svoboda reached out and asked me to write for the *ARC Newsletter*. I hope to keep writing in the future and/or to find other ways to get involved in activism, though this has been the extent of my advocacy so far.

On the whole, I'm largely optimistic about the future of genital autonomy in America. The Internet connects people to each other and to medical information in a way never seen before, and on social media almost any post related to circumcision has at least some enlightened commenters – oftentimes many. Other salient and more widespread debates, like #MeToo, access to gender-affirming care, and the general emphasis on consent, prime my generation to see and articulate the injustice of infant circumcision. Still, the number of children circumcised every day is unacceptable, and I think the missing piece is just talking about it. The practice survives because it goes unquestioned. In my discussions with peers in high school, I had the pleasure of seeing many of them start to think critically about the topic, which otherwise may have gone unchallenged to them if I hadn't been there to interject it. Even though the topic can seem random or uncomfortable, it's so important and transformative to simply bring it up.

Talking about genital autonomy is not always easy, though. People can be frustrating, and the insanity of the whole situation can be maddening. It's absurd that I have to be here writing this article about my paltry attempts to stop American society at large from ritually amputating the foreskin from baby boys' penises for no medically sufficient reason. It's absurd that because of a decision on which my parents tacitly signed off at the casual suggestion of their trusted healthcare provider, the amount of sexual pleasure I'll get to feel in my life is forever diminished. It's absurd that my body, my natural inheritance from the throngs of unknowable humans who constitute my ancestry, will always look different from how I know it's supposed to look. It's absurd that nine times out of ten, when I voice my sense of being primally wronged, I'm met with blank discomfort or open laughter, even from those ostensibly most concerned with human rights, equality, and consent. These multiple layers of absurdity have fostered in me a distinct sense of alienation, and yet I'm thankful, because they have also gifted me with invaluable insights about human beings.

One primary insight is that people are very stupid. Many of us in the educated West, including myself for many years, have held onto an Enlightenment-era conception that rationality is the basic state of humanity. Wherever humanity's reason is skewed, there must be some distorting force responsible, such as religion or insanity. The human mind is like a dirty lightbulb: inherently illuminating, but covered in obscuring dirt. It's each person's job to scrape the dirt away through study, introspection, and argument, allowing them to see the world as it truly is, which naturally allows them to treat their fellow human justly.

This understanding is flawed, and it can lead us to place blame on those who somehow haven't managed to scrape off the dirt like we have. The truth is that, rather than a source of pure reason, the human mind is merely a product of evolution,

which selects not for rationality, but for survival. We innately have basic logical capacities to keep us alive, but everything else is culturally constructed. Logical systems, fair governments, conceptions of human rights, and any structures that allow us to act better than beasts, are hard-won. They're not just light from the lightbulb, rather, they have to be cobbled and stacked together over the course of eons as humans successively process and overcome the distortions and confusions of our evolutionary inheritance – distortions that have compelled us to, among other things, mutilate our own children. Justice was never something promised; it's always been something we have to construct and defend. People fought and died for this progress towards rationality without knowing what they were creating, and the work is not yet completed.

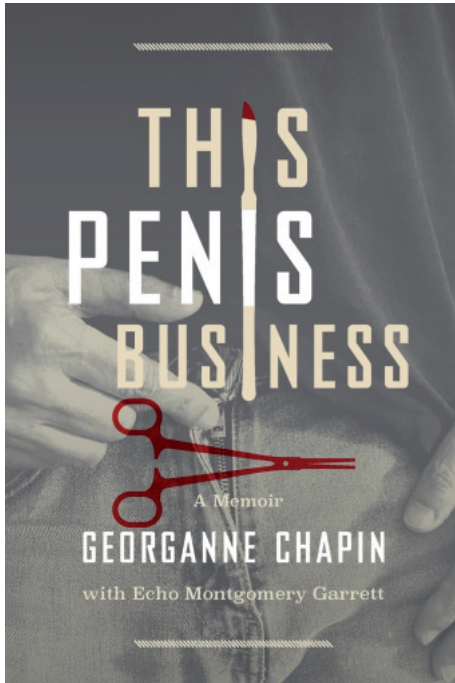
This is why circumcision, despite its irrationality, remains an open question that parents are asked to answer on behalf of their newborn sons. The fact is that not everyone has been exposed to the seemingly apparent truth regarding circumcision, and this is what we have to remember when we engage with the topic. For whatever reasons, we are the ones who have the vantage points, high on the pyramid of constructed human rationality, to see the light. It's our job not to get revenge or to punish those who let ignorance twist their rational faculties, but to help them up, and to build a society that's more fair, safe, and rational – not so much for ourselves, but for the generations to come.

This is the sentiment I try to follow when discussing the issue of circumcision. It isn't always easy, and I'm still frequently appalled by peoples' lack of empathy and willingness to think independently. Yet after everything I've seen in my young life, I think this attitude is the path toward a society in which no one's genitals are cut without consent, and it's what motivates me to keep starting the hard discussions that we all need to start.



## Book Reviews

*This Penis Business: A Memoir.* By Georganne Chapin with Echo Montgomery Garrett. Marietta, Georgia: Lucid House Publishing, 2024. 313 pages. \$21.99.



*Please Don't Cut the Baby!: A Nurse's Memoir.* By Marilyn Fayre Milos with Judy Kirkwood. Marietta, Georgia: Lucid House Publishing, 2024. 294 pages. \$21.99.



Reviews by J. Steven Svoboda

Two longtime leaders of the struggle to protect children's human rights have each written a memoir detailing their formative years and years as an activist on the front lines. Full disclosure: I am fortunate enough to count both authors, Marilyn Fayre Milos and Georganne Chapin, as close personal friends. I am mentioned in both books and appear several times including in the acknowledgments in Chapin's book. And both books, it must be said, eminently reflect the personalities of their respective authors in a truly lovable and sometimes amusing way. (Both books are being published on February 20, 2024. I was furnished with advance reader's copies of both books in order to be able to review them here.)

Marilyn, a former Registered Nurse who became the founder and head of NOCIRC (the National Organization of Circumcision Information Research Centers) for many years, and is now a board member and clinical consultant to Intact America, is often referred to as the mother of the intactivist movement. Georganne, a healthcare executive and lawyer holding degrees not only in law but also in anthropology and sociomedical sciences, is founding executive director of Intact America.

It is likely unprecedented to have the coordinated publication, on the same day by the same publishing company, of two memoirs by two activist authors about their lives and work in the same field of activism. Both books work admirably both as memoirs and as activist diaries, and the interconnections between Georganne's and Marilyn's lives and their causes are fascinating and often edifying.

The analogies don't carry through to the specifics of Georganne's and Marilyn's lives and work. Georganne did

have some interesting and fairly extensive childhood exposure to alternative thinking and parental figures who were unafraid to challenge the status quo. Marilyn by turn in early adulthood made connections with two pop cultural icons, Jerry Garcia and Lenny Bruce.

Georganne's lively family of origin encompassed a sometimes almost bewildering cast of characters. Her mother Helen was a Greek woman from Hawaii who met her father, an Oklahoman of mixed European ancestry, while on vacation in California not long after World War II. It was not her biological father who was actively involved in raising her for the majority of her life, however, but her mother's second husband, Hank Chapin, who married Helen after she left Georganne's father, and whose name Georganne bears. Georganne (along with her co-author, Lucid Publishing CEO/Co-Founder Echo Montgomery Garrett) demonstrates an impressive ability first, to describe her complicated family with honesty about both positive and negative traits, and secondly, to draw lines between her experiences earlier in life and how they equipped her to become the powerful, committed activist that she is today. Hank was definitely a mixed bag, introducing Georganne to a whole literary and artistic world about which he was quite knowledgeable (and opinionated), and encouraging her to take flute lessons (which play a powerful role later in her life), but also dominating Georganne and other members of the family in some unpleasant ways. Hank and Helen often entertained with extended intellectual discussions that could last after midnight and in which Georganne participated from a young age. Georganne lays out how her varied family background also assisted in her work with people from multiple backgrounds, countries, and

cultures.

Georganne's family, including Hank, Helen, her sister Julia, and her half-brother Chip (whose father was Hank), lived in a variety of places, some of which accepted this crazy non-conformist non-church-going hippie family, others of which (such as Georgetown, Kentucky) absolutely did not. Helen and a Black woman named Mrs. Peters merged their two separate Brownie troops, one "Negro" and one "white," further diminishing (or enhancing, depending on how you look at it) this odd family's reputation among their more conformist and conservative neighbors. For the family's friendliness to Black people, bottles were sent crashing through the front window of their house. Georganne mentions some of the blind spots her family had as well, as when shockingly a cousin of Georganne's who had already molested his younger sister was allowed to stay with Georganne's family and predictably molest her with no advance thought by Helen of this obvious consequence. Later in time Georganne suffered a painful rape by her "first boyfriend." Again this variety of experiences equipped Georganne for later working with a public with a wide variety of backgrounds and responses to Intact America's (and ARC's) core message of respect for children's human rights.

Next Georganne's family moved to what became paradise for them, Yellow Springs, Ohio, where Antioch College is located and where Georganne quickly underwent her "transformation into a hippie chick." Georganne writes: "The distance from Georgetown to Yellow Springs was only 140 miles. The contrast between the two places, however, revealed in microcosm the ideological conflicts, economic and social inequities, and racial strife underlying the history of our country." Georganne's family chose to adopt a Black child named Nicky, further broadening her experiences growing up. "I related deeply to my two

brothers. I am certain that these observations, these feelings, and these relationships are at the root of the compassion and empathy I have drawn upon to work effectively with circumcision survivors and their loved ones."

I appreciate Georganne's dedication to truth above political expediency, as when she related a story of a Black female student from a Black-only dorm with undercurrents of violence who, told by waitress Georganne that she had arrived at a cafeteria too late to receive dinner, "jumped up, cocked her arm, and slugged me square in my left jaw." Her parents expressed sympathy but were not willing to file a complaint with the college or contact the police. "That would, in their book, have been racist." Georganne was understandably incensed that she could be punched in the face with impunity. "To me, this represented not racial tolerance, but rather fear and an inability to confront on an individual level the contradictions inherent in a racist culture." This experience helped prepare Georganne for her current work, which sometimes requires her to confront forces of convenience and political correctness and fight for the human rights of all children. "If we are to achieve justice, it can never be by favoring one class of victim or victimizer over another. These conversations all started in my head when I was a young girl and — though imperfectly — Yellow Springs began preparing me to hold and work through multiple contradictory forces and ideas in the years to come."

Another complex example followed shortly, when Georganne had a Black boyfriend. Helen could only think of herself and her own fears that if Georganne got pregnant and had a mixed-race child, this would somehow cancel out the good deed they had done by adopting Nicky. "I knew she loved me, but her desire to convey a certain image about our family seemed a greater priority

than trying to understand and support me, her adolescent daughter. Georganne attended Barnard College in New York City. Her parents discouraged her from studying geology, saying, "Honey, I don't think that's a good idea. You're much stronger in the humanities." Looking back, Georganne is sure she could have easily handled these subjects and would have found them "stimulating."

During her senior year at Barnard, Georganne became one of the two core members of New York City's first Andean music group, Tahuantinsuyo, playing the kena, the traditional Andean flute. Georganne was the only person not of South American origin in a community of musicians with whom she became active. "I look back now and have a hard time comprehending how I managed all my activities and obligations." Nor was the music community without its challenges. "Tahuantinsuyo was like a multi-party marriage with exponential tensions."

Georganne faced another challenging moment with her family when they told her she had to remove all her possessions from a new house to which they were moving, and when she learned that her parents and younger brothers had appeared in a television documentary about interracial adoption and she and her sister Julia were not invited to be part of it, nor were they mentioned as part of the family. Years later when she raised the topic her mother "gave me an infuriating non-answer: 'It was a long time ago,' it served no purpose to talk about it now, and I should get over my resentment." Georganne draws a similar analogy from this event to one that immediately occurred to me: "Later, when I became involved in the intactivist movement, I began to hear from circumcision survivors whose parents or other loved ones refused to acknowledge their pain or answer their questions.... Without a doubt, this experience shaped my ability to relate to and empathize with people



whose need to understand *what happened and why* is dismissed by those who were supposed to protect and advocate for them.” And then Georganne draws an analogy back to her life: “Had I felt more cared for, I probably would not have ended up marrying Eduardo [her musical partner] when I was just 23.”

After five years of marriage, Georganne became pregnant with her son Ernesto, and the new family moved to the hippie community of Nyack, New York. However, Georganne was learning that she could not “be fully myself in my marriage” because Eduardo “saw it all as a threat.” Predictably, Eduardo’s “hidden demons” led to the demise of the marriage, albeit after their sixteen years together.

Later Georganne fell somewhat magically, but actually appropriately given her qualifications and skills, into community health and, eventually, what became her longtime position as head of a non-profit health maintenance organization (HMO). Georganne says, “I learned more about being a leader from a local Black politician David Ford [her board chairman and mentor] than from anyone I ever worked for.” Over a quarter-century, Georganne took the company’s annual revenue from \$250,000 to nearly \$800 million! “What I learned starting up and running a health plan would prove invaluable to me when, a decade later, I began to focus in a systematic way on the problem of routine infant circumcision.”

Georganne ended up deciding to get a law degree, and in law school she ended up writing about “a topic I *did* know something about: circumcision reimbursement under state Medicaid programs.” She also began talking about her younger brother Chip’s newborn circumcision experience, which she believes played a role in his lifelong mental illness. “I’ve found that the most effective way to bring up the issue is to tell my own personal stories: how I witnessed the traumatic results from the circumcision of a baby in my family...”

Georganne discusses the three weekend-long (or so) meetings that led to the creation of Intact America. (I was present at all three of these meetings.)

Helen and Chip both passed away,



(l. To r.) Marilyn Milos, Clinical Consultant at Intact America and Founder of NOCIRC; Georganne Chapin, Executive Director, Intact America; and Steven Svoboda, Executive Director, ARC. June 12, 2023, San Rafael, California.

and Georganne sensitively provides us with her perspectives on these losses. Looking back on her singular life (so far), Georganne reflects: "Taking on Intact America during this time, I realize now, both served to distract me from the losses and turmoil in my personal life and also deepened the meaning of those losses."

Georganne Chapin has written a powerful, edifying, often hilarious, and at times admirably vulnerable memoir seamlessly overviewing the fascinating interconnections between her personal life and activism to protect children's human rights and bodily integrity. Three cheers!

Marilyn probably could easily defeat John Kennedy in a contest over who can say more words per minute. She approaches protection of children's rights to bodily integrity with what I can personally testify is a heart of legendary generosity and good will towards all (make that "almost all").

Like Georganne, Marilyn provides us with details of her early life, helping us to understand how she came to be such a fierce, determined activist. In one event that was painful even to read, as a high school graduate arriving home ten minutes late after spending time with her fiancé Joe, "[My father] slugged me with his first, slammed me into the wall, and continued to hit me until I peed on the floor." Marilyn and Joe ended up marrying and having three children. Hospitals in those days did not invite fathers into delivery rooms, nor were they very friendly to the mothers either. (Not that this has improved as much as it should have even today.) Like Georganne, Marilyn had music in her life and marriage for years, as Garcia (whom Marilyn had known since fourth grade) and others convened in her and Joe's home to jam.

At age 23, she found herself working as an assistant to Bruce until he died of an overdose of drugs shortly thereafter.

Joe abandoned Marilyn and their children and years later, Marilyn married Matt Milos, whose name she adopted. Together, Marilyn and Matt and others co-founded an alternative school modeled after Summerhill, a school founded in the 1920s in England as described in a well-known book by A.S. Neill. Using lessons from this experience, in 1971, Marilyn and collaborators created an alternative classroom within the public school system, where students are allowed to move from one subject area within the classroom to another, space and their interest permitting. The Open Classroom still exists today!

Unfortunately, some very bad judgment by a brother of Matt's led to a police drug bust despite Marilyn's best efforts to prevent it. "As I was cooking dinner, I heard a loud knock on the door. When I opened it, I was pushed backward into the house as five or six police officers rushed in." The police tore the place apart in front of Marilyn's and Matt's then two-year-old son Timothy. Marilyn then had to spend the night in prison, though she did fortuitously encounter a familiar face there (a teenage runaway she knew through Bruce who had stayed in her house) who helped her navigate the system and maintain her presence of mind. In the end, Marilyn was able to wrangle a form of apology for the police's overreaction (to put it mildly). "The arresting officer left the police force after he realized the consequences of his actions on [Marilyn's] family."

The family went to Mexico to recover. "We found we loved the lightness of being of the people as well as the cultural importance of family. In fact, those four months were the closest we felt as a family." Upon returning, they bought a house in the Bay Area, where Marilyn still lives today.

Marilyn's intended next career move was to become a nurse-midwife. Although in other countries, midwives outnumber obstetrician-gynecologists, she

had observed that ob-gyns are overrepresented in the US and a shortage of midwives existed (and still exists). It was as a student nurse, though, that she witnessed a newborn circumcision, changing the path of her life.

Marilyn appropriately repeats several times in boldface the chilling words spoken to her by the doctor performing the circumcision that led to Marilyn's decision to devote her life to stopping this procedure: "There is no medical reason for doing this." Marilyn reflects, "Yet when the doctor looked directly into my eyes, I knew he understood my agony, and he may even have shared it." Later in the memoir, Marilyn discusses this important event in more detail. "It took the shock of witnessing a baby being circumcised to jolt me out of my complacency. I felt that baby's pain in every fiber of my body and to the core of my being, and my life changed forever. I was on a mission, for myself and for that traumatized baby." Marilyn never completed the midwife training and instead continued investigating circumcision by reading Edward Wallerstein's influential 1980 book *Circumcision: An American Health Fallacy*.

Given her nursing training, something was obviously amiss here, starting with the basic need for proper permission for the procedure. "In nursing school, we were taught the importance of obtaining *informed consent* for any surgical procedure" [*italics in original*]. Obviously, Marilyn immediately saw, the charade of circumcision as a surgery breaks down at this initial requirement. "The problem with informed consent is obvious when the proposed surgery is to remove a normal, healthy body part from a non-consenting baby. There is no disease and the person signing the consent form isn't the person having the surgery, absorbing the risks, and living with the lifelong consequences." And Marilyn went further, as she is wont to



do: “The foreskin is not a birth defect.” No indeed. Later in her memoir Marilyn observes that “consent is a *process*, not a *form*.... My personal and professional position had always been that parents had the right to understand that they were signing a consent form for irreversible, medically unnecessary surgery.” [italics in original].

Marilyn observes that the stimulation of the penis of a baby about to be circumcised “is the baby’s *first shared sexual experience*. Sadly, in the case of circumcision, the pleasurable sensations are immediately followed by excruciating pain.” [italics in original].

A bit later in time, when a patient watched a 15-minute video Marilyn and Shelia Curran made of a horrendously painful circumcision, the patient “thanked us for sharing the video with her, saying she and her husband were grateful to have seen what happened to their baby, and happy to know it was such an easy surgery.” Marilyn’s takeaway from this seemingly preposterous (yet common) reaction: “That was when something clicked and I realized that *circumcision is not an informed consent issue, it is a human rights issue*.” [italics in original].

Marilyn documents how astonishingly determined the American Academy of Pediatrics (AAP) was to block her work. Dr. George Kaplan wrote to her “that to the best of his knowledge **there was no information available about the function of the foreskin**” [boldface in original]. In the 2003 Flatt v. Kantak case, AAP defense “experts” said the same thing. (Reviewer’s Note: Another decade later, in 2013, at a debate held in Charleston, South Carolina between me and Michael Brady of the AAP, both Brady and the AAP’s Douglas Diekema repeated this preposterous claim to the debate audience.) Marilyn concludes, “I knew Kaplan’s answer skirted my questions but wasn’t yet aware of just how far the American Academy of

Pediatrics or its representatives were willing to go to keep the truth from the public and to protect circumcision advocates and practitioners.”

Marilyn had to confront mothers who received a pamphlet about circumcision prior to their children’s birth and then, in a few cases, lodged formal complaints against her. Some of the complaints accused Marilyn of making the parents feel guilty for circumcising their baby, leading to Marilyn being forced to resign from her registered nurse job. At that point, she devoted herself to intactivism full time, founding NOCIRC in 1985.

Marilyn recounts the pertinent events in the first circumcision-related litigation, brought by Richard Morris in 1984 over a failure of proper informed consent. The case was ultimately denied. “I believe the judges simply lacked the moral courage to protect children’s rights to bodily integrity, genital autonomy, and religious freedom. The laws of our country seemed clear; however, they are not applied to all citizens equally.”

Marilyn appeared on the Phil Donahue Show on June 17, 1987. “At the end of the show George Soule stood up in the audience and said: ‘... Since our doctors are promoting it, doesn’t this make circumcision the largest medical scandal in U.S. history?’ We, of course, agreed.” NOCIRC received more than 3,000 letters over the next three weeks in response to this show. For a while, the AAP was referring people to NOCIRC! That stopped fairly soon, however.

NOCIRC sent a 26-page report to the AAP in 1988, “outlin[ing] five reasons to end newborn circumcision, including: the protective functions of the foreskin, the risks attending the surgery, the pain inflicted on the baby, the permanent scars of the operation, and the ethical questions raised by unnecessary surgery on a non-consenting infant.” In the summer of 1988, Matt Milos passed away from cancer. Although Marilyn and Matt had

been separated for 18 months at that point they were able to find a harmonious and beautiful conclusion together. “He opened his eyes, looked at me, and said, ‘Didn’t we dance well together?’... ‘Yes,’ I said. ‘We did love dancing and others enjoyed our dancing, too!’ Matt smiled.”

Marilyn next recounts the sordid story of the California Medical Association’s 1988 resolution in favor of circumcision, led by noted fanatic Dr. Aaron Fink, with a urologist preposterously “circumcis[ing] a banana to seal the deal before 442 delegates voted to adopt the resolution.” Marilyn recounts in detail many of the fifteen symposia she organized over the years to provide a platform for activists and academics to meet over several days, strategize, and discuss their respective work. The first symposium included luminaries Ashley Montagu and Michael Odent.

In 1992 a car repair led to Marilyn meeting her current partner, Ken Brierley. Marilyn recounts the death of her mother the following year. “Though my mother didn’t really understand my dedication to my work, she was a kind woman who supported not only me, but others who needed help, no matter who they were. Whatever resentments I may have had from growing up with an abusive father and a mother who was not equipped to defend me were resolved long before her death. I felt only gratitude that I was able to ease her journey from this world into the next.” Shortly afterwards, her brother Courtland tragically disappeared on a solo plane flight and was never found.

Marilyn Fayre Milos is one for the ages and her book is the same. Don’t miss this masterpiece memoir by the woman that is the mother of the movement to protect children’s human rights and bodily integrity. A must read that, as with Georganne’s book, earns our highest possible recommendation.

## The Final Cut: The Truth About Circumcision

By Jonathan Meddings

Review by J. Steven Svoboda



*The Final Cut: The Truth About Circumcision.* By Jonathan Meddings. Australia: Jonathan Meddings, 2022. 164 pages. No price on book but Amazon.com gives price as US\$19.99 softcover. [www.jonathanmeddings.com](http://www.jonathanmeddings.com).

(Special offer from the author: Visit [jonathanmeddings.com](http://jonathanmeddings.com) and enter the promo code ARC50 to get the ebook of *The Final Cut: The truth about circumcision* for only \$5.99 AUD. Offer ends 31 December 2023.)

Australian advocate Jonathan Meddings has authored and self-published an impressive, succinct, well-written book about male genital cutting (MGC). The book's production values are high. One of the first things one notices about the book is its short length. That is not necessarily a bad thing! This subject can draw so much lengthy vituperation and sometimes pointless elaboration of the most peripheral of topics that focusing on the essentials is a far from unwelcome approach. (Full disclosure: I met Meddings in Boulder, Colorado at the 2014 symposium on genital cutting. I was very impressed by him.)

We find ourselves in a time when seemingly countless books either have appeared or are projected to come out in the near future on various aspects of the topic including two memoirs from leading activists. Inevitably, I suppose, any book with this remit must in some sense justify its existence. Meddings has resoundingly succeeded at doing so.

I found Chapter Three in particular, addressing the countless attempted medical justifications for the procedure, to be badly organized and to lack a much needed introduction setting the stage for, and overviewing the topic of, these medical rationales. As is, many of the

arguments are recounted but without an organizing structure to bring it all together. At the same time, the author's summary of the numerous incoherencies in the HIV/AIDS discussion as it relates to MGC is both succinct and accurate. For the later version of his book with the above publication date, the author graciously addressed the two legal points I felt were in outright need of correction in the earlier version.

Less importantly, Meddings' extended meditation on pp. 64-65 "imagin[ing] if people acted the same way about art as they do about genital cutting" strikes me as quite strained, as I see more differences than similarities between the topics. The analogy on page 70 to hair cutting feels more apt to me, and I loved the author's original (as far as I know), tongue-in-cheek suggestion (page 86) analogizing medicalization of MGC to bringing people "to police stations, so that they can receive 'milder' beatings by trained professionals (police officers) in controlled environments (police stations) to minimize harm."

Jonathan Meddings has written probably the best short, factual, overview of MGC that will ever be written. I highly recommend that everyone with any interest in the topic read it at their earliest convenience.

## A is for Alex: A Bereaved Mother's Promise to her Beloved Son

By Lesley Roberts

Review by James GaNun

*A is for Alex* is a mother's account of grief after the suicide of her 23-year-old son due to complications resulting from his adult circumcision. In 141 pages, author Lesley Roberts tells the story of Alex's childhood, his death, and the grief she experienced as a result. The book is about

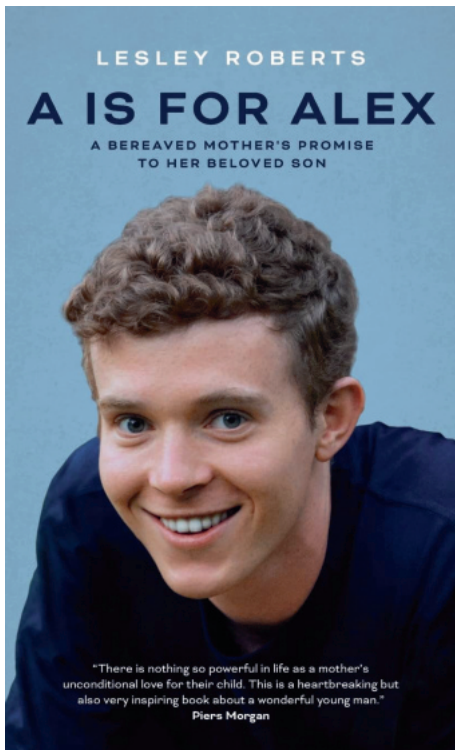
not only Alex's circumcision but also his mother's grief, and it provides a sobering reminder of the stakes of circumcision and the consequences of our society's ambivalence towards the procedure.

Alex was living in Canada in 2015 when he visited his doctor because he was suffering from phimosis, a medical condition in which the foreskin is too tight to retract behind the head of the penis. The doctor recommended steroid creams and stretching, but Alex felt poorly instructed on how to use them. After a few weeks of no results, the

doctor referred him to a urologist who recommended circumcision. Once again, Alex felt insufficiently informed on the risks of the procedure and its less invasive alternatives, such as preputioplasty, a procedure which widens the tight foreskin. By his own admission, he did not do sufficient research into the procedure, instead placing his trust in the overconfidence of the surgeon.

Alex greatly regretted the surgery. In an eloquent and chilling letter by Alex himself, reproduced in chapter seven of *A is for Alex*, he describes the negative





effects of his circumcision that eventually led him to take his own life. He likens the removal of the foreskin to the removal of one's eyelid, constantly open to irritation without the skin that was designed to protect it, and writes "I once lived in color, but now I exist in monochrome." His words effectively communicate the absolute grief that drove him to his death, and the resolve to change how we view

and discuss circumcision so that no one else has to go through the suffering he did.

The author's account of her grief after Alex's death is also deeply moving. She spends time describing Alex's childhood and who he was as a person. Her deep love for her son is felt in her writing, as is her deep grief at his loss. At times repetitive or cyclical, her testimony beautifully demonstrates the non-linearity of grief. She frequently meditates on happy memories of life with her son and the bleak period after his death, when the color drained from her own life. The book succeeds in communicating the raw pain of a grieving mother.

It also succeeds in providing an emotional reason not only to oppose circumcision as a modern medical practice, but to work towards dispelling taboos around circumcision and suicide. Alex writes that the taboos surrounding circumcision and sexual health are why he felt he had to go it alone in both deciding to have his circumcision and in dealing with its outcomes. This reality is true for many, and it is why breaking down these taboos and facilitating discussion is an important piece of the

progress that must be realized if we want to end the injustices of circumcision. Lesley Roberts has become an ambassador for 15 Square, an organization which promotes research, accurate health information, and informed consent regarding circumcision.

Lesley Roberts also writes directly about her son's suicide and her journey with grief afterwards. Chapter 10 gives practical advice for those who wish to support someone in a similar situation, and also details the ways that the taboo surrounding suicide has amplified her suffering. The book emphasizes the importance of talking about suicide and how to do so, aiming, like Alex's letter, to increase understanding and reduce the suffering of those who follow.

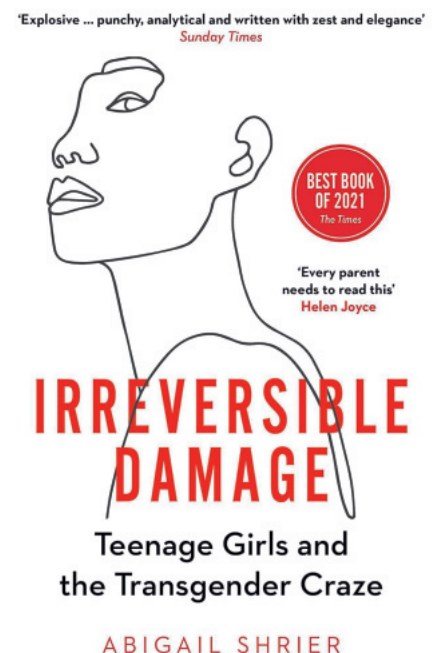
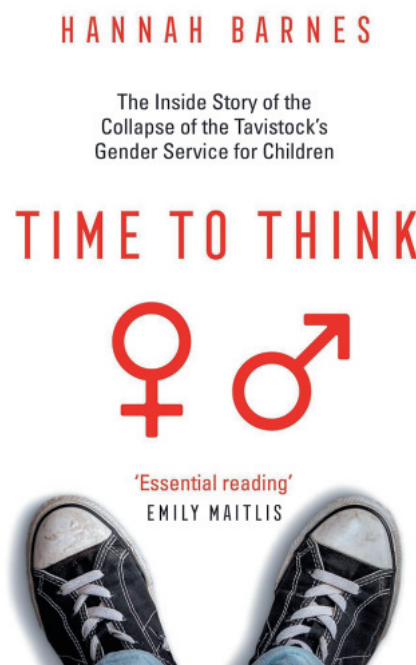
*A is for Alex* is not an easy read, but it is a moving one. The book tells the story of a son who felt his life was destroyed by circumcision, and his mother who is left with the immense pain only a parent can feel. It includes valuable discussion on tragically under-discussed topics and can personally inform and contextualize the broader discussions of both circumcision and suicide prevention.

*Time to Think: The Inside Story of the Collapse of the Tavistock's Gender Service for Children.* By Hannah Barnes. London: Swift Press, 2023. 445 pages. 20 British pounds. [www.swiftpress.com](http://www.swiftpress.com).

*Irreversible Damage: Teenage Girls and the Transgender Craze.* By Abigail Shrier. London: Swift Press, 2020. 274 pages. 9.99 British pounds. [www.swiftpress.com](http://www.swiftpress.com).

Reviews by J. Steven Svoboda

I am reviewing two very different books both addressing different aspects of the same non-medically necessary surgery on children. And yet



these are not books about genital cutting per se but rather about another different issue that also involves medical “treatment” not applying evidence-based medicine: the startlingly high numbers of youths and children seeking surgery due to allegedly or actually being transgender, what used to be called transsexuals.

This topic has become an eye of a very powerful storm of late. In recent years, the number of children and youths seeking surgery due to a stated view of themselves as belonging to a sex different than their birth sex has shot up by some counts a thousandfold in less than a decade. There has never been an issue with such a sudden and extreme surge of popularity. Even the terminology has gone bonkers, as the medically baseless surgery is commonly referred to as “gender affirming surgeries,” suggesting that for this anyway, physicians are giving up on their usual role of curing patients and are instead performing cultural functions, as we sometimes also see with so-called “religious” circumcisions. (Unfortunately, too, enthusiasm for what I think can fairly be characterized as this new craze has spilled over into censorship, with Shrier having to deal with troubles getting her book published and advertised, a publisher backing out after a threatened staff walkout, and Amazon’s erstwhile refusal to sell the book.)

Obviously adults, often but not always young adults, do also choose such procedures for such reasons, yet often it is minors (children) who are seeking the treatments. And all too often what they request is provided, with very little evident medical scrutiny, pursuant to a sort of woke party line that has only come into power in recent years.

Abigail Shrier’s *Irreversible Damage: Teenage Girls and the Transgender Craze* is a much shorter book than Barnes’ and the first of the two to appear, in 2020. Shrier overviews the recent female-to-male transgender craze.

(By one metric, the number of kids making such an identification increased 1,000 times in nine years. There has never been another social movement with an adoption record anything like this.) I appreciate how Shrier draws analogies that are not necessarily evident with other social phenomena having dramatic adoption statistics. She is an excellent writer and despite the highly disturbing topic, her book reads like a spell-binding novel.

Shrier does a very good job pointing out the singularity of the medical treatment of gender dysphoria, which likely is only paralleled by the (different yet equally unjustifiable) singularity of medical treatment of male circumcision: “when we allow parents to consent to medical procedures for teens or tweens, it is typically to permit doctors to save, cure, or alleviate an observable medical problem. But in the singular instance of transgender medicine, we allow a parent to consent to intervention that halts normal, healthy biological functioning — essentially, introducing the ‘disease state’ brought on by a pituitary tumor — all based on self-reported mental distress.”

The author meets a good number of children born female who identify as transgender and sensitively lays out their individual stories in compelling detail. Shrier imagines possible outcomes if the American Psychological Association (APA) addressed anorexia like transgender kids are currently being treated: “Imagine a girl — 5’6” tall, 95 pounds — approaches her therapist and says: ‘I just know I’m fat. Please call me ‘Fatty.’... Imagine the APA encouraged therapists to respond to such patients, ‘If you feel fat, then you are. I support your lived experience. OK, Fatty?’” Or, Shrier continues, we can imagine a black girl Nia who considers herself white and her therapist validates her view of herself.

In words also applicable to the specific London clinic examined in detail in Barnes’ book, Shrier writes: “We’d

expect a therapist worth her salt to challenge Nia’s self-destructive intentions. We’d want that therapist to gently probe, to get to the root of her unhappiness: Why on earth did Nia start believing there was something wrong with being African American?... [W]e would never want [therapists] to automatically agree with the patients’ self-diagnosis.... It is worth asking whether a standard guided less by biology than by political correctness is in the best interest of patients.”

I appreciate Shrier’s ability to metaphorically take a step back while examining this fraught issue, as when she thoughtfully writes: “It’s worth noting how different this is from being the parent of a gay adolescent. An adolescent who comes out as gay asks her parents to accept her for what she *is*. An adolescent who is transgender-identified asks to be accepted for what she is *not*. Even the most loving parent might be forgiven for failing this mind-bending test.” To some extent kids who used to identify as gay or lesbian now instead are identifying as transgender. At Evergreen State College in 2020, fully half of all entering students identified as LGBTQ or “questioning,” a number that Princeton expert Heather Heying believes clearly out of whack with the usual reality of (at most) “around 10 percent” gay students. These days, unfortunately, in Shrier’s words, “For those undergrads ready to prove that a trans identity is more than a name and pronouns, the university is a well-stocked discount pharmacy.”

While it does happen, the looming specter of potential suicide, rarer among transgender kids than one might think, is routinely deployed as a silver bullet that compels parents to hew to the party line, or else. Over and over, the author heard the same question from therapists focusing on transgender children and also from parents to whom the therapists had talked: “*Would you rather a dead daughter or a live son?*” Talk about



rigging the game!

Shrier points out that teens take more risks than any other age group, and are of course also highly focused on obtaining the approval of their peers. Studies indicate that from 70% (one study) up to 88% (another study by a doctor of over 100 of her patients) of children outgrow their gender dysphoria if they are not socially transitioned first. Sadly, at least in certain parts of the country, nowadays the social transitioning seems to happen more or less as a matter of course, without any meaningful prior scrutiny of other potentially relevant factors such as depression, autism, violence in the family, and so on.

Hannah Barnes in *Time to Think: The Inside Story of the Collapse of the Tavistock's Gender Service for Children* limits herself to a more specific topic: the heyday followed by the collapse of what was until recently the United Kingdom's only authorized public health service providing hormones and referrals for surgery in cases of transgender children, namely, the Gender Identity Development Service (GIDS) of the Tavistock and Portman Trust in North London. Barnes' story is a somber one, one she must not have been happy to be retelling, and yet one that simply must be heard. GIDS developed a head of steam based on an evidently sincere desire to help children, and yet shockingly easily available data that should have been obvious to collect was not gathered. Compounding this failing, numerous GIDS staff that queried the almost uniform referral of children for off-label prescription of puberty blockers were rebuked and in some cases faced threats to or loss of their positions. Additionally, a shockingly high percentage of young people were prescribed cross-sex hormones following their completion of the course of puberty blockers. In Shrier's words, "[I]f an adolescent moves straight from puberty blockers to cross-sex hormones....

Infertility is almost guaranteed."

GIDS routinely neglected to pursue other issues including family violence, depression, and autism that might be contributing to individual children's difficulties and adopted puberty blockers as a "one size fits all" solution to all issues with which GIDS was presented. Some GIDS patients openly sought other forms of therapy or treatment instead of hormone blockers and were essentially refused alternatives and told puberty blockers would solve their problems. In many cases referrals for puberty blockers were given after only three or in some cases even just two appointments, despite four being the GIDS' own stated minimum. Puberty blockers were billed by GIDS as offering the children "time to think" (the book's title) and reflect on the best course and yet this was effectively the only available option! Evidence-based medicine appears to have been entirely out to lunch. GIDS allowed two grassroots transgender organizations to be inappropriately close to and influential of GIDS and to some extent these organizations enforced the rigid approach to treating trans kids.

The author interviewed or tried to interview everyone of importance in the GIDS saga past and present. Many felt cowed to talk to her, just as they felt silenced when they raised valid concerns

(and/or proposed a treatment in a specific case other than the only approved course of puberty blockers) and were treated in many cases with accusations of being "transphobic." No one can necessarily be said to have been malevolent and yet a lot of harm was done. Excuses were made and nothing was fixed, year after year after year, until a condemnatory external review was performed in response to an explosive lawsuit by a young woman (Keira Bell) regretting her hormones and gender surgery forced a legal reckoning that in the end led to GIDS announcing its closure.

Shrier may provide the best way to conclude this combined review of these two excellent books. She notes that now significant numbers of so-called detransitioners are cropping up, people who regret their earlier decision to transition. By some estimates, as many as one in three of trans children who transition will later detransition. I appreciate the author's down-to-earth style though the story she tells is so tragic: "[E]ighteen may be the age of majority, but especially today, it's still very young. So many of these girls who are drawn into the transgender world are already battling anorexia, anxiety, and depression. They are lonely. They are fragile. And more than anything, they want to belong."



(l. to r.) Steven Svoboda, Gina Mele Svoboda, Antony Lempert, Secular Medical Forum, Anne Lempert, Bishop's Castle, UK, October 1, 2023.

## ARC Updates

### Journal Publishes Steven's Article about Circumcision Decision-Making as a Parent and His Activism

October 27, 2023

We are pleased to report that on October 20, 2023, the journal *Narrative Inquiry in Bioethics* published Steven Svoboda's short article containing his thoughts about activism and its connections with his parental decision-making regarding circumcision with the birth of his son Eli in 2002.

The journal published a print issue and also published the article online. The article may also be viewed on the ARC website.

The entire journal issue may be viewed at <https://muse.jhu.edu/issue/50677>.

Friends of our movement who were also published in this issue include Lisa Braver Moss of Bruchim, Petrina Fadel of

Catholics Against Circumcision, veteran activist Laurie Evans of NOCIRC-New York-Hudson Valley, Dionne Deschenne (longtime activist and author of a much appreciated ARC Newsletter feature article a few years back), and long-time ARC friend and collaborator Maria Viola Sanchez, Ph.D., who conducted 22 much-appreciated, excellent and perceptive interviews with Steven over the years, 15 of which have been uploaded to the ARC website at [www.arclaw.org/audio](http://www.arclaw.org/audio).

### New Videos from Charleston Debate Published

October 30, 2023

To celebrate the tenth anniversary of our groundbreaking debate against the American Academy of Pediatrics, we have compiled all the relevant material and made it available on our website at [arclaw.org/debate](http://arclaw.org/debate).

This includes never-before-seen videos of the presentations by Steven

Svoboda and Michael Brady as well as the subsequent Q&A session on the first day of the conference, audio recordings of the panel discussion from the second day, and much more.

### ARC Releases Updated List of All Jurisdictions Legally Restricting Male Circumcision

December 4, 2023

Attorneys for the Rights of the Child has assembled and updated a resource we do not believe exists elsewhere, namely, what we believe is a comprehensive and complete list of all jurisdictions that currently have legal restrictions on male circumcision.

<https://www.arclaw.org/countries-that-regulate-circumcision>

We would appreciate any additions or corrections of which our readers may be aware.

## News

### Dangers of circumcision highlighted by protestors in Hays, Great Bend

James Bell, Hays [Kansas] Post

May 19, 2023

It may be something many people are not comfortable discussing, but protestors Tuesday in Hays and Great Bend were confronted with the realities of the harm caused by circumcision.

Men and women from across the country and members of the organization Bloodstained Men donned all white clothing with large red spots covering their crotch, representing blood from male genital mutilation, and stood at the



Photo by James Bell, Hays Post, May 16, 2023.

intersection of 27th and Vine in Hays in the morning and then at 10th and McKinley in Great Bend in the afternoon.

"We're on a two-week tour of Kansas and Nebraska to spread foreskin awareness and prevent violence against children," said Bloodstained Men CEO David Atkinson.

Their mission: "We do not want future generations to suffer the same act of violence that was inflicted on us when we were too young to defend ourselves," he said.

He pulled no punches when discussing their belief that circumcision has no place in the modern U.S. medical



community.

"The risk of harmful effect is 100 percent because the foreskin is a valuable part of the body, and it is destroyed in 100 percent of circumcisions," Atkinson said. "I always want to emphasize the fact that it's harmful to amputate part of the penis. Regardless of how skillfully it is done, and regardless of whether there are any complications."

And while the act is itself may be harmful, he said it can also cause further complications, including infections and uncontrolled bleeding that can be deadly.

The American Academy of Pediatrics said in a 2018 study mortality from the procedure is difficult to track due to a lack of sufficient data but in a 10-year period, about 200 early deaths following circumcision were recorded.

"I don't like to focus on those because then people will say, 'Oh, well, I'll just find a competent doctor, and then there won't be any problem,'" Atkinson said.

But he said doctors are a significant contributor to the ongoing practice.

"There's ignorance and denial," Atkinson said. "Because there are still people who just have no idea, [and are] totally ignorant about the structure and function of the human foreskin. And that includes a lot of American doctors who are still doing this, who never learned about the structure and function of the foreskin because their medical school professors didn't have a foreskin."

"Their textbooks were written by people who don't have foreskin and therefore don't have diagrams of the intact penis," he continued. "They themselves don't have foreskins. They've never encountered someone in their personal lives who has spoken to them about it. And so, there are a lot of doctors who are totally ignorant about this, as well as parents who unfortunately trust that doctors have their best interests, and that doctors are educated."

He said ignorance also leads to

denial in the American medical community of the lack of need for the procedure.

"They don't want to acknowledge that they've been harming our baby boys for 100 years," Atkinson said. "If they were to come out and say 'Actually, this is harmful, and we shouldn't be doing it,' which is something that most other countries' medical associations have done... they would open themselves up to huge liability on an unimaginable scale for malpractice for torturing babies for no reason and harming their penises."

"It's easier for them just to try to keep doing it and pretend that nothing's wrong."

Hospital finances are also a factor, he said.

"There's a financial incentive in a lot of medical hospitals and clinics because, in the U.S., we have this health care system that's based on profit payment per procedure," Atkinson said. "And, so the more penises they cut, the more money they make, or the insurance companies will make."

Numerous studies show that while doctors generally perpetuate the procedure, social factors, including the circumcision of the father, is a primary factor in the decision to circumcise a child.

"There's also denial among men, who don't want to admit that part of their penis

is missing and that their penis has been damaged for no reason," Atkinson said. "Because no man wants to think that his penis is not as good as it could possibly be."

"And so, when we stand out here with signs saying sexual mutilation, then a lot of guys, their first reaction will be to say, 'Oh, no, there's nothing wrong with my penis, and everything's fine.' And in order for them to continue thinking that, the easiest thing is to pass along that same injury to their son because if they had an intact son, and they had to change his diapers every day, they would be constantly reminded, look, there's something on this penis that I don't have."

"It's a difficult situation."

While the practice is commonplace in the U.S., he noted that much of the world, including European and Asian countries, has abandoned the procedure as routine long ago.

"The foreskin is a normal, healthy, valuable part of the human penis," Atkinson said. "And the European medical community has condemned American doctors for tampering with the genitals of perfectly healthy babies."

"We're here to warn the American people that their children are in danger in hospitals around the country shortly after birth, and that... we encourage them to educate themselves, so they have the



Photo by James Bell, Hays Post, May 16, 2023.

information and the confidence to protect their children, from people who would amputate parts of their penises.”

In 2010, the AAP noted that about 80 percent of men in the U.S. ages 14-59 were circumcised. Another 2014 study found about 80.5 percent of American men were also.

That rate was matched, or higher, in some countries, including Turkey, Saudi Arabia, UAE and Israel.

However, most European countries have rates well less than 20 percent, with several reporting circumcision rates less than 10 percent.

Other countries, like Australia and New Zealand, have rates somewhere in between, but the percentage continues to decline as the practice has faced increased scrutiny and has fallen out of favor in recent decades.

Within the U.S., states also have a wide variety of circumcision rates, with significantly lower rates in the West and South, according to CDC data released in 2010. The Midwest has the highest rate.

And while generally, over the last few decades, the rate of circumcision in the U.S. is down, it should be recognized as another procedure that people abandon as medicine evolves, Atkinson said.

“In the U.S., just a couple of generations ago, doctors were inserting probes into the corner of children's eyelids to tear away the frontal lobe of the brain, and they were claiming that there were some medical reasons to do this, and now we know it's all total nonsense,” he said. “And the same thing with foreskin amputation.”

“It's a barbaric human rights violation.”

The first step of the foreskin amputation is inserting this blunt metal probe into the penis between the foreskin and the glans, the head of the penis, and tearing away at this connective tissue, Atkinson said. And that practice by itself can be harmful.

“In the newborn baby, and even in

young children, the foreskin is not easily retractable,” he said. “It's fused to the head of the penis, similar to a kitten's eyelid. This membrane gradually breaks down over several years.”

“And there's been a lot of misinformation about the retraction of the foreskin in the American medical community as well, because there's been this idea that you need to retract the foreskin and wash underneath because it might get dirty,” he continued. “But if you retract the foreskin before it becomes naturally retractable, then you have an open wound. And then that wound can get infected. And then you go to the doctor, and they say, ‘Oh, this is why we chose to circumcise because I look at all these infections.’”

While the AAP and CDC have recommended the practice in the past, the last guidance issued by the AAP and shared by the CDC has expired.

“There's a lot of inaccurate reporting we still see about this issue with regards to the AAP because people do a quick search on the internet, and they'll say, ‘Oh, look at the recommendation that the benefits outweigh the risks,’” Atkinson said. “But they don't realize the AAP has no current statement on this issue. They have not, for the past six years, had any statement on this issue.”

But many organizations continue sharing potential benefits of the procedure, even as they note the uncertainty attributed to it.

The Mayo Clinic lists reasons for the procedure as:

- Easier hygiene. Circumcision makes it simpler to wash the penis. However, boys with uncircumcised penises can be taught to wash regularly beneath the foreskin.

- Decreased risk of urinary tract infections. The risk of urinary tract infections in males is low, but these infections are more common in uncircumcised males. Severe infections early in life can lead to kidney problems

later.

- Decreased risk of sexually transmitted infections. Circumcised men might have a lower risk of certain sexually transmitted infections, including HIV. Still, safe sexual practices remain essential.

- Prevention of penile problems. Occasionally, the foreskin on an uncircumcised penis can be difficult or impossible to retract (phimosis). This can lead to inflammation of the foreskin or head of the penis.

- Decreased risk of penile cancer. Although cancer of the penis is rare, it's less common in circumcised men. In addition, cervical cancer is less common in the female sexual partners of circumcised men.

They conclude with, “The risks of not being circumcised, however, are not only rare, but avoidable with proper care of the penis.”

Ultimately, Bloodstained Men and similar organizations hope as the conversation becomes normalized, more doctors will understand the lack of benefit in the practice, but most importantly, they hope parents will step up and become advocates for their children.

“It's a human rights issue,” Atkinson said. “And it's an issue of violence against children. So, if you're trying to decide whether to have part of your son's penis amputated, the experts to which you should look for advice are the human rights activists, not the doctors, because doctors aren't experts in human rights. Doctors are perpetrators in this case. You might as well ask the fox if you should lock the doors to the chicken coop.”



*Photo by James Bell, Hays Post*



## Man is awarded just £20,000 after his penis was chopped off during botched circumcision

David Averre, [UK] Daily Mail

September 19, 2023

A 22-year-old man who had his penis lopped off in a botched circumcision at age ten has had a compensation award of £500,000 reduced to just £20,000 after the Malay government successfully appealed against his claim.

The unnamed victim reportedly lost roughly 90 per cent of his penis during the op that took place at the local hospital in his hometown of Kuala Lipis, Malaysia, on December 13, 2010.

The medics who reportedly severed his privates were not qualified in microsurgeries, and the decision was made to transfer the boy to Selayang Hospital where better qualified surgeons could attempt to rectify the horror botch job.

But the delay meant he was only operated on ten hours later, at which point all hope for reattaching his penis was lost.

Afterwards, he remained hospitalised for over a month amid an agonising and desperate recovery process after which he filed a lawsuit against the government and hospital directors with the help of his mother.

On April 7, 2022, Justice Datuk

Akhtar Tahir ruled in his favour and awarded him MYR 3.1 million (£532,409) in damages.

Judge Akhtar said in June of last year: 'The delay by the medical personnel in attending to the plaintiff's injury had extinguished all hopes of a successful surgery in saving the injured part of the plaintiff.

'The Selayang Hospital had been informed about the transfer of the plaintiff, yet the medical personnel did not take steps to prepare for a possible surgery.

'It is clear that no amount of financial award given by the court will compensate the loss suffered by the plaintiff.

'All the shame and humiliation the plaintiff suffers comes as a result of this terrible loss.

'His mother had testified that since the age of ten, the plaintiff has entered into a shell and finds it hard to interact with others, let alone develop the courage ever to marry.'

The amount sought by the plaintiff was north of £500,000, including a litany of general, special and severe damages collectively owed by all the defendants.

But the payout was greatly reduced after the government filed an appeal that the Putrajaya Court of Appeal accepted.

A three-judge panel ruled unanimously that general damages of MYR 2 million (GBP 343,432) obtained

by the plaintiff were excessively high during a hearing earlier this month.

Justice Ravinthran Paramaguru, who chaired the panel, said the amount was not supported by any documentation.

Paramaguru was quoted as saying: 'Therefore, the general damages of MYR 2 million are reduced to MYR 100,000 (£17,172).

'The special damages are reduced from to MYR 23,556 (£4,045).'

The drastic reduction in the plaintiff's damages came just weeks after a German man who posed as a cosmetic surgeon was jailed for five years for performing a botched penis enlargement surgery which killed his patient.

Bogus medic Torben K, 46, a catering worker from Solingen, Germany, had injected the patient's manhood and scrotum with silicone oil during what was supposed to be a 'girth-enhancing' procedure.

Judges in Wuppertal District Court jailed him on August 28 after he was found guilty of causing death by grievous bodily harm.

The 32-year-old victim - not named in court - died of sepsis seven months after the agonising operation in July 2019.

The court heard how the bogus doctor had no medical qualifications and offered his penis enlargement services online.

## Florida man arrested after cutting 2-year-old relative in botched circumcision

Allie Griffin, New York Post

November 6, 2023

A Florida man was slapped with child abuse charges after allegedly cutting a 2-year-old relative's penis in a botched circumcision attempt while babysitting the boy.

Timothoes Powell, 29, was arrested last month after the toddler's mother,

Powell's cousin, rushed the boy to the hospital for a laceration on his genitals, according to police and local reports.

Powell had been babysitting the boy while his mother was at work in Daytona Beach on Oct. 17 when the alleged abuse unfolded.

He called the tot's mother at around 7 p.m. to tell her that the child was "bleeding from his penis area as glass had entered his diaper," according to a Holly Hill police report obtained by Fox 35 Orlando.

The family then rushed the boy to the hospital, where he had to have his skin glued to repair the injury, according to the report. Hospital staffers flagged the child's wound as suspicious and reported it to police fearing that he may have been abused, the local station reported.

Investigators spoke to the family and learned the toddler was in Powell's care at the time he was injured. Police questioned the man who again claimed that "there must have been a piece of glass in his diaper," according to the

report.

Powell also told cops “he may have pulled [the boy’s] penis downward with too much force” and wiped him “very hard.” He said he “did not intentionally cut” the child.

But a senior nurse from the Child Protection Team said the little boy’s laceration was “much too clean and precise to be accidental in any way,” and was done with intent.

She added that the injury looked like “they may have tried to circumcise” the

child, according to the police report.

Investigators said Powell’s statements about how the child was cut didn’t add up with his lacerations and recovered surveillance footage showing his behavior toward the kid.

The videos, recorded by home security cameras inside the house, show Powell changing the boy’s diaper and walking away with an unknown object in his hand, while the baby screams and cries, according to Fox25.

Powell also seemed “frustrated”

while putting on the boy’s diaper in another video.

He allegedly yelled at the boy — threatening to put soap in his mouth if he wasn’t quiet and squirted him with a water bottle, according to the police report.

Powell was arrested and charged with aggravated child abuse and remains behind bars at the Volusia County Branch Jail on \$100,000 bond, the station reported.



(l. to r.) Brian Earp, Steven Svoboda, Gina Mele Svoboda, Oxford, UK, September 27, 2023.



Attorneys for the Rights of the Child © 2023

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