



Eliminating Medicaid Coverage for Routine Non-therapeutic Circumcisions

By Amber Craig, NOCIRC-NC

There has been significant legislative activity around the nation during the past year responding to taxpayer and citizen complaints about tax dollar funding of unnecessary circumcisions. The movement against tax funding of circumcision gained significant attention in the 2001 North Carolina legislative session.

Effective November 1, 2001, North Carolina Medicaid suspended payments for Routine circumcision, joining six other state Medicaid agencies that had already defunded routine circumcision (California, Oregon, Nevada, Washington, North Dakota, and Mississippi have already eliminated this coverage). This policy change was announced to all the North Carolina doctors in October through the state Medicaid bulletin.



Amber Craig
Photo by Jeff Borg

On October 31, 2001 a Raleigh newspaper ran a one-sided front page news story profiling the point of view of a few doctors. The chair of the OB/GYN Dept at University of North Carolina Hospital and the president of the

North Carolina Pediatric Society were featured in this story. The article stated that a large group of doctors were drafting a position paper to get the North Carolina Legislature to reinstate funding for routine circumcision. It also reported that UNC Hospital would be providing free circumcisions for Medicaid patients during the month of November. Several North Carolina taxpayers and concerned parents called the newspaper asking them to run a story on the other side, but were refused.

On November 5, 2001, a very insulting column ran in the local newspaper Titled "Save \$200 and Shame a Poor Boy." The basic premise of the column was that North Carolina Medicaid boys would be branded as poor because they would have foreskins.

The newspaper received numerous letters and calls, (continued on page 6)

Re-Thinking Circumcision: A Conference Report

By Jeannine Parvati Baker
NOCIRC -Central Utah

"Re-Thinking Circumcision" was the name of our panel at the Ethics Conference at Utah Valley State College, David O. McKay Center in Orem on Oct 2, 2001. To our knowledge, this is the first time a university has sponsored a conference on ethics that considered the topic of genital mutilation.

The other invited panelists were our own Steve Scott, Director of NOCIRC-UT and Dr Richard Later, a pediatrician in Utah Valley.

Steve began the panel presentation with his excellent slide show. The night before, we discussed the possibility that, in Utah, some of the slides would be considered pornographic. Not the images of mutilated penises through circumcision, but the slides of intact adult genitals. We reflected on how things are turned around -- "pornography" is an image of healthy genitals -- yet it's OK to show ritual surgery? However Steve was assured by panel organizer Jennifer Howard, after a call to her boss, that it would be appropriate to show all of the slides. This is one of several times that Jennifer displayed a keen sense of diplomacy as she was on her way to pulling off a miracle.

I watched the faces of the audience during Steve's presentation. The room was packed with 120 audience members and just as Steve began his slide show, they had to bring in 40 more chairs. Some of the Religious Studies and Philosophy Classes at UVSC attended the panel in addition to the curious public and the usual smattering of nurses, midwives and birth educators. I particularly enjoyed seeing the faces of the young men when Steve ran through the history of circumcision as linked to masturbation. First of all, masturbation is contraindicated to Mormon students through the Latter Day Saints religion. Masturbation is presented in the context of "Puritanism," which one of Steve's slides informed us is defined as "the suspicion that somewhere, someone is having a good time." (This got the biggest laugh of the panel.) Within the twenty minutes provided for his presentation, Steve got across an amazing amount of information. It was like receiving a word tincture -- a distillation of anatomy and the history of (continued on page 4)

Florida Medicaid: Circumcising Taxpayers

By Van Lewis
NOCIRC-Tallahassee

At the NOCIRC meeting in Washington in March/April, 2001, Amber Craig presented the results of the ICGI's state-by-state Medicaid survey. The chink in the circumcisers' armor is the money, and when I found out from Amber that Florida Medicaid was spending hundreds of thousands of tax dollars a year circumcising non-consenting minors, I knew I had something with real bite. I've been sinking its teeth into Florida's senators and representatives here ever since. They are beginning to squirm.

With the current national recession most of the states are struggling hard to find ways to reduce Medicaid budgets, which make up an enormous percentage of state expenditures now and are growing rapidly. This forces legislators to listen to what I am saying even though many of them hate it.

I didn't know much about lobbying in state legislatures when I started in 1999,



Van Lewis
Photo by Jeff Borg

and still don't compared to the pros, but I've learned a lot! I just dove in and got wet. Learning how to swim comes later.

Most of it for me at the beginning was common sense: I want them to quit spending money so I find the Florida

Capitol building (they make it so easy to find them!), go to the budget committees in the House and Senate (they even put signs on the doors, folks! It ain't rocket science!) and start asking them to find something better to spend the money on.

Each Senator and Representative has a small staff of aides, three or four people, usually. When you walk in the door you're likely to see a receptionist or an aide. Ask to talk with an aide. Talk to the receptionist if no aide is available. It is very important to educate the whole office, not just the representative. Usually to see the representative you have (continued on page 5)

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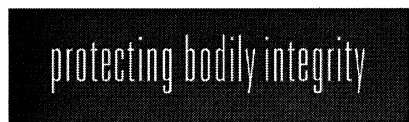
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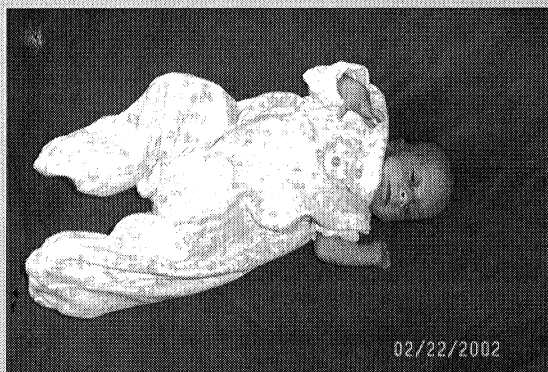
Message from the Director

Greetings to everyone. I am very excited that the Seventh International Symposium is coming up shortly, to be held on April 4-7 in Washington, D.C. Countless talented activists and scholars on the subject of genital integrity will be gathering together to share their work, strategize together, and participate in a march on Sunday. Plenty of other exciting news is in the air. In addition to the six states that currently do not permit Medicaid money to pay for neonatal circumcision, no fewer than five other states including North Carolina and Michigan have been considering discontinuing Medicaid funding of the procedure. Thanks to a few talented and persistent activists, the College of Physicians and Surgeons of Saskatchewan has performed an about-face and issues a strongly worded recommendation against the procedure. The American Academy of Family Practitioners recently issued its first statement opposing male circumcision. In addition to the Swedish law that went into effect last October, two South African states have passed laws regulating male circumcision. A bill against female genital cutting has passed the Iowa Senate, and activists are encouraging that state to pass a law that will protect all children. William Stowell and David Llewellyn continue to relentlessly pursue Stowell's important legal case.

My paper for DC will cover our work this past July and August at the United Nations' Sub-Commission for the Promotion and Protection of Human Rights, including a critique of some erroneous and even deceptive reports issued on "traditional practices harmful to women and the girl child." Frederick Hodges and Bob Van Howe and I recently published in the Journal of Medical Ethics an article on prophylactic interventions on children. I have also applied to speak in Barcelona in July at the Fourteenth International AIDS Conference.

This issue marks the fifth anniversary of ARC's founding. I want to acknowledge again how important ARC's staff is to our work. Indefatigable newsletter editor and general all-around right-hand man Al Fields is indispensable as always. Gary Burlingame continues his admirable webmastering and Jeff Borg's graphic design work has expanded now that he has designed ARC T-shirts (please see the announcement directly to the left.) Our financial supporters make it possible to do this work. Thanks so much to each of you.

Finally, I want to give my thanks and love to my new son Eli Stone Svoboda (born February 4, 2002) and to my wife Dr. Paula Brinkley for supporting my work and the work of all of us, and for reminding me why I and so many of us are so committed to it.



Eli Stone Svoboda; born February 4, 2002

Ethics Article Published

Prophylactic interventions on children: balancing human rights with public health. Hodges FM, Svoboda JS, and Van Howe RS. J Med Ethics 2002 Feb 28(1): p. 10-6

Bioethics committees have issued guidelines that medical interventions should be permissible only in cases of clinically verifiable disease, deformity, or injury. Furthermore, once the existence of one or more of these requirements has been proven, the proposed therapeutic procedure must reasonably be expected to result in a net benefit to the patient. As an exception to this rule, some prophylactic interventions might be performed on individuals "in their best interests" or with the aim of averting an urgent and potentially calamitous public health danger. In order to invoke these exceptions, a stringent set of criteria must first be satisfied. Additionally, where the proposed prophylactic intervention is intended for children, who are unlikely to be able to provide a meaningfully informed consent, a heightened scrutiny of any such measures is required. We argue that children should not be subjected to prophylactic interventions "in their best interests" or for public health reasons when there exist effective and conservative alternative interventions, such as behavioral modification, that individuals could employ as competent adolescents or adults to avoid adverse health outcomes. Applying these criteria, we consider the specific examples of prophylactic mastectomy, immunizations, cosmetic ear surgery, and circumcision.

Book Review

The Ethical Canary: Science, Society and the Human Spirit. By Margaret Somerville. New York City: Penguin Books, 2000. 344 pp. www.penguin.ca. Review by Jerry K. Brayton.

Margaret Somerville, perhaps the most influential medical ethicist in Canada, has written a thought-provoking book touching on a wide variety of topics relevant to medical ethics. The chapter likely to be of the greatest interest to the readers of this review is also the shortest chapter, in which she discusses male circumcision. The author begins by describing how her initial lack of interest in male circumcision as an ethical issue changed as she gave fair-minded consideration to what she heard from opponents of the practice. Eventually, Dr. Somerville decided that, at least in the non-religious context, male circumcision lacks sufficient ethical justification, and she was not shy about writing articles expounding her views.

One thing led to another and in 1998, she found herself receiving the NOCIRC Human Rights Award for her work in furtherance of the intact male body. At the award ceremony held during the Fifth International Symposium on Sexual Mutilations in Oxford, England, she was surprised to find herself being booed by roughly a third of the audience. The participants were angered by her argument in her acceptance speech that an exemption to a prohibition of male circumcision should be considered on the grounds of profound religious belief and obligation (of the parents). She notes ironically and perhaps with a little astonishment that she had somehow managed to make nearly everyone mad at her over her position on male circumcision—opponents of the practice, advocates of the practice, Jews and Muslims who felt their religious practices were being questioned, opponents of female genital cutting who rejected the comparison with male circumcision, physicians and parents.

The book's other chapters address such ethical issues as influencing human reproduction through artificial means including both fertility treatments and abortion, human cloning, xenotransplantation, euthanasia, withholding treatment on terminally ill persons with their consent, imposing treatment on seriously ill children, access of healthcare, and allocation of healthcare. Dr. Somerville addresses all these topics with an admirable poise and generosity of spirit, attempting to examine all reasonable positions on her topics, and seeking fair resolutions to the quandaries that result.

"The Ethical Canary" is an excellent, thought-provoking book that demonstrates how tricky many (continued on page 5)

Book review

"You Call This Love? : The Real Reason Women Don't Like Sex" by Lisa Bisque. Lincoln, Nebraska: iUniverse.Com, 2000. 121 pages. www.iuniverse.com. \$10.95. Reviewed by Jerry K. Brayton.

I devoutly wish this book were better than it is. The author's heart is clearly in the right place. Bisque, a mother of three and a licensed practical nurse, offers us very short chapters discussing such issues as hygiene arguments for circumcision, its impact on sexuality, consent issues, legal issues, a spiritual context, and other matters. Unfortunately, this sounds better than it actually is because Bisque rarely manages to plunge beneath the surface of the various issues she skirts past.

The sad truth is that there is little here for anyone with any exposure to the issue of male circumcision. The book is short on facts and long on liberal philosophy, with much of which I personally happen to agree but most of which is superfluous and smacks of preaching to the converted. The book ends with 27 pages of letters and article written to and about the author, so the reader may be forgiven for wondering why he or she is being asked to pay eleven bucks for 94 very sparse pages of philosophizing and scattered facts.

I don't mean to sound overly harsh. Lisa Bisque's book may have some marginal value for two categories of potential readers: 1) newcomers to the movement who agree with her underlying philosophy but haven't applied it to the subject of male circumcision much, and 2) friends and relatives of activists who also share a liberal New Age-oriented philosophy but need educating about male circumcision. Still even for folks in these two categories I would much prefer Ronald Goldman's superb fact-filled masterpieces, or alternatively the classic, highly accessible and recently updated "Doctors Re-Examine Circumcision" by Denniston and Ritter. I appreciate the author's dedication but must admit I can't recommend the book as a worthwhile purchase.

Doctors Re-examine Circumcision By Thomas J. Ritter, M.D. and George C. Denniston, M.D.



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MusiciansUnited@aol.com
Also available at: Amazon.com

Book Review

"Male & Female Circumcision Among Jews, Christians and Muslims: Religious, Medical, Social and Legal Debate" by Sami A. Aldeeb Abu-Sahlieh. Warren Center, Pennsylvania: Shangri-La Publications, 2001. 400 pages. \$36.00 (paper); \$44.50 (hardcover). <http://shangri-la.0catch.com/> Reviewed by Jerry K. Brayton.

This long-awaited book by well-known intactivist and Swiss Institute of Comparative Law Professor Sami Aldeeb is a fitting counterpoint to Lisa Bisque's "You Call This Love?" Aldeeb's work presents readers with an awe-inspiring wealth of information on many pertinent aspects of circumcision. Even the most dedicated advocate of genital integrity is likely to find much that is new here. It is delightful to read a book, possibly the first ever published, that comprehensively treats male and female genital cutting on an equal footing, in keeping with Aldeeb's own personal enthusiasm for halting both practices. I found the author's synthesis of the various different positions regarding male and female genital cutting to be highly intriguing and thought-provoking. The section on genital mutilations and human rights (pages 316-336) is particularly strong.

The downside is that the book is littered with regrettable typographical errors as well as many nonfelicitous translations from the Arabic in which the book originally appeared. As is inevitable with a work aspiring to this level of achievement, it also unfortunately contains a number of factual inaccuracies, though probably more than it needed to if it had undergone a more stringent pre-publication editorial process. For example, it is rather jarring to read on page 183 that physicians "hold that uncircumcised persons are more exposed to illness than uncircumcised ones." (The author evidently meant to write "circumcised ones.") On page 193, Aldeeb writes of Wiswell's deception in using relative terms to express the difference between the rate of contraction of urinary tract infections, but claims that Wiswell thereby came up with a 10% increase in UTI's for intact boys, whereas actually Wiswell calculated the rate was ten TIMES or 1,000% larger. Again, on page 197, Aldeeb refers to the United States as having the sixth largest NUMBER of AIDS cases in the world, whereas the data he presents clearly shows that we have the sixth largest RATIO PER CAPITA of AIDS cases. The problem with such errors is they cannot help but leave the reader with lingering doubt regarding the accuracy of some of the other information in the book that is not as easily checked.

Periodically, the reader may find that engaging but (continued on page 6)

Somerville

(continued from page 3) of these issues are. One of the difficulties seems to be that we have lost some of our ethical markers and guidelines that enjoyed fairly widespread acceptance as recently as 1-2 generations ago. Dr. Somerville herself struggles in this book to balance her own definite views (at least on some subjects) against her openness to opinions differing from her own. Usually she succeeds. If occasionally she seems to get momentarily lost in her self-created thicket of thorny ethical dilemmas, she is still as good a pathfinder as we might hope for. The most dedicated intactivists will still fail to feel fully satisfied by what might to them seem an overly nuanced position designed, if not to please everyone, at least not to alienate anyone too mightily. Nevertheless, the "Ethical Canary" deserves the same sympathetic, open-minded reading which the author manages to give, over and over, to the people whose positions she judiciously explains and analyzes.

Conference Report

(continued from page 1) circumcision in one healing dose.

The second speaker was Dr. Later, who already knows that there are no medical indications for routine neonatal circumcision from meeting with NOCIRC staffers at the meetings of the American Academy of Pediatrics. He did (erroneously) state that circumcision prevents cancer of the penis but added that this cancer is exceedingly rare and doesn't justify circumcision. He has taught the other pediatricians in the Utah Valley area the importance of using a dorsal nerve block to mitigate the pain. In fact, there is no hospital in the valley that does circumcisions without anesthesia. Dr. Later endeavors to talk parents out of circumcision and is somewhat successful, yet obviously not successful enough as Utah still has a 90% circumcision rate. Dr. Later shared that in his pediatric training, he circumcised 26 babies in a day. The doctor was refreshingly honest – the reason he does it is economic. Parents would take their business somewhere else if he didn't do circumcisions himself.

Now this may be an obvious topic to discuss, "blood money", in light of the conference theme of ethics. We were forbidden to discuss the topic of litigation. This seemed ironic because all too often parents are talked by doctors into granting "consent" to circumcise and the hegemony expects this decision, in part due to what doctors have been doing for generations. When they wake up, some of these parents proceed to sue their doctors. Steve had wisely taken the path of compassion – how

difficult it is for doctors to now be held hostage by their own ritual. Indeed they can't afford not to do them!?!)

When I spoke, I addressed this issue in this way. "As I am not a doctor, I cannot prescribe, so here instead is my confession. As a midwife, I will not work with a family that insists on circumcision. To participate in circumcision would hurt the baby, which would harm my own soul. It hasn't been economically effective to turn away business over the years, but I do have my intact soul." Later, I thought I could have added "...and there is no amount of money that can take away the soul's pain."

Jennifer had asked me to speak as a Jewish mother of intact sons. I shared that it has been difficult to choose another way and keep our full membership in my family of origin. Yet, as I keep my heart open to my family, and am patient, eventually through the good work of intactivists everywhere and the media's help in getting the information out to the public, even some of my own Jewish relations are re-thinking circumcision now. We are still not invited to any bris that may happen, yet we are invited to the other celebrations. (Celebrations that we can authentically celebrate are my preference anyway.)

I was also asked by the audience to speak about the covenant with Abraham and after confessing my lack of ambition or hubris, I did share my ideas which can be summarized as "identification with the oppressor." This is the strategy of dominator or warrior cultures – break the mother's heart and their sons can be later sacrificed as fodder for the war machine. Here is where the women in the audience became more energetically alive – when I spoke of cir-



Jeannine Parvati Baker
Photo by Jeff Borg

cumcision's attack upon the trust of the mother and baby. I referenced the stages of pain response that Dr. Later shared by stating that any separation from the mother's body in the immediate post-partum period sends the baby into the "alert" mode because babies need to be sustained by their mother or else they may die. And we might remark here that they don't circumcise a baby on the mother's body in the USA for obvious reasons. If a mother cannot protect her own baby, she imprints helplessness, and all dominator societies need helpless

citizens.

The audience was far more informed and considerate than I had expected. Only once did a questioner aggressively state her opinion that circumcision was "wrong" and that doctors are to "blame." She was holding her peaceful baby up as she said doctors are NOT to be defended as they are part of the problem, when the little one began to cry. The doctor responded by saying, "I am sorry that you are upset." (I thought to myself, I wonder if he says this to the babies he mutilates?) After the panel was completed, the mother approached me and said that she was a childbirth educator and felt so frustrated that doctors can't see the solution – just stop circumcising. I thanked her for her contribution – as a panelist at an academic conference, I have learned that I cannot get away with such a blunt and forceful testimony. Also, whenever I assign blame, I am also keeping the problem in place. Rather, I seek to understand how we can work together to stop genital mutilation. I envision Dr. Later as an ally – maybe like the courageous Nurses of St. Vincent Hospital in Santa Fe, he may be the one to stop circumcision wherever he practices pediatrics. However, it was clear at the conference that Dr. Later doesn't realize this yet. Good thing that I am patient. Yet, in the final analysis, when doctors come to conscience, they will continue to be our best allies – witness Dr. George Denniston, founder of Doctors Opposing Circumcision. One day, I envision Dr. Later being a member of this wonderful organization, too. Let's hope that it is sooner (rather than later) for Dr. Later.

All in all, we consider this a huge success for the babies and families of Utah. For, although I am a midwife, now a grandmother and patient, I think that waiting over one hundred years is long enough to end genital mutilation in the USA.

Just as I was writing the closing to this report of the Conference that the School of Ethical Studies sponsored at UVSC, Jennifer called one more time. She thanked me and was thrilled to report the list of the babies "we've saved" since that event two days ago. When I had talked with Steve after the panel, the best word we could come up with, as summary was, "effective." Jennifer's confirmation is just that – we were effective in catalyzing a groundswell of compassion and action on behalf of the babies. Jennifer also reminded me that by far the feedback she received as organizer was how important it is to listen to your feelings – and trust your heart. Each of the speakers, and especially Jennifer Howard, by showing up and sharing our version of the truth about circumcision, did precisely this. *Jeannine Parvati Baker, Six Directions Foundation, <http://www.freestone.org>*

Florida

(Continued from page 1) to make an appointment. Sometimes this is true of the aides, too. I've been trying to get appointments with some of the representatives for years. A week ago I finally got one of the important ones to agree to meet with me in December! It's now March!

I give them the numbers, which I got from Florida Medicaid, and all the reasons not to do it. Some people think we shouldn't give them ALL the reasons: "Just talk about it being unnecessary and a tax waste, don't get into the other things, the harm and human rights violations. They won't like it."

I try to hit 'em with everything I have: "Unnecessary, unproven, expensive, painful, harmful, sometimes lethal, always a legal and human rights violation." I'm not going to my grave with ammunition unspent.

And I don't try to pretend I'm somebody I'm not by wearing a suit and tie. I go up there in my (clean) Levis with my long hair and sock it to 'em. I guarantee you most everyone up there now knows exactly who I am and exactly why I'm there and exactly what I want and that I don't take BS off of anyone. I think it's important to be yourself when you do this work. If you feel comfortable in a coat and tie or a beautiful dress, by all means, dress up. Don't go up there looking like me! And I won't go looking like you. I leave all my beautiful dresses at home! We're the public and we come in all shapes and sizes and colors and styles. They just have to get used to it. They're public servants. I'm part of the public they're supposed to serve. So are you. We OWN the government, remember? These people work for US.

Does everybody up there like me? No. But most of them respect me and know that I know what I'm talking about. I think they respect me because I keep coming back. "There he is again reminding us of what we don't want to be reminded of."

Florida's circumcision expenditures for minors for the '98-'99 fiscal year (July-June) were \$788,254.48; for '99-'00, \$1,060,938.55; and for '00-'01, \$1,626,753.36.

Circumcision expenditures more than doubled in two years, but case load only went up from 9,625 to 9,958 to 10,972 over the same two years, only an 11% increase. The cost per victim went from \$81.90 to \$106.54 to \$143.41, a 75% increase. I wonder if the AAP's 1999 recommendation for anesthesia had anything to do with this dramatic increase in cost per victim.

These numbers are beginning to turn some heads in Tallahassee, and I am mercilessly rubbing their noses in them. Rank cruelty on my part!

The work has taught me two things. Lobbying is about walking. Don't get into this business if you don't have strong legs! People can do a lot from their computer though, so if that's your way of lobbying, make the most of it! Petrina Fadel in New York sent letters on the Medicaid problem to most of the newspapers in the USA and many printed it! All from the comfort of home! She has also contacted by email every state senator and representative IN THE COUNTRY with an email address! But I get my aerobic exercise in the Capitol running from meeting to office to appointment, trying to learn the ropes and save the babies.

The other thing I've learned (as if I didn't know it already) is that this is a tricky job. To do it I have to make adults who are comfortable with circumcision uncomfortable with it. The purpose of making the comfortable adults uncomfortable is to make it possible for the uncomfortable babies to become comfortable again.

But people don't seem to want me to made them uncomfortable. When I do it to them sometimes they seem to hate me for it. The trick then is to redirect their discomfort and hatred toward where it really belongs. It's the work of a magician. When the adults realize WHY I am making them uncomfortable some of them decide to forgive me and join the parade. I'm not always deft at facilitating this, but I have had a few successes and they feel really good when they happen.

Then there's the occasional aide who already agrees with me! And the rare bird who, although they've never thought about it before, gets it right away and thanks me profusely for the information. An employee of the House Claims committee got it like this the other day.

I'm a prospector looking for gold. I keep finding these small nuggets, but I figure if I keep at it one day I'll hit the mother lode!

I'm still learning. Wish I had known in '99 what I know today! Every day more becomes clear about what I should have done last year! And what my opportunities might be for next; where I needed to be yesterday; where I might have luck tomorrow; where I am today.

So much that I learn seems like I should have known it at the start. Why did it take me until TODAY to identify the three most relevant committees in the Senate and the two most relevant ones in the House? I've been concentrating on one in each - Health and Human Services Appropriations, which has been fine - but now I've identified three more that need me! I feel like such an idiot when I learn these obvious things!

Why are these babies dependent on such an idiot to lead the charge in the Florida Capitol? I guess if this were obvious

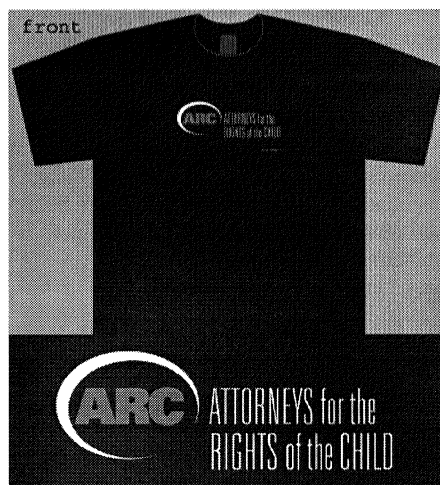
enough to have attracted high-powered lobbyists the cause wouldn't need them. So here I am, doing the best I can with my one old body and brain, while trying to keep body and soul together in all the other ways that are necessary in order to spend a little time working for the babies in the Capitol.

I've heard that in war every soldier on the front has to have six logistical people behind him, supplying his needs. In Tallahassee it sometimes feels as though I have to be those six as well! But then I remember all the people feeding me information over the web and through the mail and I don't feel alone at all. Now email me some damn sandwiches! I'm hungry!

Despite the hunger, I find this an exciting way to work for the future and the people who will inhabit it. One of the things I hope this article will do is inspire activists in or near state capitals to take up this lobbying job in your own state. This is a really good time to do this work. The Chair of the HHS Appropriations committee in the Florida House instructed her members at the start of this session to 'Look under every rock!', and 'Dig for dollars!' It's a lot of fun to be able to take them a 'check' for a million-six and see them realize they're going to have to take it some day whether they want to or not! It's like wanting to go to heaven. Most everyone does, just not THIS year!

Beyond that, I feel this makes a big difference for lots of babies. It already has made a big difference for a few. One aide was about 7 months pregnant and very grateful for the information. Another had a daughter who had already given birth and had finally saved up enough money for her baby's circumcision when I got to her, just in time! Now she can spend her hard-earned money smarter! The legislatures are no different from anywhere else: People keep having babies all over the place, even people involved in legislatures, and they really need our help!

Go get 'em!



Medicaid

(continued from page 1) ultimately printing 11 letters to the editor, not one of which supported Medicaid funding for circumcision.

The North Carolina House tacked funding for "optional" circumcisions into Senate Bill 841, a bill with numerous other unrelated clauses, and passed it on November 16, 2001. The bill then went to the North Carolina Senate for approval.

Immediately, the taxpayers, concerned parents, and citizens of North Carolina launched into action - calling, emailing and writing the senators with their concerns. The legislators reported being overwhelmed" by hundreds of contacts.

In the final days leading up to the end of the legislative session, the citizens of North Carolina were receiving very encouraging news from the senators. They reported to the constituents that they had received a lot of feedback against circumcision funding. A number of senators pledged their support and a few key senators on the appropriations committee all but assured constituents that the circumcision provision would be taken out of Senate Bill 841.

However, in the final days, many senators also started reporting that pressure to retain circumcision funding was coming from the Governor's office. The governor has two brothers who are obstetricians, one practicing in North Carolina. Many legislators had already reported that the North Carolina Pediatric Society, aided by their professional lobbyists, had been pressuring the legislature to reinstate funding.

Again the taxpayers, concerned parents and citizens of North Carolina launched into action - calling, e-mailing and writing the governor with their concerns.

On the final day of the legislative session, December 6, 2001, Senate Bill 841 still had not been acted upon. It appeared no action would be taken on this bill before the session ended. Then came the final hours of the session. Some key senators on the appropriations committee that had pledged support had already left to go home. It is unclear exactly what happened in the final hours, but a very small number of legislators took section 12 out of Senate Bill 841 and added it to House Bill 231, becoming section 19, in last minute budget negotiations. This bill was then given blanket approval by the Legislature along with numerous other bills they were trying to pass before officially adjourning. The bill was so long, and the legislators were giving blanket approval to so many bills in the final seconds that it's not even clear how many of them knew circumcision was inserted in House Bill 231. Other senators had already left and didn't even vote.

Several senators were very surprised and very upset about how this came about. SB 841 was never approved - someone had to go out of their way to tuck circumcision funding into this new bill at the very last moment. One senator commented "there are a lot of bad things that happen here." The voting record shows only 23 of 50 senators voted for the overall bill, and of these, some informed constituents that they did not support the circumcision clause even though they voted for the overall bill. In the House, 78 of the 120 representatives voted for the overall bill.

A close aide to the Governor reported that he went out his way to make sure circumcision funding got reinstated because he didn't want Medicaid children to be marked as poor,

The North Carolina Legislature reconvenes at the end of May, 2002. There seems to be broad support, at least in the NC Senate for eliminating funding for unnecessary circumcision. Several individual representatives in the House are supportive too. The citizens of North Carolina opposed to routine circumcision believe common sense will ultimately prevail over the medical lobby.

There is growing sentiment across the nation that tax dollars should not be wasted on medically unnecessary circumcisions. Medicaid currently pays for 25% of all newborn circumcisions. In addition to the legislative actions in North Carolina during the past year, legislation is also currently being considered in Michigan and three other states to eliminate elective circumcision funding through Medicaid. There has also been significant legislative review of this wasteful expense in Florida. Most states are experiencing budget deficits and rapidly increasing Medicaid costs. More and more states will need to look at trimming all unnecessary expenditures from the Medicaid budget. Grassroots efforts are growing in many states across the nation to eliminate their tax dollars from funding unnecessary circumcisions. As the budget deficits grow, so will the pressure to end elective circumcision funding.

Under Amber's superlative leadership, ARC has been involved in the Medicaid work. ARC recently filed a complaint against the University of North Carolina-Chapel Hill Hospital with the Joint Commission on Accreditation of Healthcare Organizations, over its performance of and advocacy of Medicaid funded circumcisions. We are in the process of lodging a complaint with the state medical board against the president of the North Carolina Pediatric Society for inappropriate lobbying on behalf of circumcision.

Aldeeb

(continued from page 3) relatively pointless stories creep into the text, such as the tale on page 282 of the man who stole the circumcision board. While it is useful to have summaries of other authors' writings on pertinent subjects, it is odd to read two-page block quotations taken from these works with little or no editorial comment inserted by the author. On the other hand, such information would be very useful if placed in context with critical analyses provided by the author.

"Male & Female Circumcision" at times reads like the author's notes for an encyclopedia on the subject of genital mutilations. The information is a goldmine; the presentation and organization somewhat regrettable. We can hope for a second edition of this work that may correct many of these errors, add further updated information, and allow for careful fact checking. Such an edition would do well to cite primary sources rather than secondary ones, particularly those tending toward the obscure. The pervasive nonstandard English should be remedied and the many typographical errors should be repaired. Finally, our paperback edition is already starting to fall apart, not a hopeful sign for a reference work that should prove useful for years to come.

Despite all this, I highly recommend Sami Aldeeb's passionate work for the large amount of information it contains which cannot easily be found elsewhere, and for daring to make the first stab at globally addressing many aspects of genital mutilations within the covers of one book. For all its shortcomings, I consider this to be one of the most important books ever written about genital integrity, and highly recommend that every reader seek out a copy for his or her perusal and personal library.

