Cuba Si!  
By Van Lewis

The 16th World Congress of Sexology was held in Havana, Cuba, from March 10-14, 2003. Elizabeth Noble, Jim Prescott (in absentia), Steve Scott and I all made genital integrity presentations there.

For me, going to Cuba was a dream at last come true. I had wanted to go to this tantalizingly near yet elusive island ever since I was a small boy growing up on North Florida’s Gulf coast in the late 1940’s, listening at night to the exotic language and music of Radio Havana. Here in 2003 I finally got to dance to some of that music with the famously beautiful Cuban women! I parted with two of Fidel Castro’s nieces, one of them the President of women! I partied with two of Fidel Castro’s nieces, one of them the President of Radio Havana. Here in North Florida’s Gulf coast in the late 1940’s, listening at night to the exotic language and music of Radio Havana. Here in 2003 I finally got to dance to some of that music with the famously beautiful Cuban women! I parted with two of Fidel Castro’s nieces, one of them the President of women! I partied with two of Fidel Castro’s nieces, one of them the President of

A Florida Win!  
By Amber Craig

Our time in DC was a very productive and eventful experience. About 50 NOCIRCers from around the country gathered in DC this week.

Approximately 25-30 people did the annual march to the US Capitol on April 1 -this is the 10th year David Wilson and SIC-Society sponsored the march. On April 2nd, the group of 20-30 people marched to the Supreme Court.

On Thursday we had an all day strategy session with about 45 activists in attendance. This was a very productive meeting.

One of the most important things that occurred is that a CEO of a NY State HMO that covers Medicaid patients attended to learn more about defunding circumcision. She was extremely educated about the issue, and completely agreed that healthcare dollars should not be wasted on this cultural practice. I considered this meeting very valuable for our work ahead in eliminating government funding of medically unnecessary circumcisions.

Another very important discussion that occurred at the strategy meeting was the presentation by Greg Dervin, who began the Students for Genital Integrity Group. These students are our future, as a movement, as a nation, as future parents, doctors, etc...and it was very important for us to come together as a group and support them in their efforts. In one short year...
More time has passed than usual since our last newsletter appeared shortly before the April 2003 Genital Integrity Awareness Week took place in Washington, D.C. Many of us are looking forward eagerly to meeting in early November in New Orleans at the annual conference of the American Academy of Pediatrics (AAP). Various activities are planned including a NOCIRC educational table inside the exhibitor’s hall at which many of us including myself will be working.

Dr. William Strand is scheduled to lead a breakfast meeting entitled “All Circumcisions Are Not Created Equally” on Tuesday, November 4 from 6:45 AM to 7:45 AM (!); plans are afoot to have at least one of our supporters present at this event, which is limited to registered conference attendees who pay an additional $25 to attend (despite the additional cost and the early hour, the session is already sold out). We understand that DOC is planning an educational campaign directed at attending pediatricians to be conducted outside the conference hall. SIC Society is also planning direct action outside the conference hall at certain points during the conference to, among other things, encourage the AAP to take a more proactive role in promoting genital integrity. Last but certainly not least, the New Orleans event will allow many of us to meet and share ideas, inspiration, and possible future strategies with each other. It should be a very exciting and productive event.

Perhaps the most welcome news since our last issue is Florida’s cessation of Medicaid funding. On June 24, 2003, Governor Jeb Bush signed the Florida budget for fiscal 2003-2004, thereby officially terminating that state’s Medicaid funding for the procedure, effective July 1. Florida is the sixth state to stop Medicaid circumcisions since June 2002, bringing to twelve the total number of states that do not pay for circumcisions using Medicaid funds. Congratulations to Van Lewis, Ed Rose, Amber Craig, and all other activists responsible for this gigantic victory in one of our country’s largest states. In another landmark event, William Stowell and attorney David Llewellyn reached a settlement for the harm William sustained from his circumcision. This marks the first case in which a plaintiff has won compensation for a non-“botched” circumcision that was agreed to by his parents. (For more information, please see the NOCIRC-ARC press release reprinted on page 11 of this issue.)

Many other interesting developments have taken place since our last newsletter; brief summaries of some of the most important of these are included on page 3 of this newsletter. In June, ARC sent four different letters to five government officials in Finland regarding ongoing discussions there over the six deaths in 2001 from ritual circumcisions in Kuopio and an ensuing proposal to consider passing legislation to regulate or ban this practice. In June we also made a submission to the new Scottish Human Rights Commission. ARC has been involved in four press releases since our last newsletter, all of which are reprinted on these pages. These involved 1) the Stowell case, 2) an important new case ARC Board Member David Llewellyn recently filed in Georgia, 3) the United States Agency for International Development (USAID)’s current and highly improper role in promoting circumcision overseas as an asserted HIV preventive, and 4) the Armatas case, litigated in early August in the United States Federal Court for the Eastern District of New York, in Brooklyn.

We are always grateful to our supporters, whom we have to thank for our continued survival. Currently we are operating with a deficit. If you can help support our work, please use the enclosed envelope to send your tax-deductible contribution to ARC, 2961 Ashby Avenue, Berkeley, CA 94705.

Literature Reviews

By J. Steven Svoboda


A seemingly endless parade of more-or-less interchangeable articles and books about female genital cutting (FGC) appeared in the 80’s and 90’s, each apparently attempting to outdo the last in the ferocity of its denunciation of the patriarchy, its explanations as to why FGC is nothing at all like male genital cutting (MGC) and its affirmation.
USAID’s disgraceful promotion of circumcision is expanding, as they announced on September 11 (!), 2003 their donation of 12 million South African Rand (approximately $2.8 million) for the development of a pilot “circumcision village.” For more information, see www.bday.co.za/bday/content/direct/1,3523,1429423-6078-0,00.html.

In what may be a first, in September, the Irish police arrested a practitioner and charged him under the Non-Fatal Offences Against Persons Act for allegedly circumcising a 29-day-old boy who bled to death following the botched procedure. Prior to the arrest, Dublin surgeon Matt McHugh, author of an anti-circumcision paper published in 1981 in the Irish Medical Journal, described circumcision as “a mutilation” and said that the procedure should be banned from Irish hospitals. Circumcision of boys is currently provided in at least some Irish hospitals, following a referral from a general practitioner or other medical professional, but is generally performed when the boy is at least two years of age.

In July, leading intactivist attorneys David Llewellyn and Charles Bonner teamed up and achieved a significant victory in a Los Angeles case. The case involved an obese adult (circumcised in infancy) who was erroneously “circumcised” without consent while undergoing an unrelated hospital procedure, resulting in his near-total loss of a functioning penis. The award of just over $500,000 was announced in August after the panel of three arbitrators reached their decision. Congratulations are due all around. More details will be released when they are made available.

The same month, the first recorded prosecution ever under the 1996 federal law against female genital mutilation began when a 27-year-old Georgia man was indicted for aggravated assault and cruelty to children for allegedly circumcising his 3-year-old daughter with a pair of scissors. Efforts are afoot to pass a law in the state outlawing FGM. Currently eight states have such a law in addition to the federal law. All these statutes violate the constitutional guarantee of equal protection since they fail to safeguard the genital integrity of males.

In the May 19 Massachusetts Lawyers Weekly, an announcement was made of a settlement in a botched circumcision that will ultimately net the child over $750,000 in compensation (so to speak) for the 1997 amputation of the tip of his penis. The physician conceded his error.

volume 3, issue 3 (whole number 9)
Attorneys for the Rights of the Child
www.arclaw.org

Volume 3, Issue 3 (Whole Number 9)
How I learned about circumcision
By Nathan Kennard

In April 2002, my wife and I learned about our fourth child, due in September 2002, would be our fourth boy. Around that time, I had noticed my two-year-old showing familiar signs of pain during a diaper change, as a diaper would come into contact with the exposed glans of his circumcised penis. Our other boys, I remembered, experienced the same thing. I became concerned that perhaps his circumcision was causing this pain.

One night I thought to look it up on the Internet and found www.mothersagainstcirc.org, www.sexuallymutilatedchild.org, and www.norm.org. These websites shocked me. I began to realize that my children, like my dad and myself, were disfigured and that the mutilation was not benign. My wife thought it strange when first I mentioned that there were some who actually thought to restore their foreskin and that it could be done non-surgically. I had already checked out a copy of “The Joy of Uncircumcising” from the library along with “Circumcision Exposed: Rethinking a Medical and Cultural Tradition”. As my wife and I read these books, we cried.

We decided that no knives would touch our new baby boy.

I felt an overwhelming need to do something constructive regarding this issue. I pleaded with my brothers and sisters not to circumcise their boys; two born in July were circumcised anyway. I contacted my insurance provider and requested that they cease payments for it; they made no commitments. I put together a CD-ROM with copies of pages from a few anti-circumcision websites as well as the circumcision video from www.intact.ca and handed a copy out to whoever would look at it. I joined some anti-circ email groups and when someone invited my involvement in the Medicaid project, I happily accepted.

Utah Medicaid Project

Steve Scott and others have been working against circumcision in Utah since at least the mid 1980s. They had met with legislators, nurses, doctors, students and others. Despite their efforts, the state government had tenaciously resisted efforts to end the practice.

Inspired by Jeannine Parvati Baker’s account of speaking with a legislator about it, I called my senator. He was understanding and as an employee of the Utah Taxpay-

ers Association (a group that lobbies against unnecessary taxation) agreed that taxes need not be spent on cosmetic surgery. He suggested that I contact the members of the Health and Human Services Appropriations subcommittee.

Between Jeannine, Jeff Brown, others, and myself every legislator got 2 or 3 emails before the session started. Each member of the aforementioned subcommit-
tee also got copies of the ICGI Medicaid Report, press releases, and a few articles. The week before the legislative session began, every legislator got copies of the Circumcision Fact Sheet (www.nathankennard.com/FACTSheet.rtf), a one-page summary of the funding issue in Utah.

In September, my co-worker told me that her roommate, a public radio reporter, wanted to do a story on the issue. This story aired in the beginning of January (www.nathankennard.com/radio/). My wife and I were interviewed in September and in No-

vember I learned of Judi Hilman, a low-income advocate who was also interviewed for the story. We met and she soon realized I was not attacking her constituents; in fact, the funding I was speaking of could be used to restore some programs which had been cut. She provided me a list of which legislators have the most power and suggested we contact these. She also volunteered to allow me to speak to her coalition.

Before the session we contacted ‘powerful’ lobbyists who might influence the legislators. One such was the president of the Utah Eagle Forum, Gayle Ruzicka. She is personally strongly opposed to the “brutal practice” of cutting infant genitals for non-therapeutic reasons. She said she would definitely not oppose our efforts, and suggested I contact Rae Howard as she has connections at the state capitol and is strongly opposed to infant circumcision as well. We also enlisted support from the lay midwives.

The low-income advocates, the Eagle Forum, the midwives and the Legislature itself are all highly networked groups. We encouraged all of these to communicate to their members and, if the opportunity arose, to the legislators, the facts about circumcisi-

Lessons I learned during this process:

Pray – There is a benevolent power in the universe, which desires peace and happiness.

Networking - Speak to everyone, encouraging participation and support.

Contact key committees and individuals.

Seek opportunities for media coverage.

Make allies.

You will make friends.

- Nathan Kennard
(continued from page 1) come already!

In 1997 at their 13th World Congress in Valencia, Spain, WAS passed their “Valencia Declaration on Sexual Rights”, and improved on it in 1999 at their 14th World Congress in Hong Kong:

Sexual rights are universal human rights based on the inherent freedom, dignity, and equality of all human beings. Since health is a fundamental human right, so must sexual health be a basic human right…. [Among these rights is the] “right to sexual autonomy, sexual integrity, and safety of the sexual body.” This right involves the ability to make autonomous decisions about one’s sexual life within a context of one’s own personal and social ethics. It also encompasses control and enjoyment of our own bodies free from torture, mutilation and violence of any sort.”... Sexual Rights are Fundamental and Universal Human Rights”.

You may read the entire Declaration at www.worldsexology.org/english/index.html

In addition, WAS has passed four other position statements condemning various human rights violations: genital circumcision of women, sexual torture in prisons, gender biased-related incidents, and discrimination based on gender or sexual orientation.

As I see it, all four of them directly relate to our concern for protecting the human right to genital integrity. Although WAS has passed a resolution against female genital mutilation, so far it has not passed one against intersexed or male genital mutilation.

I asked at a plenary session with hundreds of people there, after reviewing the above facts briefly, if the speaker, Debra Haffner (www.religiousinstitute.org), would support adoption by WAS of a comparable resolution opposing MGM. Her answer was that she believes the various religions have the right to make their own decisions about that, but her hypocrisy was evident and they know the issue cannot be avoided, that it is coming and they will have to deal with it. Many of the sexologists already understand, many are open to being educated, and a few are terrified of the issue, as with other people.

Friday during a question and answer session with the Minister of Health of Cuba and the Assistant Minister of Health of Italy, I was able to talk about the effort in the US to get US Medicaid to stop funding circumcision and ask how other countries could help the US quit, ours being the only country in the world still doing this to the majority of its male infants for non-religious reasons. I was also able to point out that Italy had quit funding circumcision over a year ago, which the Italian minister confirmed. Educating sex educators! What fun!

Friday night, March 14, after the closing ceremony, I spoke with the second in charge of the Cuban Foreign Ministry. I gave him my written presentation and Jim Prescott’s written materials, explained that Jim had written to President Castro, and asked him to get Cuba to bring to the World Court the Montagu Resolution and the issue of the US government funding hundreds of thousands of US human rights violations annually, 25% of all US circumcisions. The foreign minister seemed very interested in all I had to say and thanked me for the materials.

I think it is vitally important that the WAS protect male and intersexed babies and children equally, and believe that at the next World Congress, to be held in Montreal, Canada, from July 10-15, 2005, they (WE!) may do so, IF WE work hard between now and then to be certain that it happens.

We must begin this work now. Resolution for equal protection for all sexes probably will not go unopposed before the committees or in Montreal, even with the clear guidance of WAS’s own Declaration on Sexual Rights. We hit resistance at the World Congress from several sources.

But we also got strong support. In a world organization with members from all over the globe, the political influence of the minority genital mutilating cultures is vastly weakened. I think we have a real chance to win in Montreal in 2005, and in a private conversation the Chair of the Scientific Committee confirmed my assessment. If we can’t teach sexology to sexologists, we might as well quit and go home, but I am confident that we can and convinced that we must.

At Montreal we could have several sessions devoted entirely to the subject of male genital integrity. One could be led by ARC, “Genital Integrity vs Genital Mutilation: Collision in Courts”, or something like that, with Steven as moderator and five other intactivist attorneys making presentations during the session as well. Others could be led by DOC, ICIG, NOCIRC, NOHARMM, NORM, NRC, etc.

All this can happen in Montreal in 2005. We can do it! Let’s buckle down and get to work and make it happen. We need to educate the world’s sexologists and our best chance is NOW, through the relevant WAS committees, and in Montreal in 2005.

It was amazing to be able to talk in person with the Cuban Minister of Health and with the #2 man in the Cuban foreign ministry about US human rights violations in funding hundreds of thousands of genital mutilations every year through Medicaid. (I did the same thing three weeks later in Washington, DC, after Genital Integrity Awareness Week with an official in the Chinese Embassy.) It was exciting to speak with Mariella Castro Espin, Fidel Castro’s niece and the President of this World Congress, with Mariella’s mother, Vilma Espin Guillois, Founder and President of the Federation of Cuban Women, and with Mariella’s sister, Debra Castro Espin, about the world wide movement to protect children from the human rights violation of genital mutilation/circumcision. Debra promised me she’d read everything on the web about the subject and spread the knowledge around the island. I think in Debra we may have found our first known Cuban intactivist.

The truth about foreskins and obliteration of them can’t be stopped. My job is to save as many babies as I can. I can’t do that by backing down. I’ll talk about this madness anywhere, any time, with anyone, if I think I have a chance to save a child by doing so.

Thanks to all of you who work on this issue and have brought it so far. As much of a highlight as Cuba was for me - I am still high from my Cuba trip over two months ago and I will treasure my time there for the rest of my life - I am certain that our most exciting times as intactivists still lie ahead. Therefore …

ONWARD TO MONTREAL!
I CAN’T WAIT!

-Van Lewis
Students for Genital Integrity

By Greg Dervin

About a year after having my epiphany about circumcision, I went to the Seventh International Symposium on Genital Integrity, held in Washington, DC in April 2002. I learned quite a bit there, and thought the presentations were spectacular, but I was disturbed by something that I couldn’t stop thinking about. At this conference of approximately 200 people, there were maybe ten of us that were under thirty years old. I was two weeks shy of my 24th birthday at the time. This troubled me deeply. What social movement has ever been successful without its youth element? We have the energy, the guts, and the nothing-to-lose mentality. All of which tend to be helpful to any movement. By the end of that week, I had decided that my contribution to the anti-circumcision movement will be to help create the youth element.

I was planning on starting graduate school that fall for my MA in Human Sexuality focusing on Male Circumcision and Its Effects on Sexuality, so I decided that the easiest way to start a youth movement would be through the university and college system.

The idea of starting a university organization had other pluses going for it as well. The schools themselves would offer a lot of resources that we could use: some funding for the organization, rooms to hold events, places to post flyers and run informational tables for getting the word out, etc. Most of the students will one day have children; this way we are reaching them before they are pregnant and even thinking about circumcision as a “decision.” And at least as importantly, the people that we most need on our side—doctors, lawyers, politicians, psychologists, other researchers, etc.—almost exclusively come out of universities. If we can get these professionally oriented folks thinking about circumcision as an issue while they are determining how they are going to focus their professional futures, we can end up having some more really powerful people on our side.

What was originally going to be “Students Against Circumcision,” instead became “Students for Genital Integrity.” I wanted a name that signified the positive work we were hoping to do, not a name that focused on the negative. The name change was also made because at this point I decided I wanted the organization to be an umbrella group, bringing people who work on ending male circumcision together with those working to end female circumcision and those working to end sex reassignment surgery of intersex children. I see them as three sides to the same issue, namely the forced cutting of a child’s genitals to conform to a particular society’s concepts of aesthetics or normality. It really bothered me that these groups generally seem to function so separately from each other, and for the most part don’t seem to want to have anything to do with each other. It’s been my hope that if we get them working together while in college, they will bring that desire to combine forces with them as they enter the larger world.

My plan was to get Students for Genital Integrity started at my school, San Francisco State University (SFSU), then try and branch out to other San Francisco Bay Area schools, and then work on spreading out nationally. After our first academic year, there are now five chapters of SGI across the country. We currently have two more chapters slated to start this fall: one at Duke University, and another at Sinclair Community College in Dayton, Ohio. We also maintain an email listerv for students only that currently has 184 members from all over the world.

We have been getting a fair amount of press so far. We have been mentioned in the San Francisco Examiner, SF Indymedia, Details Magazine, and on the TechTV cable television show. The San Francisco Chronicle (the largest newspaper in the San Francisco) published an article specifically focused on Students for Genital Integrity which was then picked up by the Associated Press and ended up in numerous newspapers around the country.

As someone whose politics leans towards a highly decentralized form of government, I do my best not to play dictator over the national organization of Students for Genital Integrity. Each chapter has complete control over how they choose to guide their work, so long as they follow a couple of simple guidelines. First, each chapter of SGI has to do its best to incorporate work against ALL forms of genital cutting of children; however, each chapter may be more focused on one area or another, as it chooses. The other necessity is that when establishing their bylaws, there must be a clause about nondiscrimination (particularly regarding Jews and Muslims). As a Jew myself, it is very important to me that SGI doesn’t allow anti-Semitism to creep into its anti-circumcision stance. Other than those two rules, each chapter can do as they see fit. So far all chapters have been started by someone whose primary focus has been male circumcision. This is in large part because there are more people in America affected by MGM, but also because I am personally better connected into the anti-male circumcision movement than the other movements. I have been trying to make more headway with the other movements with minor success so far.

Given SGI’s decentralized format, it is easiest for me to explain what we have done so far with SGI by focusing on my own university, SFSU. We hold weekly meetings for both the education of new members and planning upcoming events. We plaster the campus with informational flyers about each of these forms of genital mutilation on a fairly regular basis. Some are dry and simply informational, some are in-your-face and rather graphic. About twice a month, we set up a table on the quad with all sorts of information available to hand out to students as they walk past, and we answer any questions that the students might have. During the spring semester, we held three events, one focusing on each of the three categories of mutilations. The events all followed the same format—we would show a video about the issue, and follow it with a facilitated discussion. These events have had good attendance so far, and we’ll be doing more of them in the future. SGI@SFSU also set up a booth at two of the peace rallies held in San Francisco on January 18th and February 16th of this year. This gave us the opportunity to reach large numbers of people, including new interested students.

Another of my goals for SGI has been for each chapter to find out what exactly is being taught in the classrooms at their university about these issues, and for chapter members to see what kind of influence they can have on improving the curricula. With this in mind, I took a position as a Graduate Assistant for the Introduction to Human Sexuality class taught at my school. This class is exceedingly popular with about 1,500 students taking the class each academic year. I spoke with the professor about circumcision with great frequency, and about a week before finals, she let me teach a lesson on circumcision to each of the classes. I was told that I’d have fifteen minutes. I took almost 45 minutes the first time, and for the second and third class I spent about 25 minutes the lesson. Without a doubt, all of the students in attendance were affected. Even more exciting though, the professor is (continued on page 8)
### Washington

*(continued from page 1)* Greg Dervin has managed to spread Students for Genital Integrity to 4 recognized chapters across the nation - one in Iowa, one in Florida, and soon to be one in Arizona, as well as one currently forming in DC. It is evident from listening to Greg Dervin's enthusiasm that he and other students around the country will be leading the way for MAJOR change in the next few years.

To learn more about the student group, go to www.studentsforgenitalintegrity.org.

One of the key things that was discussed during the student session was the importance of networking and building bridges between other organizations. Greg has found a lot of the circumcision, female circumcision and gender reassignment of the intersexed. We all need to do more to build bridges in our community - hooking up with childbirth educators, doulas, midwives, attachment parenting groups, and other causes in which we can make inroads and build support for our cause.

On Friday, about 25 of us headed to the central headquarters of the American College of Obstetrics and Gynecology (ACOG). Wow! What an amazing event. I am so glad we did this, because we really caused a major commotion. Within the first half hour of us being there, four different police cars put on their lights, came over us. We would see the curtains open, people peer out, then the curtains close. I saw a lot of pointing and curiosity from inside. We set up a HUGE 25 foot sign reading "Who's rights?" It was really quite a display. After a few hours, some people working inside the ACOG building came outside. One came up to me and said "I think you're at the wrong place, you need to go to the AAP." Most of the people entering and leaving the ACOG building wanted nothing to do with us and would not take our information.

Several of us with cell phones called all the local tv stations and newspapers - very little success - one camera crew from the local ABC affiliate came down and took a few minutes of footage, that is all I know of.

The other important piece of this demonstration was the thousands of average Americans we met on the street. I have to say, the people walking by looked like a cross section of America - old, young, to white, black, rich poor, etc...This perhaps was the most disappointing part, because it gave us a good view of what the average American thinks about the issue. Sadly, very few were informed. I would say that probably less than 10% were even aware of what the debate was all about, or had any idea that circumcision was a not a good thing to do. Again, I think this is a fair representation about what your average American who is not in the medical profession or is not pregnant or recently had a baby, thinks about this issue. Maybe half were willing to take information from us, many were quite disgusted we were there. We may be making inroads with the medical professionals, students, and with the expectant parent community but as far as general mainstream American culture...we have a LONG way to go.

-Amber Craig

### Students for Genital Integrity

*(continued from page 7)* updating her lecture guide and reader this summer for the first time in fifteen years, and she has asked me to write an article about circumcision for her to include in the reader. I am also hoping to get her to change quite a bit of the information that she has in the lecture guide about the penis in general...for example, putting foreskins on all of the penis diagrams.

Our first year seems to be going rather well, and I have higher aspirations for next year. We had five chapters start by the end of the first year. Let's push for twenty five chapters by the end of the second year!

-Greg Dervin

### An Invitation

We look forward to seeing you at the first community social for NOCIRC of the Capital Region (Washington, DC) and notjustskin.org, Saturday, October 18, from 1 pm 'til after dark. All are welcome. A chance to meet others working on genital integrity, infant and child health, community education, human rights, and gender issues, and to share your ideas and experiences. If you wonder why these issues are important, come and find out.

For additional information and directions, contact Ryan McAllister, Ph.D., Executive Director, NOCIRC of the Capital Region: ryan@notjustskin.org
In Africa as a whole and Botswana in particular, the art (or is it a science?) of circumcision was never birthed out of a womb of forecast medical uncertainties. Its supporters have always relied either on tradition, sexual satisfaction or any of such lame and unfounded arguments.

Maybe it is worth stating at this point that traditional circumcision was (is) done in strictest confidentiality such that only those who have gone through the exercise will hold all information in trust and privilege. A “man,” no matter how old he was (is) could not be considered a man unless he has been through initiation ceremony which culminated in circumcision in societies that practiced this cult. Maybe it is also worth noting that such circumcision was done using a knife on a body that has not been drugged to reduce pain and suffering.

The most surprising thing is that this disturbing practice finds its comfort even in today’s Botswana of satellite communication and plane travel. The country’s two powerful medical aid funders, continue to fund their members who either wish to circumcise or whose doctors have so recommended. Most medical practitioners also continue to fork money in to their pockets by performing this brutality. There is no law that criminalizes this practice nor is there any human rights group that has tackled this issue head-on.

Human genital mutilation is not only limited to men. There are some societies, which believe that a woman should not enjoy sexual acts and as such make a small operation in the sexual organ to remove the “sensor.” Those who advocate for such practices say it is because if a woman enjoys sex it might be difficult for her to settle down with one husband. Some societies still, feel that a woman should satisfy her counterpart to the fullest and as such pulls to lengthen her “sensors.”

The problem with all these practices is that they are done in strictest secrecy and people are not willing to open up to discussions regarding the topic. People also in a constant state of denial as to the existence of these practices. They prefer only to talk openly about any topic relating to sexual activity.

I Remember
By Marianne Sarkis

I can still remember that day like it was yesterday. The day my life gained a purpose. It was a hot Lebanese summer afternoon, and I was sitting near this young man whom I idolized on the school bus on our way home. Out of the blue, he looks at me and says “I have a book for you that I know you would want to read. My father doesn’t know that I have it. Would you like to read it?” Without giving it any thought, I answered in the positive, and he took the book “La Parole aux Negresses” (Speak out Black Sisters: Feminism and Oppression in Black Africa) out of his pocket and handed it to me. He made it very clear that he did not want to discuss with me, but that he had the feeling that I should be reading that book. He also added that since his father did not know that the book was missing, he would like the book returned the following morning.

I was fourteen years old at the time. My entire body of knowledge regarding sexuality consisted of one out-of-class seminar that I attended at my Jesuit school where they told us the true meaning of the “Apple of Knowledge of Good and Evil”.

I went home that night, and after dinner, I hid in my room and started reading. Being the introvert and avid reader that I was, my mom did not think this was an unusual occurrence. It was four a.m. by the time I finished reading. I remember lying on my bed sobbing because, in those four hours I spent reading, my entire world had shattered, and my mind was struggling to comprehend something that was outside of the realm of its experience.

“Speak Out Black Sisters” was one of the first books written about the issue of female genital cutting in Africa and the Middle East. The book was a collection of autobiographical reports about women and girls who had undergone this practice. Girls my age at the time who were reporting the horrors of their experiences. Interspersed with those stories were reports and discussions about the nature of these rituals, and some of these reasons why girls are forced to undergo them. As I now leaf through this book, I notice that other topics that were covered through that book were institution-alyzed polygamy, sexual initiation, and skin whitening. However, for a reason unknown to me, the only one that stayed with me was the female circumcision issue.

Female circumcision is a euphemism for a range of practices that involve cutting of parts of the female genitalia. They range from Type I to Type IV, and vary from removing the tip of the clitoris, to ablating all of the external genitalia, the entirety of the clitoris, and sewing the vagina shut except for a small opening for the passing of urine and menstrual blood.

What I thought while reading this book was that girls my age were undergoing this practice on a routine basis, and in countries like Egypt, almost all the girls by the time they reached my age were already “sewn” shut. Egypt is considered one of the sister countries of Lebanon. Most of the popular media in Lebanon at the time was imported from Egypt, and I felt like the assault on girls there, was like an assault on girls in my country.

The following day I returned the book to my friend, and pledged that I would spend my entire life dedicated to eradicating this horrific practice. Although I not in any danger of having to undergo it since Lebanon is not a practicing country, the mere thought of it moved me so deeply that to not do anything was a horrifying thought.

In 1988, the Lebanese civil war was starting to increase in intensity, and my mother and I decided that it would be better for me to leave the country for the United States where I can live with my brother and attend university. My first stop was Pittsburgh at the local community college. There, I became the president of the women’s club on campus, and in addition to all the activities that we did on campus, we donated books to the library regarding FGM. At the time, I was trying to plan my academic life where I would be allowed to try to understand this practice, and perhaps help in bringing it to an end.

My first anthropology course was at that college, where the professor, as part of the gender roles topic covered initiation rites. I was ecstatic that now I found someone who was familiar with this practice. It was a valid area of research, and certainly a valid area of concern for anthropologists. However, what the professor stressed repeatedly was that we needed to look at this practice from a culturally relative perspective, and that as anthropologists, we should not interfere with cultures’ customs. That perspective did not sit very well with me. Surely we can make an exception in this context, and interfere. Women and girls were dying on a daily basis! How can we stand by and watch, take notes, go home and publish without even making recommendations on intervention?

Those questions remain with me to this day. I have since finished my undergraduate degree in anthropology at another university, and was awarded a Master’s degree in applied medical anthropology. Almost every paper I wrote for an anthropology course was somehow related to the issue of female circumcision. I kept trying desperately to try to understand it, comprehend it, and come up with ways to suggest interventions. At almost (continued on page 12)
Progress In Washington

(continued from page 1) case in youth magazines, as the cost to me personally—some $250 a month, was producing late night prank calls from fraternities, but no hot prospects. I did, however, get two botch cases from those ads, not the response I expected. I now advertise in local parenting magazines for botches, @ $150 / mo. No calls yet, but even a trickle would be nice as these are the sort of med mal cases you could phone in, and they should help to fund the ethical cases. They may also attract young disaffected or botched men as well.

D.O.C. (read: Dr. George Denniston) and I rented a booth at a huge University of WA street fair in May and gave out lots of brochures, counseled tons of couples and young men. Under a banner that said: Circumcised? Free medical and legal advice," we gave plenty of each (also a few: "update your will? Good idea." "No, sorry I can’t get your parole lifted.") It was a lot of fun as well as encouraging. Cost of booth to talk to maybe 500 people -- $100, money well spent, could easily attract a botched boy or man.

We have already rented a booth under a more subtle D.O.C. banner at the Puget Sound Baby & Children’s Fair in September, where we will do our dog & pony show again with the very people who need it most.

We both know a Seattle pediatric urologist who does most of the region’s circumcision botch repairs. He is the choke point and portal through which all these boys pass, but advises parents not to sue (too traumatic for the child he says). We have asked our WSDOT license people whether DOC could be given a blanket dispensation to get the names of people whose license tags we submit to them (private info here). His parking lot is a gold mine we need to stake out. Our legal theory is that the state is obliged to give us the names, as these children have been neglected and abused, and depriving the uninsured of legal advice deprives them of medical care their boy needs—sheer neglect.

My latest botch case features a physician who was prescribing for herself, and who could apparently afford personal anesthesia but none for my client. She is wanted by our pharmacy board, the physician licensing authority, etc. The sheriff laughed when I mentioned her name; "Get in line" he said.

Fortunately she paid her med mal premiums, and I caught her the day she was closing her practice for good, packing boxes. Very cool, like a TV drama,— took me 4 hours and 2 ferry rides to get to her. This will be like shooting fish in a barrel. My cute 4 yr-old client (yes, there IS a statute of limitations defense) has a terrible looking stump of a buried penis, just awful. He sprays, with difficulty, at a 90 deg angle, poor lad, like an aerosol can. I meet his parents at a nearby hospital tomorrow, July 15, for his 2-hour reconstructive / phalloplasty surgery. Cost=$8-10,000.

It does help us that several D.O.C. physicians nearby will do exams and testify for free, anytime I ask, a terrific advantage.

The insurance company has already warned me, before interposing a formal answer to the complaint, that they want a sealed settlement. Fat chance.

Our next project, a collaborative effort with ARC and DOC (or DOC alone if necessary) is an administrative Writ of Mandamus against our local medical quality board, ineptly abbreviated WMQAC, which I pronounce Wham-Quack. My complaint is leveled at 15 area hospitals and essentially asks awkward questions for 25 pages of the familiar / usual we all know, in excruciating but legally footnoted detail, marvelously helped by the Seattle Times 7/9 quotes of Physicians themselves. (Circumcisers are chronic blathermouths.)

We plan to serve it on all of them and force the question; appeal if we get rebuffed. (Copy of the work in progress is available to anyone who wants to do something similar or help us with suggestions.)

By the way, the Writ will be accompanied by a blizzard of press releases, as will the Wham Quack reply, and any time in the middle that seems newsworthy.

My prayers for relief are these, very abbreviated here, with legal cites, and all prefaced with: "...We respectfully demand a specific finding or statement of the Commission:

On the rights and limitations of ANY parent to elect unnecessary surgery for a minor.

Why WMQAC could not propose or require the written consent of BOTH parents;

On the limitations of medical personnel to present even the OPTION of unnecessary amputations;

On the limitations of medical personnel to perform unnecessary amputations;

On the limitations of medical professionals to act as ‘cultural brokers’ in the absence of any graduate training in psychiatry, anthropology, etc.;

On why WMQAC should NOT require a histologist’s or pathologist’s report documenting tissue abnormality for each and every amputation;

A specific finding of the Commission on the limitations of medical personnel to perform infant amputations of any kind without benefit of effective anesthesia;

On the limitations of medical personnel to negotiate the informed consent for circumcision while the parents are under the influence of any drug;

On why it should not require the adoption of a Universal Circumcision Informed Consent (UCIC) that substantially mirrors a model consent form; (Dr. Eileen Marie Wayne’s version);

On why it should not require an ‘advance election period’ during which the parents must file an election of circumcision in writing, or forfeit the right, if it exists, to consent in extremis.

On why it should not require the adoption of a statement directed to parents informing them of their right under HIPPA to amend their child’s birth records;

That NO Washington hospital may sell infant tissue without written permission of the parents, and reimbursement to the patient done.

On why WMQAC should not require medical providers to track and keep records detailing all transactions in which amputated infant tissue is sold;

On why it should not require medical providers to report botches they observe (under laws requiring med professionals to report child abuse or neglect);

HOTSPOT law-- on why WNQAC should not require all Washington State Hospitals to report their monthly rate of circumcision to facilitate prevention and detection of possible Medicaid fraud or coercive consent.

Our complaint suggests that barring constitutional immunity, WMQAC may have derivative trade association liability themselves (a la Giammetti, U of Iowa LR). The Writ of M should prove interesting and instructive, carries no Rule 11 worries, no real cost—just photocopying and legal time.

I pretend no expertise and learn as I go, but would be chuffed if any of these activities work for my colleagues in their own jurisdictions. I especially urge the botch advertising technique (which may attract the Wm. S. Case) and staking out your local pediatric urologist. If you feel uncomfortable trying botch cases—sign clients up and ship them to your local junkyard-dog ATLA lawyer.

And of course, with signed-up clients, all your trips chasing medical conventions—AMA, AAP, ACOG, AMSA, AAFP, PAS—are instantly tax deductible!!!

John Geitsheker, JD,LL.M.
Member, American Trial Lawyers Association
USAID African Circumcision Proposal Violates UN Treaties Say Ethicists

(ARC Press Release Issued 4/03/03)

Berkeley, CA – Legal scholars and medical ethicists reacted swiftly to the announcement by USAID promoting infant circumcision in Africa as a way to reduce HIV transmission. "USAID proposes substituting an impractical human rights violation to slow a human tragedy," says Margaret Somerville, M.D., MPH, founding director of the Centre for Medicine, Ethics and Law at McGill University in Montreal. "Their plan will put women at greater risk because many circumcised men, led to believe their surgery makes them invulnerable to the virus, will stop using condoms."

J. Steven Svoboda, Executive Director of Attorneys for the Rights of the Child, a Berkeley, California organization promoting genital integrity for infants worldwide, notes, "The U.S., with the highest medical circumcision rate in the world has high rates of HIV/AIDS compared to Europe, where circumcision is rare."

"Most troublingly, USAID blames mucous tissue for spreading HIV-and breast tissue is responsible for breast cancer, but we don't remove this tissue from infants to prevent this disease. Worse, this kind of thinking which may pressure villages to infiltrate females, an African cultural practice where the female labia are sewn shut for alleged hygiene reasons, a genital mutilation USAID claims to discourage," says Svoboda.

"Male infants should not be forced to undergo surgery to compensate for adult sexual misbehavior or for African health care workers’ failure to properly sterilize their medical equipment," Svoboda says. "HIV transmission in Africa is an adult problem, a cultural mix of unsterilized medical tools, unsafe sexual practices and inefficient government. The AIDS crisis cries out for better medicine and better education, not amputation of healthy tissue from nonconsenting children, a technique that has not worked elsewhere," he says.

"For a U.S. agency, whose government has discouraged family planning overseas, to recommend infant genital surgery in countries where the standards of medical hygiene are themselves largely to blame for the spread of HIV is immoral, inhumane and hypocritical," says Svoboda. "USAID's proposal violates the 1990 United Nations Convention on the Rights of the Child, and the 1997 European Convention on Human Rights and Biomedicine," notes Somerville, one of North America’s leading medical ethicists. "Male infants should not have their sexuality compromised damaged through circumcision because adults have not learned to use condoms," Svoboda says.

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Civil rights circumcision case to protect Spanish speaking families starts trial Monday in federal court

(NOCIRC Press release 8/1/03)

Brooklyn, NY – Trial starts on Monday, August 4 in Brooklyn Federal Court in an important civil rights legal case filed to safeguard Spanish-speaking parents and their newborn male children from unwanted circumcisions for which parental consent was not obtained.

Rebeca Armatas was born to an Ecuadorian mother and a Greek father on August 25, 1997 at Elmhurst Hospital Center in Queens, New York City. On August 27, 1997, Evagelos was circumcised by a first-year medical resident who was untrained in the procedure. According to the complaint filed in the case, Elmhurst—which is owned by New York Catholic Health System—has a pattern and practice of inducing Spanish-speaking mothers into signing “consent” forms for circumcisions without understanding what they are signing and without first being informed—as is legally required—of the risks, harms and alleged benefits of male circumcision.

The “consent” form signed by Evagelos’ mother, Rebeca Armatas, was not translated into Spanish, was not properly witnessed or executed, and was not explained to the mother prior to securing her signature.

Evagelos’ circumcision has led to his estrangement from the community and family of his father. The practice is unheard of in both Ecuadorian and Greek cultures. It needlessly caused Evagelos substantial pain and suffering and has permanently scarred him. As a result, Evagelos will be considered by his father’s relatives to be abnormal and will be ostracized, as well as experiencing sexual dysfunction. The procedure also caused Evagelos and his parents significant psychological harm. Damages are being sought under a number of relevant laws including the Civil Rights Act in the amount of $25,000,000 (twenty-five million dollars) plus punitive damages and attorneys’ fees. Attorneys working on the case include Paul Garner of Brewster, New York, Charles Bonner of Sausalito, California, and J. Steven Svoboda of Attorneys for the Rights of the Child, in Berkeley, California.

J. Steven Svoboda, one of the lawyers in the Armatas case and Attorneys for the Rights of the Child, a legal support center acting to support genital integrity and has permanently scarred him. As a result, Evagelos will be considered by his father’s relatives to be abnormal and will be ostracized, as well as experiencing sexual dysfunction. The procedure also caused Evagelos and his parents significant psychological harm. Damages are being sought under a number of relevant laws including the Civil Rights Act in the amount of $25,000,000 (twenty-five million dollars) plus punitive damages and attorneys’ fees. Attorneys working on the case include Paul Garner of Brewster, New York, Charles Bonner of Sausalito, California, and J. Steven Svoboda.

Circumcision case filed

(ARC Press Release Issued 7/10/03)

Fayette County, GA - William Haynes, Jr., parents claim they did not receive sufficient information about the risks of the surgery prior to his circumcision. Haynes, now 19 years old, is suing the doctor who circumcised him and the hospital where he was circumcised, claiming he was sexually maimed.

Prior to Haynes’ birth, Dr. Smith had not discussed with his parents their desires in regard to neonatal circumcision if their newborn child should be a boy. Even after his birth, Smith, his agent, or a hospital employee merely sought permission to perform a circumcision. At no time did Smith, his agent, or a hospital employee disclose to either parent the material risks and disadvantages of circumcision - something a reasonable healthcare provider would have done due to the risk of injury that could result. One of those material risks is injury to the glans penis with the removal of glanular material in addition to foreplay, which Haynes suffered. If Haynes’ parents had been informed of the material risks of circumcision, they would have declined the procedure for their son. The failure of Smith to provide informed consent counseling was conduct that fell below the standard of care and skill required of medical practitioners. (Continued on page 12)
anthropologist must necessarily withhold impartiality. This does not mean that the cultural situation from a position of value explaining: “a relativistic perspective is a concept that we are obligated to uphold as professional anthropologists, we couldn’t. I had to resolve this puzzling dilemma before I could have any impact on any intervention or educational programs.

I was able to resolve this dilemma in a roundabout way when I was completing my graduate degree. Although the recommendation was that of non-interference, I was learning theories about applied anthropology which is defined as “scientific investigation of the principles controlling the relations of human beings to one another. . . and the wide application of these principles to practical programs” (Society for Applied Anthropology, Human Organizations). Here, finally, was the answer I was looking for. Applied anthropology involves the application of knowledge to programs. It was a way to bridge the gap between academia and practice. This was one part of the puzzle.

The second part was that of cultural relativism. How can I, as an anthropologist, interfere in a practice that is so embedded in a culture, and as Jomo Kenyatta (a once anthropologist, and later the president of Kenya) explains: “The real anthropological study, therefore, is to show that clitoridectomy, like Jewish circumcision, is a mere bodily mutilation which, however, is regarded as the conditio sine qua non of the whole teaching of tribal law, religion, and morality. The initiation of both sexes is the most important custom among the Gikuyu. It is looked upon as a deciding factor in giving a boy or girl the status of manhood or womanhood in the Gikuyu community.” (Kenyatta, 1965:127).

It was not until I started researching and studying the concept of cultural relativism to any depth that I understood that while this was a concept that we are obligated to uphold as professional anthropologists, we did not need to be paralyzed by it. Erve Chambers, one of the leading applied anthropologists finally comes to the rescue by explaining: “a relativistic perspective is important to anthropologists because it encourages them to make sense of a social or cultural situation from a position of value impartiality. This does not mean that the anthropologist must necessarily withhold judgment on the conduct of human affairs, but only that his or her judgment is best informed by an impartial view of the cultural antecedents to specific human behavior and values” (Chambers 1985:3).

Throughout the years, I have had my fair share of arguments with other activists who recoiled with scathing remarks when I mentioned my professional discipline, accusing my discipline of a “cover-up” when it came to female circumcision. Additionally, the academic community has been a little slower to come around to addressing this issue appropriately. Within the last two years, two books have been published by anthropologists regarding this topic, and one of the authors is an applied anthropologist. This was certainly a very hopeful development for me as I continue my work.

After this realization, I have formed the FGMC Education and Networking Project (http://www.fgmnetwork.org) website, and have spoken at numerous conferences and anthropology courses regarding this practice. Currently, I am involved with a refugee relocation organization that is working on preparing social services organizations for the arrival of over four hundred Somali Bantus to the Tampa Bay Area. The Bantus have been known to practice FGM, although exact numbers do not exist. My main role here has been to network with health care agencies and professionals and inform them about the types of services that affected women will require, and ways to approach the practice from a culturally-sensitive perspective.

After my years of research and education, I have finally found a way to be an anthropologist and an activist at the same time. The two did not need to conflict, but can coexist harmoniously. Although this is not a very popular point of view within academia, it is one that I continue to maintain, and am finding an increasing number of academics who support it.

- Marianne Sarkis

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Doctor and Hospital Settle Circumcision

(continued from page 11) David Llewellyn filed a lawsuit June 26, 2003, in the Superior Court of Lowndes County, State of Georgia, on behalf of Plaintiff William Haynes, Jr., a 19-year-old, born June 28, 1983, who resides in Fayette County, Georgia. Named defendants were Frank Q. Smith, MD, Southern Ob-Gyn Associates, and the Hospital Authority of Valdosta and Lowndes County, which is doing business as the South Georgia Medical Centers. David J. Llewellyn, Conyers, Georgia, regularly represents the victims of circumcision throughout the country, can be reached at 1-770-918-1911.

Wrongful Circumcision

(continued from page 11)