



Attorneys for the Rights of the Child

Protecting Children's Bodily Integrity

Newsletter

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NOCIRC at the November 2003 Conference and Exhibition of the American Academy of Pediatrics

By Leonard Glick

From November 1 to 3, NOCIRC staffed an exhibition booth at the conference of the American Academy of Pediatrics in New Orleans.

The five members working at the booth (on loosely alternating schedules) were Marilyn Milos, George Hill, Steve Scott, Jim Snyder, and Len Glick. Marilyn, bubbling with energy as usual, distributed literature to hundreds of pediatricians and other visitors and spoke with everyone who was willing to hear why foreskins matter. George and Steve provided background support on medical and anatomical issues; Jim fielded urological questions, and I added another member with an M.D. tag. Apparently the display should have expressed our position more clearly; many visitors began by asking whether we were "for" or "against" circumcision. (To keep the discussion going we replied that we were opposed to "non-therapeutic" procedures.)

Some physicians told us that they're personally opposed to circumcision but face a dilemma: even after receiving adequate information, many parents insist on having their sons circumcised. So the physician has to decide: Do I refuse, knowing that they'll go elsewhere and perhaps receive inferior management, or do I go ahead and perform a procedure that I know to be harmful? It appears that most choose the latter course.

Other pediatricians declared their opposition to circumcision and asked for advice on how to reach circumcising colleagues. It (continued on page 5)



Educating the Circumcisers

By Van Lewis

As we work together to further reduce circumcising in the US and finally to eliminate elective circumcising entirely - except perhaps for those adults electing it for themselves after passing a test on penile anatomy and function there are a number of high-priority audiences we target for education; parents, students, journalists, and, yes, circumcisers, those doing the genital cutting with their own hands. If no one did so, the babies would be safe. They haven't yet developed machines to circumcise babies automatically.

For this reason I am very happy with the renewed commitment to educate the circumcisers demonstrated this year by intactivists. In addition to the large demonstration at the Washington D.C. offices of the American College of Obstetricians and Gynecologists (ACOG) in April this year led by the Stop Infant Circumcision Society, several of us demonstrated at ACOG's annual convention held in New Orleans in May and a lot more of us worked at the convention of the American Academy of Pediatrics, also in New Orleans, in early November.

It is very important that our numbers at these physicians' conventions keep growing, so please make your commitment and start making your plans to attend with us in the coming year. There is much to do at them, important work for EVERYONE who wants to help educate (continued on page 6)



AAP: Circumcision Seminar

Contributed anonymously

The talk on circumcision at the AAP meeting in New Orleans was given by William Strand, MD, a pediatric urologist from University of Texas Southwest Medical Center. The focus of the talk was more practical than ideological. It was obvious that the speaker was not convinced of the medical value of neonatal circumcision. On one of his early slides the phrase "The foreskin is not a birth defect" was positioned at the top. [Note from editor: This is the exact phrase used by David Wilson and Van Lewis on the banner outside the AAP hall. Clearly, we had an impact.] He explained circumcision's history as a cure for masturbation and quoted Wallerstein's "miasma of myth and ignorance." He pointed out that female circumcision was performed for similar indications and showed devices to perform female circumcision.

Dr. Strand went through the various Task Force summary recommendations. He briefly went through the urinary tract infection justification, but pointed out that one would be better off breastfeeding. He dismissed the UTI justification by pointing out the high number of circumcisions needed to prevent one UTI. For penile cancer he mentioned that Japan and Denmark have lower penile cancer rates than the US. He dismissed the HIV justification by saying that African men face HIV risks far more important and dangerous than their foreskin.

Dr. Strand reviewed the history of anesthetics used and the current options. He reviewed the three most common techniques of neonatal circumcision and their (continued on page 5)



David Wilson, AAP Meetings, New Orleans, November, 2003

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Executive Director’s Message

Warm holiday wishes from Attorneys for the Rights of the Child to everyone. Thanks to everyone who reads this newsletter and/or our email announcements list, to everyone who has supported our work or any other intactivist work, whether through a helping hand, and/or through your own activism, and/or through greatly appreciated and truly invaluable financial support. The contributions each of us has to offer are, I believe, truly unique and each play an indispensable role in our work to protect the babies.

November brought the conference of the American Academy of Pediatrics (AAP) in New Orleans. A number of us took the opportunity to go out to this great city, which I had never before visited, and to meet each other, to assist outside the convention hall with rallies and public outreach, to (for some of us) assist inside at the NOCIRC booth, and generally to be present for a very important step forward in our movement’s development. In this issue, Van Lewis reports on his work with David Wilson and others on organizing events outside the hall, and Len Glick reports on his work at the NOCIRC booth. We also have a special report from an anonymous physician friend of our movement on the breakfast presentation by Dr. William Strand entitled “Not All Circumcisions are Created Equally.” As you will see, activism produced a direct effect on Dr. Strand’s very foreskin-friendly presentation.

Newsletter editor and producer Al Fields



Eli and Steven Svoboda

has done a tremendous amount to make it possible for ARC to keep doing what we do. Thanks so much, Al. Folks like ARC webmaster Gary Burlingame and ARC graphic designer Jeff Borg are also truly invaluable, and many others have played important roles in our work. The numerous dedicated activists with whom we work closely are helping to make this world a safer, better place, not just for children but for everyone. If I started naming names, I wouldn’t be able to stop, but you all know who you are!

I wish everyone a holiday season truly filled with joy, love, and meaning.

-J Steven Svoboda

Literature Review

Genital Cutting and Transnational Sisterhood: Disputing U.S. Polemics. Edited by Stanlie M. James and Claire C. Robertson. Chicago: University of Illinois Press, 2002. 169 pages. www.press.uillinois.edu. No price stated on book but press website gives current price as \$29.95. Review by Steven Svoboda.

Technology has its benefits, and one of them is that university press books look fantastic these days. The somewhat ponderously titled “Genital Cutting and Transnational Sisterhood: Disputing U.S. Polemics,” edited by Stanlie M. James and Claire C. Robertson, is no exception. Handsomely presented as it is on high quality paper, with a stylized drawing on the dust jacket of a woman of apparently African origin holding a knife, it leaves the reader hoping only that the quality of the writing holds up to the production values.

Unfortunately, with some exceptions, “Genital Cutting and Transnational Sisterhood” is a disappointment. In fairness to editors James and Robertson, they are following on the heels of the magisterial “Female ‘Circumcision’ in Africa: Culture, Controversy and Change,” edited by Bettina Shell-Duncan and Ylva Hernlund and a must-read for any serious follower of genital cutting issues, as well as the highly distinguished volume by Ellen Gruenbaum entitled “The Female Circumcision Controversy: An Anthropological Perspective.” (Both of these books are jointly reviewed in our last issue.) Once one has finished reading the Shell-Duncan/Hernlund masterwork, it is hard to imagine what can be left to say regarding the interrelation of female genital cutting (FGC) and culture and politics.

Then again, one of the big problems with “Genital Cutting” is its failure to acknowledge its predecessors and contextualize its perspectives with those contained in these earlier efforts. No serious work evidently

positioning itself for critical and scholarly attention can afford to entirely ignore major books appearing several years previously, and yet James and Robertson do exactly that. Are they hoping the readers won’t know about the other publications? Do they consider themselves to have such original insights that the other volumes are irrelevant? If so, they are mistaken.

Activists for genital integrity may find themselves irritated when in their introduction, on page 7, the editors trot out the old throwaway statement about male circumcision being “much more minor” than female genital cuttings. As is usual with such claims, no effort is made to justify this unreferenced assertion. More surprisingly, the authors also make the unforgivable mistake of assuming that FGC only occurs in Africa.

Yet each of the slim volume’s total of five essays does have genuinely novel and useful points to make. In her opening essay, Christine J. Walley asks why FGC tends to be viewed “in either/or terms, in other words, either in terms of cultural relativism or politically informed outrage”? She goes on to give us something I have never read from a first-world feminist author before, an overall positive description of female ritual initiation, explaining its undeniable cultural roles in non-inflammatory terms. Regarding young Sabao women in Uganda whose ceremonies she observed, she provocatively notes that 1) excision is both in and against the women’s interests, and 2) at least some of the girls of both the circumcised Sabao group and the Bukusu ethnic group, which does not practice FGC, envied those in the other group for their circumcision status!

Regrettably, Walley makes an unforgivably misleading claim regarding male circumcision, when—immediately following a long discussion of different African ethnic groups’ practices regarding FGC—she suggests that male circumcision “has historically been and at present remains a potent marker of group identity in European countries.” Uninformed North American readers could easily thereby be misled to understand that, say, Italians distinguish themselves from the French based on their circumcision status; an examination of Walley’s references demonstrates that the “groups” that she is suggesting mark their identity by circumcision are the Jews, pure and simple.

While Walley’s critique of “one-size-fits-all” cultural assumptions is all well and good, she lacks self-awareness to see the similar limitations in her own perspective, e.g. regarding male circumcision. After a while one also tires of her endless critique of others’ work, which contain scanty concrete suggestions of their own.

In her individual (continued page 6)

**Perspective from an AAP
Member Pediatrician**

By Paula Brinkley

Literally on the eve of our departure for the convention of the American Academy of Pediatrics in New Orleans, my wife Dr. Paula Brinkley, a pediatrician and fellow of the AAP, wrote the following about her perspective on circumcision and pediatricians and how best to promote the intactivist cause with AAP members. —Steven Svoboda

Prior to the AAP conference, I wanted to share some thoughts about circumcision and the psychology of American pediatricians. As a practicing, semi-mainstream pediatrician, I thought it might provide a useful, albeit limited perspective. Please forgive me if it seems like I'm stating the obvious. Also, sorry if this comes across as sort of stream of consciousness—I have been thinking about this off and on for days but have little time to actually write it down. But time is running out, so here it is...

First off, it makes no sense to me to see pediatricians as any sort of enemy to intactivism. On the contrary, it seems to me that pediatricians could potentially become a powerful ally against circumcision. Certainly there may be a few dogged pediatric proponents (for whatever reasons of their own), but most pediatricians sincerely want what's best for children. I don't know of any doctors who entered pediatrics for the lucrative reimbursement (virtually every other field of medicine pays more); most pediatricians really love children and pride themselves on being an advocate for children, even if that sometimes means opposing the will of the child's parents (e.g. some pediatricians won't accept children into their practice if their parent doesn't want the child immunized, because that's the strongest way they can express to the parent their opinion about the importance of immunization). One of the key objectives of the American Academy of Pediatrics since its formation has been child advo-

cacy – this is VERY different from the American Medical Association (from which it splintered off some decades ago), which basically serves mainly to further the financial and other interests of wealthy, elitist, conservative physicians.

But if it's true that pediatricians really want to help children, why do they perform and promote circumcision to such an extent in this country? I think there are several factors at work here. First, I think many are actually quite uncomfortable with the procedure and would rather not do it (and many in fact don't—in many pediatric residency programs, like the one I trained in, the obstetric residents performed circumcisions and I never had to learn; others have learned, but simply decline to perform them because they find them dis-



Eli, Paula & Steven Svoboda, New Orleans, 2003

tasteful). Others readily get over whatever discomfort they may feel because they believe it's the parent's prerogative to choose whether their little boy lives with or without his foreskin, since the procedure is (in their minds), if not positively beneficial, at least harmless. I don't believe the financial gain of performing the procedure much enters into it for most pediatricians (although it may for some other types of physicians). Frankly it's not THAT lucrative a procedure, although in their minds, if the parent wants it, the child isn't harmed, and it earns a little money, why not? Those pediatricians who opposed defunding of circumcision by Medicaid were probably at least as mo-

tivated by issues of equity (not wanting to create a two-tier system where government-insured patients don't have the same range of choices as privately insured patients) as by financial self-interest. In any case, **I believe that if pediatricians really understood the extent to which circumcision causes harm, they would stop promoting and performing them and perhaps even actively advise parents against them.**

Why don't they realize circumcision is harmful? Frankly, I don't think the idea has seriously occurred to many of them. Why would it? The potential benefits of circumcision are packaged rather matter-of-factly as received knowledge during medical training and there is little mention of any drawbacks (to the extent that it's discussed at all;

maybe there's been a change since I finished pediatric residency about 10 years ago, but I don't recall ever learning anything very specific about the foreskin or circumcision in either medical school or pediatric residency. Just the general impression that cutting it off was a reasonable option which parents had the right to select).

What I'm trying to get at here is that I think many pediatricians fail to oppose circumcision not because they believe circumcision is necessarily beneficial for the child, but because they believe it should be the parent's right to choose what happens to their child, provided their choice doesn't harm the child. And while the pediatrician may not think circumcision is necessarily helpful, most mainstream pediatricians probably don't have any compelling reason to believe it to be harmful either. So in the unspoken hierarchy of rights which I believe most pediatricians would adhere to—namely child's best interest, followed by the parents' wishes, followed by the cultural norms—the pediatrician defers to the parents' wishes. And I suppose most parents simply choose what they perceive as "normal" or accepted practice.

(continued next page)

Perspective

(from preceding page) If the pediatricians could be convinced of the harm done by circumcision, then the "right" of the parents to choose would be trumped by the child's best interest and many pediatricians would feel compelled to actively discourage parents from the procedure.

So how to convince pediatricians of the harm?

Below I've classified the typical arguments according to how convincing I believe they would be for most pediatricians.

Anticircumcision arguments which don't work as well with American pediatricians

- "It's painful." Pediatricians hurt children all the time (drawing blood, shots, etc), and justify it to themselves by keeping in mind the ultimate benefits. Again, since many are unaware of any significant long term disadvantages of circumcision, they only think of the potential benefits which they have been taught. Besides there's always anesthesia for pain.

- "There's a high risk of complications." Unless that is consistent with their personal experience, it may seem like unwarranted hyperbole and make the whole viewpoint less credible. They will attribute the complications to isolated incidents by aberrant practitioners. (However, dramatic first person stories involving demonstrable harm might sway those on the fence, just as such stories can powerfully affect anyone).

- "I'm gonna sue you." Threats of lawsuits for what they may honestly consider to be benign activities which accommodate the wishes of the families they serve may curtail circumcisions in the short-term, but does little toward forming a useful alliance with pediatricians. On the contrary, medical malpractice is such a hot-button topic these days, and doctors feel so wronged by what is happening (in many cases rightfully so in my opinion), that threatening legal action tends to make doctors band together defensively and close their ears.

Anticircumcision arguments which may work better with American peds

- "Other countries don't do this." The

AAP is becoming ever more international, with the international health section being one of the largest sections. I am sure many pediatricians don't realize that circumcision is much less widely practiced in other parts of the world.

- "Many medical organizations specifically recommend against routine newborn circumcision." This would be quite thought-provoking for many pediatricians, but it's not enough for them to see a list of the organizations; they would want to read the statement themselves. Maybe the relevant portions of the various statements could be appended onto a single sheet of paper, along with the source and possibly a website substantiating the statement in case they want to read more when they get home.

- "The foreskin has a complex, specialized anatomy and physiology." Learning about the foreskin was a real eye opener for me and I think would be for many doctors. When what you thought was just a nonessential bit of skin (a "birth defect" is how one grandmother recently described to me her grandson's long foreskin) is revealed to have all sorts of special sensory apparatus, etc, the implications are clear, especially to anyone who has sat through medical school: maybe this useless bit of skin does serve some function after all! Sharing this information requires some care though—most doctors consider themselves "evidence-based scientists" and may tend to ignore such information if not provided by a thoroughly scientific and authoritative source. A handout summarizing the relevant information might prove useful for this argument as well.

- "Routine newborn circumcision could be considered a human rights violation." Individual human rights (especially those of children—again, most pediatricians consider child advocacy part of their job) do matter to many American pediatricians and framing it this way may convince some. Even if they are not fully convinced that circumcision is harmful, they may agree that every boy should have the right to make those kinds of decisions for himself as an adult.

- "This practice may have legal ramifications you should be aware of." Offer-

ing a friendly warning to physicians practicing circumcision is very different from threatening a lawsuit, and the physician is likely to perceive it as useful and new information. What would make the biggest impression in my opinion would be the statements put out last year by various medical societies specifically addressing liability issues of circumcision, as well as a summary of recent legal successes in U.S. relevant to circumcision.

Finally, I'm not sure if it's widely appreciated among intactivists how much pressure parents can sometimes put on pediatricians to circumcise their sons. When you walk into a room to talk to new parents about their newborn son and the first question they ask is when he can be circumcised, it's clear right away that introducing the idea of NOT circumcising their son at all will not be a brief conversation. Frankly, it probably takes less time to circumcise the child than it does to talk the parents out of it, especially if the pediatrician doesn't have a pre-existing relationship with the parents (which happens commonly with our dysfunctional, fragmented health care system). Most primary care physicians are VERY pressed for time and don't seek opportunities to prolong their conversations with parents. If the pediatrician doesn't feel very strongly about preventing circumcision anyway, then there is little incentive to prolong the discussion. Providing them with a "script" or bullet points of what they can say to parents to most effectively change their minds about circumcision would be helpful and appreciated. Written handouts are also helpful, but the decision about whether or not to circumcise often gets made before that conversation ends. Of course the pediatrician can simply refuse to circumcise any babies (as many do), but the conversation ideally still needs to take place in order to reduce the chance that the parents seek circumcision elsewhere.

Others may have a different impression of the reigning "gestalt" among American pediatricians with respect to circumcision, but for what it's worth, I thought I'd offer my opinion.

—Paula Brinkley, MD, MPH, FAAP
(Fellow of the AAP)

NOCIRC at AAP

(continued from page 1) seems clear that some have practiced for years with circumcisers, probably avoiding disruptive conflict by sidestepping the issue. And of course there were also those who stopped by to inform us that they circumcised regularly and intended to continue, despite the claims of NOCIRC and other opponents. Some discussed their differences with us in a reasonable manner; a few were simply unpleasant.

Since we spoke with only a tiny self-selected sample of the thousands of pediatricians and others who strolled through the huge conference hall, it's impossible to generalize about attitudes and beliefs. I can say something, though, about those who did choose to meet with us. Among friendly visitors the majority were women; conversely, men dominated in the pro-circumcision cohort. I was struck by the disproportionate number of visitors to the booth who were not native-born Americans. I spoke with physicians originally from Turkey, India, Colombia, Antigua, and other African, European, or Asian backgrounds. By the second day I had begun inviting dark-skinned persons to visit the booth, and many accepted. I do not recall a single physician or other visitor of non-American origin who declared him/herself in favor of circumcision. I make a particular point of this for whatever value it may have in decisions about targeting physicians with intactivist information. We need keep in mind, though, that some physicians opposed to circumcision might have felt no need to stop at the booth.

Although some of us expressed tentative reservations at first about expending so much money and effort to attend the conference (wondering whether equivalent sums donated to NOCIRC might be more effective elsewhere), Marilyn firmly disagreed from the start. By the end of the three-day

exhibition, she felt gratified that we had reached so many visitors, prospective parents and educators as well as physicians, and I agree that she was correct.

Among pediatricians attending the conference, we were represented by Bob Van Howe and Paula Brinkley (wife of Steven Svoboda). Bob attended an early-morning session on circumcision and reported that the speaker dealt mainly with practical questions and avoided controversial arguments, but was clearly not an advocate for "routine" circumcision. I should note also that David Wilson, Amber Craig, Norm Cohen, Van Lewis, and other demonstrators working on the outside reached hundreds of other visitors to the convention center with literature and discussion. One of their most impressive displays was a large sign declaring, "The Foreskin Is Not a Birth Defect." The demonstrators reported that most passersby (including many pediatricians) were friendly; some gave a thumbs-up sign or paused for a few words of support.

Several of us visited a booth promoting a new circumcision clamp, a small plastic disposable device called "SmartKlamp," marketed by a Dutch company that has been promoting the device in Southeast Asia but hopes to gain a share of the American market. Their brochure, entitled "The Fine Art of Male Circumcision," is designed particularly for parents; it takes no explicit position on pros and cons, claiming only that circumcision with the clamp is a "short and simple procedure." I spoke with both men working at the booth, one a physician who performs circumcisions with the clamp in Malaysia, Indonesia, and elsewhere. They were friendly and polite but unwilling to debate the merits of circumcision. (They themselves are intact, of course, and acknowledged that they and other Dutch men get along fine with normal genitals.) The physician told me that he is neutral on the subject—that his role is to promote a safe, efficient clamp for people who are intent on having their sons circumcised. They appear to view Plastibell as their principal competitor. My own take on this is that one clamp more or less isn't going to matter to our campaign, but I sense that Steven may feel differently

and is ready to add "SmartKlamp" to his schedule.

I also visited the La Leche booth and spoke with a staff member. I told her that we were disappointed by their decision to exclude NOCIRC from their recent conference. She confirmed what I'd heard earlier—that the staff understood the adverse effect of circumcision on breast-feeding and intended to include NOCIRC, but their decision was vetoed by the board. I asked about Jewish board members. She replied that they were the leading objectors—and had threatened to boycott (and perhaps to resign—I'm uncertain about this) if NOCIRC were to appear. Although clearly friendly, even contrite, she remarked that had she and others persisted, they would have been fired.

NOCIRC will staff another booth at the next AAP convention in San Francisco in October. We'll also appear at the May 2004 convention of the American College of Obstetricians and Gynecologists in Philadelphia. Physicians who circumcise now know that the campaign to end circumcision will not end until we see the end of circumcision.

-Leonard Glick

Seminar

(continued from page 1) advantages and disadvantages.

Dr. Strand went through the absolute contraindications to neonatal circumcision, providing pictures of them with explanations as to why they were contraindications. The rest of the talk focused on the many complications and how to prevent, recognize, and treat them. He had many excellent visuals.

Dr. Strand pushed three weeks and a large tub of Vaseline with application after every diaper change. He indicated that this might decrease the incidence of meatal stenosis and adhesions. He recommended adhesion stripping following application of EMLA®. He talked about the importance of informed consent and mentioned the settlement in the Stowell case (but he did not mention the case by name).

Dr. Strand's talk was excellent, well-paced, and provided the information most practitioners need.

-Contributed anonymously

**The Ashley Montagu Resolution
To End the Genital Mutilation
Of Children Worldwide**

<http://montagunocircpetition.org/>

Educating

(continued from page 1) the circumcisers.

In November we were particularly powerful, I believe, because we had educational efforts going on both inside and outside the convention. Marilyn Milos and cohorts took NOCIRC inside with a table full of information for the pediatricians, while Doctors Opposing Circumcision and Stop Infant Circumcision Society ran major demonstrations outside. Doctors seeing the protests outside couldn't escape by going inside. Marilyn and her helpers were waiting for them!

And doctors inside who might have been tempted to say to her, as circumcisers have said to me, attempting to justify their actions, "Not one man I circumcised has ever complained to me about it", had to think twice. They knew they couldn't get away with it because all she had to do was point out the "unhappy customers" out front with 33-foot banners and other materials announcing our complaints.

I see these inside/outside jobs as completely complementary. Some inactivists have worried that the "angry protesters" outside would detract from the calmer, more rationally oriented educational efforts inside. I don't see it that way at all. Human beings (it is human beings doing the cutting) cannot be split up into rational and emotional parts. We are rational AND emotional beings. I believe we inactivists have to be able to address the rational AND the emotional aspects of the problem, with rational presentation AND emotional expression. Reason without emotion, and emotion without reason are both impotent and ineffective. Together, they have the power to change lives.

To those attempting to tone down the demonstrators outside, I say I hope next year we have 10,000 angry men, women and children demonstrating LOUDLY outside the doctors conventions, and our best teachers inside explaining to the doctors what all the fuss is about. I want 100,000 in 2005.

Whenever I hear the argument that "education works best", I am reminded of the wonderful woman I met at FSU one day at the education table there. Her IQ must have been in the 90s, not

the smartest gal in town, to say the least, but she was one of the most certain people I have ever met that circumcising is wrong. She had no "rationality" blocking her fundamental human emotional perception of the madness inherent in chopping up other people's healthy sex organs, especially children's.

Because in one situation or another, there may be a "better" or "best" way of going about educating a person or group on this subject does not mean, in my mind, that other ways don't also have their essential contributions to make. I become more convinced all the time that the "best" way to educate the circumcisers and the society is to be sure that ALL the nonviolent ways are up and running.

Let's not discourage participation by those whose approach might be different from ours. The circumcisers need to hear from ALL of us who want to object, and we need to speak in our own authentic voices. To me, that is the "best" way to get our message through to them.

Many of them don't want to hear it. They don't want to hear it from the rational side and they don't want to hear it from the emotional side. I say let them have it from every side. Give them no escape. Hem them in. Leave them no option but to finally confront the truth.

Please remember, it takes two hands to handle the whopper, it takes two wings to fly.

Come one, come all! Let's give the circumcisers a REAL education!

-Van Lewis



*l to r, Warren Smith and Jeff Brown,
New Orleans, 2003*

**Attorneys for the
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Review

(continued from page 2) essay, co-editor Claire Robertson contributes some good thoughts regarding some of the miscues committed by overzealous, shortsighted North American feminist activists against FGC such as Alice Walker and Fran Hosken. Robertson's comment is well-taken that African women are all too often viewed primarily in regards to the FGC issue.

Robertson also makes a thought-provoking point that in the West men often feel they must do something to prove their manhood, and in Africa FGC is sometimes similarly seen as a prerequisite to womanhood. Appreciation for and sensitivity to these cultural analogies will no doubt prove important to the movements for genital integrity in both Africa and North America. Later Robertson makes an interesting point about how "American assumptions of a superior U.S. Civilization and African barbarity" help explain US law that criminalizes FGC but not genital procedures done by North Americans even where similar results ensue.

Walker and Hosken are perhaps easy targets and Robertson (who as a white woman focusing on Africa may perhaps feel somewhat vulnerable herself) does at times overextend her critique. She complains of misspellings of cited authors' names while herself failing to catch her co-editor's embarrassing citation of the Senegalese anti-FGC Tostan program as "Tolstan."

Robertson also makes some revealing errors, either misunderstanding or failing to correct government lawyers' reported claim that the only grounds for political asylum are a woman's need to avoid forced FGC, whereas actually African women have been granted political asylum for many other reasons. Two pages later Robertson erroneously suggests, again without a stated citation, that US courts often grant custody to a father if representations are made that the mother cannot support them. (In fact, American courts are sharply biased toward the mother in custody determinations.)

Surprisingly, in her own essay, co-editor Stanlie James is unaccountably sympathetic to Fran Hosken and Hanny Lightfoot-Klein (both of whom her fellow editor Robertson lambastes) while echoing Robertson in again taking Alice Walker to task. Regrettably, James' analysis is flawed due to her ignorance of the hallowed human rights principle of customary law, which allows a human rights treaty to be considered legally binding even upon states that do not ratify it.

The editors save the best for last. Isabelle Gunning scores some points I haven't seen before by (continued on page 8)

Parental Roles in Circumcision Lawsuits

By Adam Zeldis

I was a freshman in college when the notion of a lawsuit against my circumciser was first proposed to me. I was four months short of being 19 years old and I had been a closet intactivist for three years prior. I had certainly considered the idea of suing before, but I never thought it to be plausible.

It took me nearly two months to



come to the conclusion that I wanted to see a lawsuit through. Before I did anything, I contacted ARC's David Llewellyn to see if he'd be willing to represent me. I told him that I was interested in a lawsuit and why. He told me that before I did anything, I would need to speak with my parents. Unfortunately, I guarded my thoughts on circumcision from my parents the most, and telling them would prove to be my most daunting task.

Confrontation was always something I tried to avoid with my parents. That, perhaps, was probably the reason I'd kept my thoughts on circumcision from them for so long. Besides that, our relationship had always bordered on a don't ask, don't tell policy. Rather than call them on the phone, or travel back home to tell them in person, I decided to draft a letter (full text of the letter can be found at www.notjustskin.org/letter1.html). In the letter I tried to explain the tragedy that is circumcision, as well as recount my history with circumcision and efforts as an activist. I wanted them to understand that fighting circumcision truly meant something to me. Optimistically, I hoped to draw support from them, or even funds for a lawsuit.

I sent my letter by way of e-mail and received one back from them the next day (full text can be found at www.notjustskin.org/letter2.html). The letter was oddly written. It seemed as though they had tried to create the illusion that they took turns in writing

paragraphs (later I discovered that it was all written by my father). I truly believe that my parents did not know how to respond. They were quite confused, as their letter even questioned if I might be having some type of sexual dysfunction that was creating an anger towards circumcision. They seemed hurt that I hadn't mentioned anything about this before to them (however, as you will soon find out, raising this issue with them did more harm than good) and defended their decision to circumcise with the traditional "look like dad" excuse. They were clear about one thing: they would never support a lawsuit. In my father's words, "If you want to sue someone, you must sue us."

I had actually expected and wanted a phone call rather than an e-mail from them, so I called them immediately. What followed was our first squabble over circumcision. They were distraught that I'd neglected to tell them sooner and thought that I was crazy for wanting to sue. My mother told me I was depressed and needed to see a psychologist (my mother is not unfamiliar with psychologists and psychiatrists, so it was not startling that diagnosing me with a mental illness was her first solution to our dilemma.) I tried to convince them that the anguish and depression I had suffered was behind me; however, this proved to be futile.

Two months later I was home for spring break and still trying to convince my parents that I was not out for revenge or to create legal trouble. I had spoken with David Llewellyn and we had decided to proceed despite the fact that we would receive no funding from my parents. My parents knew of these plans, but I also knew things could go awry if they didn't fully support me. My remedy was to ask my father to come down to Washington, D.C. for NOCIRC's 7th International Symposium. Fortunately, my father was willing to come for a day to watch and meet David Llewellyn.

My father's visit for the symposium seemed to have no effect. He remained unconvinced that a lawsuit was anything more than "legal violence." Our discussion with David Llewellyn went better than I'd expected and we concluded with leaving the choice to sue

up to me.

One month later, in early May, I took to writing another letter to tell my parents that I still planned to sue (full text can be found at www.notjustskin.org/letter3.html). I wanted to be precise and persuasive with my language, so I figured a letter was the best medium. I had also discovered that bringing up the issue of circumcision in front of my mother made her cry no matter what was being said about it, so direct confrontation was best avoided. This time, my letter was aimed at detailing why a lawsuit was so important to both me and the intactivist movement. My position was truly unique and I wanted them to realize that.

My parents held off on a response and told me that we would discuss lawsuit matters when I got home from college. Nearly a month after school ended, my parents finally confronted me. My mother's exact first words to me were: "Dad and I see that you didn't take us seriously when we told you in the past that we didn't support you. We haven't changed our minds about this at all, and dad and I have decided that if you are going to go through with this lawsuit you are declaring yourself independent, and that we can't pay for your tuition any longer." A shouting match ensued and I stormed out saying that I would look into taking out loans with only a small intention of actually doing so.

My tactic from then on was to act as though they could not deter me in hopes that they would eventually confess to bluffing. Baffled and confused, I sought help from the intactivist community. I wrote a letter to the intactlist asking for guidance (the letter provides a detailed description of my argument with my parents and can be found at www.notjustskin.org/letter4.html). I received numerous replies to my posting with the consensus vote being that I should proceed no matter what the cost. Surely, I took this into account, but at the same time I potentially had plenty to lose.

Despite our finest attempts to act cordial, as the summer progressed, there remained a constant, non-verbal tension between myself and my parents. I went as far as contacting loan specialists and *(continued next page)*

Parental Roles

(continued from previous page) obtaining the required loan forms. My grand loan total for the next 3 years of school would amount to nearly \$120,000, leaving me in debt \$160,000 after interest. I considered alternatives such as transferring, or just dropping school altogether, but none of these would keep my parents from despising me if I followed through.

My mother was especially fervent. In late July, she secretly asked our family doctor to counsel me regarding the issue when I went in for a physical. He ended up agreeing with my position after I spoke with him and in conversation following the checkup he asked my mother if she would "refuse to pay my tuition if I decided to be a Buddhist as well." When I told my mother that he was supportive, she became so angered that she had him call me at home to tell me that he had changed his mind. According to him, he no longer agreed with a lawsuit. I had a rather lengthy argument with him and ended up apologizing to him for my mother's incapacity to deal with her own problems without dragging in uninvolved parties.

Not so long after that incident, my tuition bill arrived by mail. Instead of handing it to me, my parents simply placed it next to my dinner plate. When I neglected to remove it, my parents began placing it partially under the plate so it would be impossible to glance over while eating. The bill remained on the kitchen table for two weeks.

Finally, my parents approached me, saying that we needed to talk. In mid-August, about a week before I was scheduled to go back to school, we had our final fight. Much like the last time, my parents told me that their views hadn't changed and that I needed to let them know if I was returning to GW with their funding. Unfortunately, they were not bluffing. Before I gave them my answer, they added a new consequence for suing: virtually everything they owned that I used would be stripped of me, with the exception of my room and provisions. I was provoked and went ballistic on them, calling them things I'd never dared to even mumble in their presence before. The

argument was by far the most brutal I'd ever had with them. In the end, tears covered all of our faces. Our relationship had been severely wounded. Finally, I gave in because I had to. I was going to lose tuition and a family if I did not.

It is now almost one year later and my relationship with my parents has recovered for the most part. We still don't discuss circumcision or my intactivist efforts, and I still harbor a slight resentment for what they did; however, I have tried my hardest to put the past behind me. Other than that, it's almost as if last summer never happened. I truly find it unfortunate that I cannot be open with them, but it seems there is no other way to keep the peace.

These days I often wonder what I could have done to prevent their reaction. I can only think of one aspect I had control over: I should have voiced my qualms with circumcision when they first arose. If they had known for three years how I felt, then the shock factor would have been severely reduced. I cannot emphasize it enough: men who feel wronged by their circumcision need to tell their parents, especially if they plan on filing a lawsuit.

My experience was certainly not a success, but I also hesitate to perceive it as a failure. Instead, we must learn from it and move on. Now that the courtroom is intactivism's newest venue, I think it is important to realize the role parents may play regarding circumcision lawsuits filed by their sons. The statute of limitations prevents plaintiffs over 21 (and in many states it is younger) from going to court, so we can expect to be dealing with men who are at least partially dependent on their parents. This makes the job of finding clients even harder, as we will need to find accepting parents as well as accepting clients. My parents' methods were completely self-interested and tyrannical; however, we cannot assume that other parents will not do the same to silence their sons. *-Adam Zeldis*

Students for Genital Integrity

www.studentsforgenitalintegrity.org

Review

(continued from page 6) pointing out the evidently complete lack of input by non-governmental organizations into the California anti-FGC law. Hearings were allegedly held but mysteriously no written or videotaped evidence of their contents is available. The official assumption that people do not need to know the content or specific language of a law, but rather should be told what they need to hear, is nicely described as "maternalistic." In the body of her essay, while Gunning always avoids taking to the next level her analysis of parallels between FGC and male circumcision, she still provides some nice discussion. Thus it is a shame that her notes indicate an astonishingly complete lack of awareness of both the 1999 American Academy of Pediatrics position statement and the internal dynamics that led to the 1989 statement, despite the existence of a published law review article discussing in detail Edgar Schoen's 1989 machinations.

Intersex activist Cheryl Chase's closing essay is the book's standout piece. Chase is a very down-to-earth, matter-of-fact writer, and yet the majesty and drama of her claims soar far above the relatively pedestrian contributions of the book's other authors. We learn that intersex activists who asked that the federal anti-FGC law be enforced in their favor met with a stony silence. Chase skillfully integrates her own story, including a mother who was drugged whenever she asked doctors what was wrong with her child, not to mention Chase's own self-transformation from repeat suicide attempter into intersex activist.

A disturbing tale emerges of a medical world so determined to engineer reality that often intersex people undergo complex procedures free of charge and border crossings are quickly arranged to facilitate the allaying of society's anxiety over ambiguous genitalia. Intersex activists must struggle for feminist support, Chase suggests, "because intersexuality undermines the stability of the category 'woman' that undergirds much first-world feminist discourse... Cutting intersex genitals becomes yet another hidden mechanism for imposing normalcy upon unruly flesh, a means of containing the potential anarchy of desires and identifications within oppressive heteronormative structures."

"Genital Cutting and Transnational Sisterhood" is a bit too sloppy for an academic book and perhaps a tad too theoretical for anyone else. Cheryl Chase and Isabelle Gunning provide the standout essays of the book, which still amply repays the attention and time of anyone who cares about the worldwide struggle to protect genital integrity. But read "Female 'Circumcision' in Africa" first! *-J. Steven Svoboda*