Risk Letter Sent to Hospitals
By Dan Bollinger

The Risk Manager's Letter is a collaboration between ICGI and ARC. We thought a letter highlighting hospitals’ liability would go a long way to begin discussions about liability versus revenue. The letter, which offers an alternative maternity protocol, was sent to every Risk Manager at every hospital in the United States. The goal was to interfere with the "Circumcision Machine", the cycle that occurs between insurance companies, hospitals and doctors, which continues the daily practice of needlessly harming baby boys. The letter suggests using ICGI's Full Disclosure document. A hit counter on the download page recorded 233 hits in the two and one-half weeks following the mailing. A copy of the letter follows:

Attorneys for the Rights of the Child has been involved in an increasing number of lawsuits brought against hospitals by people whose sons were damaged by medically unnecessary infant circumcisions. Our goal is to protect children. Yours is to keep them healthy. Working together, we can both be more successful in our endeavors.

Hospitals and physicians may be implicitly or explicitly promoting circumcision by encouraging, or at least not opposing, a procedure not recommended as a routine practice by the AMA, ACOG, or the AAP and also by selectively providing misleading or incomplete information on the risks, disadvantages, and asserted benefits of the procedure.

In recent years, more and more circumcision cases have been successfully litigated in both state and federal court. Some are brought based on the absence of informed consent. Others involve men who have reached the age of consent (18 years in most states) (continued on page 9)

Events Summary
By J. Steven Svoboda

A) LAWSUIT NEWS

In addition to lawsuits in which Attorneys for the Rights of the Child is involved (which are discussed briefly in the Message from the Executive Director), a virtual torrent of other relevant cases have been handed down or become known to the movement in recent months.

1) From Fox News for 7/12/04.

Mom Sues Dad to Stop Son's Circumcision

Kansas City, MO: A Lee’s Summit mom has filed an emergency appeal to the State Supreme Court to stop her son’s circumcision. Camille Azar says her son is nearly three and circumcising him now would leave him scared emotionally and physically, “all the studies say children see this as an attack on their person, a punishment, a mutilation.” Camille Azar raised her son Ethan until he was two and a half. In early May a Jackson County Judge granted dad Ray Jagoda custody of Ethan and is allowing Camille only supervised visits.

A Jackson County Judge has ruled the “father shall be the final sole decision maker” as to the child's medical treatment and any health care issue. Fox Four tried to contact both the father, Ray Jagoda, and his attorney but our calls were not returned. In a letter to Camille Azar dated June 28th, Jagoda wrote he “wanted Ethan to have one for health, personal and social reasons.”

Rob Low, Fox 4 News
rlow@wdafv4.com

Unfortunately, Camille's admirable struggle failed to protect her son's genital integrity as the father had him circumcised.

2) Doctors Opposing Circumcision issued this press release on March 18 regarding a libel suit Paul Fleiss and Frederick Hodges are bringing against notorious pro circumcision doctor Thomas Wiswell. David Llewellyn is handling the case. Many of us in the intactivist movement have crossed swords with Wiswell, as I have a couple times in the past, in a 2003 radio debate and when we both presented at the 1999 Denver meeting of the International Society for Sexually Transmitted Diseases Research. This case seems to be winnable and I wish Paul and Frederick (and David) the very best of luck in this important challenge to Wiswell's longterm campaign of blatant lies and baseless personal attacks.

[DOC letterhead]
For Immediate Release, 3/18/04

Long Island Doctor Sued for Amazon.com Libel

Central Islip, New York – Paul M. Fleiss, MD, MPH, and Frederick M. Hodges, D. Phil., (Oxon), authors of (continued on page 4)

PhiladelphP Presence
By Amber Craig

There is, as usual, so much to report, and such a wide mixture of feelings, that I don't even know where to begin describing the American College of Obstetrics and Gynecology conference in Philadelphia May 1 - 5.

As a beginning note, I want to report for those not already aware that Doctors Opposing Circumcision applied to have a booth inside the conference. DOC was rejected. When Dr. George Denniston inquired about why, he was told that as circumcision is not a female health issue, circumcision has no business being inside the conference.

Our time spent in Philadelphia was interesting and educational for us. I am not so sure about the obstetricians. The climate and setup was so different from the AAP in New Orleans. First of all, rarely do people ever demonstrate outside of a pediatrics conference. Comparatively speaking, pediatricians rarely have people upset with them. They are after all the baby doctors - most people love them, and they genuinely care about the welfare of children. The OB’s are coming from a completely different perspective—they are the most sued doctors in the profession (except maybe surgeons), they anger and upset many people including those opposed to abortion, episiotomies, cesareans, medical birth, etc...These are hardened individuals that seem to have an easy time shrugging off angry people.

David Wilson and Lisa Stephon coordinated the demonstration efforts. Both were outside all day, every day from Saturday May 1 through Wednesday May 5th. Their dedication and efforts are outstanding! In all, there were about 40 intactivists helping David and Lisa. They set up between 5:30 and 6:30 am every morning, and took down around 6 pm every evening. There was really only one entrance in and out of the convention center, which should have made it easy to get the message across. Except (continued on page 10)
Executive Director’s Message

Greetings to everyone. Life has gotten busier for most of us here at ARC and so it has taken us longer than usual to get our next newsletter out. The work has been going on and successes keep coming to activists, continuing to hearten those of us who have dedicated portions of our hearts and life energies to protecting baby boys.

ARC is currently involved in two ongoing lawsuits, one involving a family contesting a circumcision performed without consent on a newborn boy at Elmhurst Hospital in New York City. The case was denied at the federal trial level by a highly biased judge and is being reviewed for appeal. We are working on the case with ARC Advisory Board Member Charles Bonner, Esq. and Paul Bonner of New York City. We are also handling a case of an Armenian man in Los Angeles who suffered a wrongful circumcision performed without consent on a newborn boy at Elmhurst Hospital in New York City. The case was denied at the federal trial level by a highly biased judge and is being reviewed for appeal. We are working on the case with ARC Advisory Board Member Charles Bonner, Esq. and Paul Bonner of New York City.

Eight International Symposium on Circumcision and Human Rights: An Anthropological, Medical, Legal and Ethical Analysis ("is") is once again upon us and will be happening from September 2-4 at the University of Padua in Padua, Italy. This university is the oldest institution of higher learning in the Western world. After visiting it for one day in 1984, I look forward to returning two decades later. A generous donor graciously donated the airline miles to make it possible for me to go. I will be speaking on the topic of “Genital Integrity and Gender Equality” and am currently hard at work researching and preparing this article.

Recently we also completed work with our co-authors on two new academic papers regarding circumcision. Details regrettably can’t be revealed until after publication but I can say that I was happy to work with some of our movement’s leading medical and historical authorities on what we hope will be well-received articles.

Part of this work regrettably requires acknowledgment from time to time of the tragedies that inevitably do result from violations of genital integrity. As many of you are already aware, back in May 2004, David Reimer found he could no longer handle a brutal combination of difficulties personal circumstances in virtually every phase of his life. Subject of the book by John Colapinto, “As Nature Made Him: The Boy Who Was Raised As A Girl,” which we reviewed here at the time of its publication, David was a remarkable man who survived a disastrous childhood circumcision that excised his penis and led to his parents attempting to bring him up as a girl. He rejected this and became a husband and father of three. I had the great pleasure to speak with by telephone at length on a number of occasions though due to the distance we were never able to meet in person. I was shocked and saddened to hear of his passing. Nor is this the only sobering news that has faced the movement this past year.

As reported in the obituary appearing elsewhere, we also mourn the passing of intactivist David Hartness. David was a wonderful and unique man and I will miss him.

ARC is very pleased at having been recently chosen by ProQuest to have our newsletter included in its educational database that is subscribed to by thousands of libraries and individuals around the world. Moreover, ProQuest, which normally only deals in current content, was evidently impressed enough with Al Fields’ work that it took the unusual step of accepting ALL our back issues, stretching back to volume one, issue one from four years ago.

It might pay to keep an eye out for the film “The Lost Embrace” by Daniel Burman. Both critically acclaimed and reportedly highly sympathetic to genital integrity, this should prove to be a remarkable cinematic experience once it achieves general release.

As always, we are grateful for everyone’s emotional and/or financial support for our work, be it large or small. It literally keeps us going and makes it possible for us to continue ahead in our work protecting babies. Big kudos to the reliable Al Fields, who has been editor and producer of this newsletter from the very beginning. November will mark the fourth anniversary of this newsletter!

- J. Steven Svoboda

BOOK BRIEF


This past December saw the publication (with a 2004 publication date) of the FOURTH volume of proceedings from NOCIRC’s biannual symposia. This latest volume is probably the strongest yet, with excellent contributions from leading scholars and activists in virtually all aspects of the struggle to protect genital integrity. The book is sturdily bound between attractive covers with the familiar NOCIRC baby insignia and includes an appendix with further resources, details on the contributors, and an extensive index. Contained in its 254 pages are the following articles:

Bodily Integrity in the Biotech Era by Frederick Mansfield Hodges

An Analysis of the Accuracy of the Presentation of the Human Penis in Anatomical Source Materials—Gary L. Harryman

The Importance of the Forensic to Male Sexual Reflexes—H.S. Mieslahn and J.R. Taylor

Circumcision and Sexual Pleasure—George C. Denniston

Conservative Treatment of Primary Preputial Stenosis in Adolescents—Michel Beauge

Penile Torts in the Courts—David Llewellyn

The Activist’s Rights in the Workplace—Charles Bonner

Educating the United Nations about Circumcision—J. Steven Svoboda

Circumcision of Boys—Yngve Hofvander

Anthropology and Female Genital Cutting (FGC)—Marianne M. Sarkis

Changes in Infibulation Practice in East Africa—Pia Grassivaro Gallo, Marica Livio, and Franco Viviani

“Something Less Than Joyful”—Leonard B. Glick, Ph.D.

The Growing Jewish Circumcision Debate—Ronald Goldman

My Painful Journey—Mark D. Reiss

North Carolina Medicaid and the Funding of Routine Non-Therapeutic Circumcisions—Amber Craig

Adoption—Gregory J. Hartley

George Wald—Van Lewis

An Intactivist Remembered

David Hartness was a modest young man from Oklahoma. We never met him, but from time to time, often at just the right moment, his personal notes to us would show up in our mailbox, composed on onionskin paper and painstakingly typed out on an old manual typewriter. David always ended each of his letters with a wry statement that he was intact and “I haven’t had any problems yet.” We wish we had known him better and now we will never have the chance to do so. Rest in peace.

www.arclaw.org
Dear Mom and Dad,

Reprinted with permission from the Compleat Mother Magazine Fall'03 #71 pg 17-19

September 18, 2003
Long Island, New York
Dear Mom and Dad,

It is with a heavy heart and unsettled state of mind that I write to you. I am about to share with both of you an issue that is difficult to talk about and has plagued me now for four years. Please hear me out and consider my words. What I am about to say has taken me years to come to terms with and has taken a lot of fortitude to confront. Instead of hiding this issue and my profound feelings I have now decided to face the issue.

About four years ago, during the time of my relationship with “Jane” I discovered something about myself I had never thought of before. As you both know, I was deeply in love with Jane and was involved with her sexually. It was at this time I discovered I had a major problem regarding my sexual sensitivity. This is a problem many men have but not at such an early age. I was not able to enjoy intercourse with a condom. I discovered, repeatedly, that I had little or no sensation while wearing a condom. This of course was very frustrating to me and caused significant problems in our relationship. Sometime after, Jane and I sadly ended our relationship. I started to research possible causes for my problems. The information I discovered both shocked and saddened me. I slowly read pages and pages about the negative effects of circumcision, a subject I had not really had reason to think of until that time.

Slowly I began to learn about the procedure, its history, the effects it has on male anatomy and sexual function, and the many myths and misconceptions held by our society. The more I learned, the more I began to feel a sense of profound loss and helpless frustration. Putting aside the physical damage and loss that was caused to me, what really began to bother me was my body was per- manently altered without my consent. I felt violated, mutilated, and robbed of something I was born with. The moral and ethical implications of doing this to a tiny baby infuriated me. The more upset I found the more I began to realize this subject, as were most parents. It is hard for me not to blame both of you for how I feel. Both of you were responsible for protecting me when I was a baby, and this has caused me more pain than you can know. I am trying to cast aside nonted of what was done to me and instead take a positive action to help you understand what I have learned. You are my parents, and I know you love me and did not have bad intentions when you had me circumcised. I will not lie to you though. What was taken from me has changed my life forever, and I will never truly be complete again. I cannot regain what was taken from me. I feel both physically as well as emotionally violated, and I will carry these feelings for the rest of my life.

Over the last few weeks I have started my research on this issue again. I have accumulated a collection of readily available information that I have painstakingly organized for both of you. There is a lot of material. I do find it kind of ironic that so many people in this country can be ignorant about what has been readily available for decades. Nonetheless, I have tried to present this information to you in a format of informational letters and articles that will allow you to learn as I have learned. Please do not assume that I am over-dramatizing this subject. Please read the materials I have provided.

We live in a society that routinely sexually desensitizes its male infants. The United States is the only country in the world that does this. The non-religious origins of circumcision date back to the early 19th century when it was felt that masturbation was the cause of a host of diseases. The information I have provided will both stagger and shock you, as it did me. I have also provided a separate section on Jewish thought concerning circumcision that I have found enlightening. One such fact being that Jewish circumcision did not always involve the cutting away of the entire foreskin, but rather just the tip. The physical harm in function and sensi- tivity caused to a man by circumcision is medical fact. I was surprised by how little we know about the anatomy of a man’s penis and how circumcision is not the only or commonly referred to. The American public has become brainwashed by the common propaganda of a procedure that generates millions of dollars a year in revenue. This is no doubt the reason that non-religious circumcision persists in this country. In recent years, however, there have been an increasing number of human rights and activist groups educating the public. In addition, the medical community is slowly beginning to admit the non-necessity for this procedure and the sup- port for it is eroding as the many disadvantages are becoming more widely known.

Mom and Dad, I know this isn’t an easy sub- ject to talk about. It certainly has not been for me. I have brought this topic to the awareness of many of my friends. For the most part, I have encountered information that has been, as the people I spoke to were brought out of ignorance. For every person that I make think about this subject, the better I feel. I will no doubt be taking further action to inform the public. The bottom line for me is simple; no one in the world has the right to change another person’s body without his or her consent. Parents do have the right to sanc- tion a life altering surgery to minors when it is medically necessary, but only when the situation is life threatening. Circumcision is neither benefi- cial nor necessary for the health of a child, and to forcibly impose that decision on a non-consenting person for purported medical or reli- gious reasons is ethically and morally wrong! One day I will learn to live with the physical damage caused to me, but I do not know if I will ever recover from the psychological feelings of violation and loss. How can I possibly make you understand my feelings? I spent countless nights laying awake in bed feeling helpless frustration and rage over this. I only hope you take the time to read these materials and can come to an under- standing of my feelings. I imagine you will be affected by this yourself, Dad, as this same crime was done to you as a child. You will no doubt come to a similar conclusion as I in time.

This is truly an issue of human rights and equal treatment under the law. Female circumci- sion was abolished here years ago as it made news headlines across the country. While I will not try to compare the severity of female circumcisi- tion to male, I was surprised to learn of the many common misconceptions and attitudes that are shared between the two practices. Female circumcision is an awful and obscene practice, but to say that male circumcision is not an impor- tant issue because the injury inflicted may be less severe, is wrong. A crime against a person is wrong regardless of its severity or benign inten- tions. This subject has been largely ignored in this country both by the law and the public. Only recently are young men beginning to sue the doctors that circumcised them as infants. In all of these cases, they were awarded significant sums of money for their physical and psychological injuries. This would seem to indicate the trend the law will take in years to come. Mutilation of any person’s genitals, whether it be male or fe- male is ethically wrong, and should both be treated equally under the law. It is clear our soci- ety does not condone this practice, so why then is it not then a sexist attitude to ignore the same moral principles for male children?

After you make it through this material we can sit down and talk about this. I felt that a letter would make it easier to break into my feelings. I do love you both, despite what was done to me. Part of the reason I decided to tell you this now is because of my thoughts concerning having a child of my own someday. I found myself not wanting to have a child for fear of it being a boy and not knowing how you would react to my not allowing him to be circumcised. I will be telling everyone what I know, anyone who can be edu- cated. I want to make a difference in the hope that the knowledge will spread. It takes a lot of bravery to stand up to a socially repressed issue, but I feel it is best to start with my family.

There is a lot of material in this binder. Please take the time to read through it slowly. Every- thing is in here for a reason. I have read all the information in this binder, and I can tell you it only represents a small fraction of the information on this subject. I already feel better just hav- ing written this letter. I only hope you both will treat this serious issue with respect. I have said all I can say for now. (continued on page 8)
The surgeon said in his defense that at least 60 percent of American men are circumcised and that the procedure is routine for Jewish and Muslim babies. He also argued that the man was objectively better after the operation and he had been warned that the foreskin could be partially or completely removed.

The appeals court chose to believe that the resulting circumcision came as a shock to the patient, and ruled he had suffered damage, though not 'considerable' damage.

The court also ruled that circumcision remains unusual in Norway and noted the physical changes to the man's organ were self-evident.

4) With some much appreciated help, it has come to our attention that a Massachusetts case stemming from a botched circumcision which required the plaintiff to undergo reconstructive surgery was recently settled for $110,000. Doubtless this sum was grossly inadequate for the damages suffered by the plaintiff but still it is encouraging that these cases are coming to be taken more seriously by lawyers and the courts that must approve the proposed settlements.

From the February 23, 2004 Massachusetts Lawyers Weekly. Verdicts & Settlements Excess Skin Removed During Infant's Circumcision $110,000 Settlement

The minor plaintiff was born on Feb. 12, 1997. According to the medical records, the defendant performed a circumcision on the minor plaintiff five days after his birth. Following the procedure, the minor plaintiff's penis bled profusely requiring several sutures. His hematocrit dropped from 45.9 to 34.1 after the circumcision.

After being discharged from the hospital, the minor plaintiff was referred to a pediatric urologist who examined the minor plaintiff and noted that his penis was virtually devoid of shaft skin. The urologist noted that the condition of the minor plaintiff's penis was highly suggestive of excess penile shaft skin being removed at the time of circumcision.

In October 1998, the minor plaintiff underwent reconstructive surgery by the urologist. An additional reconstructive procedure reportedly was necessary in order to attempt to rectify the damage done during the circumcision. The case was resolved when the minor plaintiff was almost 7 years old; he did not sustain any loss of sensation or function. The case resolved mainly on the minor plaintiff's claims of pain and suffering and the residual scarring caused as a result of the initial procedure and the subsequent surgical procedures.

The defendant maintained that he was not negligent in performing the circumcision. He further maintained that the minor plaintiff's medical condition predisposed him to excessive bleeding, that the clamp used carried with it the risk of excess skin being removed and that the subsequent surgery was unnecessary.

The cause settled on the eve of the second trial date for $110,000.

Type of action: Medical Malpractice Injuries alleged: Scarring Name of case: Withheld Court/case #: Withheld

**Events**

(continued from page 5) What Your Doctor May Not Tell You About Circumcision: Untold Facts... filed suit against Thomas E. Wiswell, MD, for allegedly libeling them in a review of their book at www.amazon.com which stated, "Their 'facts' are untold because they are lies and diatribe," and "What these two individuals put forth is as far from the truth as any author can get."

According to the complaint, "Thomas E. Wiswell, MD, is a physician licensed to practice medicine in the State of New York, where he specializes in neonatology at Stony Brook University Hospital. He is one of the foremost proponents of the medical theories that the presence of a foreskin dramatically increases a male infant's chances of contracting a urinary tract infection (UTI) and that its removal in infancy dramatically decreases the chances of a male's contracting penile cancer later in life. He is an unrelenting proponent of universal neonatal male circumcision, having appeared on national television performing the procedure, despite the fact that he chose to leave his own son intact."

The American Academy of Pediatrics (AAP) criticized Wiswell's studies, which were carried out in the 1980s, for methodological flaws, including the failure to allow for the effect of breastfeeding in preventing UTI. He became embittered when the AAP rejected his position in their 1999 Circumcision Policy Statement and co-authored a dissenting article.

John Juliano and David J. Llewellyn represent the plaintiffs. -xxx-

George Hill, Executive Secretary
Doctors Opposing Circumcision
iconbusterc@earthlink.net

3) A Norwegian man won $3,000 in damages following an unauthorized circumcision. The full story (reproduced below) originally appeared at http://www.aftenposten.no/english/local/article.html?articleID=688345.

Damages for Surprise Circumcision

A man who woke up in a Molde hospital and found himself the recipient of an unexpected circumcision has been awarded NOK 20,000 (USD 3,000) in compensation from the surgeon, newspaper Aftenposten reports. Frosting Court of Appeals ruled that the physician in charge was negligent for not reading the man's journal before the operation, and found the result of the surgery constituted injury.

The patient told the court that he would never have embarked on surgery to relieve an uncomfortably tight foreskin if he had known a circumcision would result.

The man claimed that the circumcision had destroyed his sex life by reducing the sensitivity of his penis and because he was now embarrassed to appear naked in front of his wife. He said he was also embarrassed to be naked in public bathing facilities now.

The man originally sued both the hospital owner and the doctor but lost, then changed his appeal to concentrate on suing the doctor.
Events
(continued from page 4) Saturday, January 10, 2004 Posted: 8:57 AM EST (1337 GMT)

Federal Bureau of Investigation (FBI)

Los Angeles (California) LOS ANGELES, Cali-
ifornia (AP) – A couple was charged Friday with
agreeing to circumcise two young girls in what is
believed to be among the first cases filed under a
federal law banning female genital mutilation.

Todd Cameron Bertrang, 41, and Robin Faulkin-
bury, 24, were arrested at their Canyon Country
home after an FBI agent posing as a father of an
8-year-old and a 12-year-old contacted Bertrang
e via e-mail, then met with him to discuss the pro-
cedure.

Neither Bertrang nor Faulkinbury are accused of
actually circumcising any minors.

During an October 2002 meeting, Bertrang alleg-
edly told the agents that "we have to go into this
realizing that to alter a female genitalia, in any
fashion, under 18, carries a five-year immediate
prison sentence," an arrest affidavit stated.

According to the criminal complaint, Bertrang is
not licensed to practice medicine in California.
On his Web site, Bertrang says he is an aficio-
nado of body piercing and cutting who has per-
formed body modifications on men and women.

Bertrang boasted to an undercover FBI agent that
he had performed more female circumcisions
than "anyone else in the Western Hemisphere,"
according to the affidavit.

Faulkinbury was identified to the agent as Ber-
trang's "slave" who assisted him in the proce-
dures.

Female circumcision, which may involve the
removal of the clitoris or all the external genita-
ia, is a traditional procedure in some African
cultures but has been condemned by the United
Nations.

Assistant U.S. Attorney Kevin Lally said there
was no mention made of cultural reasons for the
surgeries Bertrang and Faulkinbury agreed to.

Bertrang and Faulkinbury were charged with
conspiracy to violate the federal prohibition of
Female Mutilation Act of 1995, which outlaws the
removal of certain sexual organs on girls under
age 18 unless it is medically necessary and
only if performed by a licensed medical practi-
citioner.

Lally said there never has been a decision or
appeal in such a case, and he had not heard of
any cases even being filed under the law.

Bertrang and Faulkinbury were held without bail,
and their lawyers left the courtroom by a rear
entrance and could not be reached for comment.

Each defendant could face up to five years in
prison if convicted.

7) Finally, earlier this year we learned that an
important case (Lewis v. Hunter, No. 05-01-
01035-CV, 2002 WL 531484) was decided by the
Court of Appeals of Texas in Dallas on April
10, 2002. The mother of a child whose circumci-
sion was botched had sued the responsible physi-
cian and received an award on behalf of the child
for $115,000. The court upheld the jury's award
as reasonable and supported by the evidence.

B) POSITION STATEMENTS

1) The Association for Genital Integrity advises
that on June 3, 2004, the College of Physicians &
Surgeons of British Columbia, B.C.'s medical
licensing authority, issued a policy on infant male
circumcision. The policy, originally scheduled to
be released in February, expands on a statement
that appeared in the Fall, 2002 issue of the Col-
lege's quarterly newsletter: http://www.cpsbc.bc.
c/ca/physician/quarterly/cq-38.pdf.

The new guideline outlines the ethical, legal, and
human rights problems associated with infant
male circumcision, but unlike the licensing au-
thority in Saskatchewan, the B.C. College stops
short of advising physicians not to perform the
procedure.

Excerpts:
"Routine infant male circumcision performed on
a healthy infant is now considered a non-
therapeutic and medically unnecessary interven-
tion." 

"Proxy consent by parents for a non-therapeutic
procedure is debatable." 

"Advise parents that the current medical consen-
sus is that routine infant male circumcision is not
a recommended procedure; it is non-therapeutic
and has no medical prophylactic basis; it is a
metic surgery procedure; current evidence
indicates that previously-thought prophylactic
public health benefits do not outweigh the poten-
tial risks." 

2) We have learned that this past December, Den-
mark's National Council for Children called for
the outlawing of male circumcision. Although in
2001 Swedish legislators came close to outlawing
male circumcision outright prior to passing their
historic law restricting it in 2001, this is to our
knowledge the first such outreach call for making
the practice illegal by a government-affiliated
agency. The NCC was established in 1994 and
made permanent by the Danish Parliament in
1997. The NCC works to safeguard the rights of
children, assessing the conditions under which
children in Denmark live in relation to the UN
Convention on the Rights of the Child, and offer-
ing advice and consultancy to authorities on is-
sues concerning children's conditions and take
children's views on board in their work. While
politically independent, the Council receives an
annual grant from the Danish government and is
linked with the Danish Ministry of Social Affairs.
The NCC's chairperson and two board members
are appointed by the Danish Minister for Social
Affairs. The NCC's chairperson and two board
members are appointed by the Danish Minister for Social
finland2003/.

Central Union for Child Welfare in Finland

Position Statement on the Circumcision of Boys
Presented to the Ministry of Social Affairs and
Health (STM060/00/2003).

The Central Union for Child Welfare considers
that circumcision of boys that violates the per-
sonal integrity of the boys is not acceptable
unless it is done for medical reasons to treat an
illness. The basis for the measures of a society
must be an unconditional respect for the bodily
integrity of an under-aged person. Circumcision
intervenes in the sexual integrity of a male child
causing a permanent change in organisms and has
consequences pertaining to both health and qual-
ity of life.

The circumcision of girls is rightly considered as
inhuman mutilation of the genitals and is pun-
ished abuse. Also boys must be guaranteed a
similar protection by law.

According to the opinion of the Central Union for
Child Welfare in Finland nobody has the right, on
behalf of the child, to consent to operation, vio-
lating the bodily integrity of the child, if it is not
done to treat an illness. According to the Child
Welfare Act the child has a right to special pro-
tection. The Child Custody and Right of Access
Act bans the subduing and humiliation of a child.

The Constitution guarantees physical integrity.
The motivations of the Constitution state explic-
itly that freedom of religion does not entitle
[anyone] to violate the integrity of another per-
son. It also states that a child shall be treated as
an individual person who has full fundamental
rights from birth. Intentional causing of pain and
injury is defined as assault in the criminal law
and is punishable. The UN Convention on the
Rights of the Child that Finland has ratified de-
mands that the States Parties shall take all effec-
tive and appropriate measures with a view to
abolishing traditional practices prejudicial to the
health of children.

(continued on page 6)
The Penticton hospital updated its circumcision procedure prior to the release of the coroner’s report, said Lorraine Ferguson, a community health administrator for the Interior Health Authority.

Parents of newly circumcised infants should call the hospital at 5 p.m. on the day the baby is sent home, Ferguson said. An instruction sheet given to parents also outlines what to check for in terms of bleeding.

D) LEGISLATION NEWS

1) In March, New Mexico passed a budget bill apparently requiring health maintenance organizations (HMOs) and medical insurers to cover neonatal circumcision. In a surprising development that we expect will shortly be overturned either through legislative revision or litigation, New Mexico passed a bill including among its provisions an unprecedented requirement that the state’s insurers and HMO’s cover neonatal circumcision. This provision’s survival is quite unlikely given the highly dubious position of this procedure in the medical community, including the refusal of both the American Medical Association and the American Academy of Pediatrics to endorse neonatal circumcision as a routine practice. Not to mention the growing trend of states refusing to fund circumcisions through Medicaid, as recently happened in New Mexico’s neighboring state of Arizona. We can expect to have insurers and HMO’s on our side as we work to eliminate this requirement.

New Mexico Bill SB502, signed on March 10, 2004 by Governor Bill Richardson, increased the tax on health insurance premiums by 1 percent. This tax on health insurance premiums was passed by Governor Bill Richardson, increased the tax on health insurance premiums by 1 percent. The bill became effective July 1, 2004.

http://www.abjoumal.com/xgr/abpills/03-10-04.htm

full text of bill: http://legis.state.nm.us/Sessions/04%20Regular/ final/SB0502.pdf

2) In March, Georgia passed a bill banning all piercings, but only for females.

In a clear violation of Constitutional equal protection doctrines, Georgia has passed a law outlawing involuntary female genital mutilation and also criminalizing voluntary piercings of female genitalia for decorative purposes. As always with such statutes, the law says nothing about involuntary alterations of male genitals. It could prove helpful to intactivists given its breadth and the window it opens up for us to point out the unconstitutionality of ALL laws protecting only one sex and not the other.

http://www.ajc.com/metro/content/metro/ legisdraft/0304/25female...html

Bill limits piercing ban to females

BY ERNIE SUGGS, SONII JACOBS

The Atlanta Journal-Constitution

Published on: 03/24/04

The X-rated phenomenon of genital piercing came under stealth attack Wednesday when state representatives voted to make the practice illegal for women — but not men.

The ban was a last-minute add-on to a bill outlawing involuntary genital mutilation, an ancient ritual practiced by some cultures.

Several senators pushed for the Senate bill that was amended in the House after hearing about a 2-year-old girl from Gwinnett County who was taken by her father to have the procedure done. But the bill passed Wednesday goes much further — ending the voluntary, decorative piercings that have been highlighted on HBO specials and in urban subculture.

"The original intent of the amendment was to make illegal the voluntary piercing of female genitalia for decorative purposes," said Rep. Bill Heath (R-Bremen).

Heath said that while some piercings do fall under the category of involuntary genital mutilation, he is fine with banning the voluntary procedures as well. "If I just don't think it's appropriate," Heath said.

The bill only regulates female genital piercings. Heath said he doesn't support male genital piercings, but won't draft legislation to address the issue.

Sen. Nadine Thomas (D-Decatur), one of the key backers of the original Senate bill, was incensed about the amendment. She said a bill originally designed to protect women and girls now limits what women can do with their bodies.

"This is just another stone being thrown at women," Thomas said. "What he is doing is diminishing what we are trying to do to protect women and girls. It is gender discrimination."

The bill's main purpose is to make female genital mutilation, practiced in many African and Middle Eastern countries, a crime punishable by up to 20 years in prison.

Fortunate Adem contends that in 2001, her husband took their then 2-year-old daughter, Amirah, away from their home and circumcised her in a traditional African way that has been condemned by the United Nations.

The father, a 28-year-old Ethiopian immigrant who denies any wrongdoing, is accused of using a pair of scissors to remove his daughter's clitoris. The practice, commonly known in many African nations as female genital mutilation, is designed to suppress the sexual desires of girls so that they may be pure when they get married.

"It is a horrible act," Adem said. "It is painful, traumatizing and degrading."

Now divorced from her husband, Adem lobbied legislators to outlaw the practice and in February the Senate passed the Amirah Joyce Adem Act.

"I didn't think we had as many cases in this country and when she came to me, I knew I was going to be out there with her," Thomas said. "I commend her for coming forward and saying this is unacceptable in this country. I am happy that she has the guts."

Nationally, the federal Prohibition of Female Genital Mutilation Act was enacted in 1995 to prohibit the removal of certain (continued on page 7)
(continued from page 6) Sexual organs on girls under age 18 unless it is medically necessary and only then if performed by a licensed medical practitioner.

"I knew in general that this was an abuse," said Rep. Mary Margaret Oliver (Decatur), a lawyer who represented Adem in her divorce case. "But as an Episcopalian from Druid Hills, this is not something that I knew a lot about."

Worldwide, about 130 million women have experienced some form of genital mutilation. The act is somewhat common in 28 African countries and scattered spots in the Middle East and Southeast Asia. But in 1997, the Atlanta-based Centers for Disease Control and Prevention estimated that 168,000 females living in the United States have had the procedure done. It is not known how many were done in the United States.

Adem has been reluctant to talk about what happened to Amirah, in part because she doesn't really know. In court records, she said that she discovered her daughter had been circumcised when she took her to a doctor. Because her husband had mentioned female genital mutilation to Adem before and because female members of his family had it done to them, Adem claimed her husband was responsible.

Khalid Adem has been charged with cruelty to children.

3) This past March, in the third significant piece of legislative news from that month, the UK reenacted its 1985 Female Genital Mutilation Act, closing a perceived loophole by criminalizing parents' arrangements for their daughters to be mutilated outside UK territory, most commonly back in their countries of origin.

http://news.scotsman.com/latest.cfm?id=2601778.

Parents who take their daughters abroad to undergo female circumcision will face up to 14 years in jail under measures which come into force today.

Home Secretary David Blunkett announced a year ago that he would act to close a loophole in measures which banned female circumcision 17 years ago.

Some ethnic minority communities have evaded the law by arranging for girls to have the operation during a holiday.

Female circumcision involves the surgical removal of the clitoris, and sometimes parts of the labia, reducing the ability to feel sexual pleasure.

Female genital mutilation is common among Somali, Ethiopian, Eritrean, Yemeni, Malaysian and Indonesian communities.

Around 138 million women worldwide have undergone genital mutilation, according to the World Health Organisation. Experts believe there are 74,000 first generation African immigrant women in the UK who have undergone female circumcision.

There are also up to 7,000 girls under 16 within these communities who are at risk from the procedure.

The operation is usually performed on girls between the ages of four and 13, but can sometimes be inflicted on newborn babies or on young women before marriage or pregnancy.

Numerous reasons given for the practice include custom and tradition, religious demand, family honour, hygiene and prevention of promiscuity.

Female genital mutilation is a criminal offence in the UK under the Prohibition of Female Circumcision Act 1985.

The Female Genital Mutilation Act re-enacts provisions of the 1985 Act and gives them power outside UK borders.

4) In January, it was revealed that Sweden is considering outlawing the recent, controversial resurgence in the developed world of cosmetic surgery on the female genitalia, which last enjoyed a bit of a rage (including supportive articles in Cosmopolitan and other magazines) back in the seventies. Interestingly, that same decade was also the final one in which articles appeared in medical journals supporting female circumcision. It would seem that practices in cultural currency are likely to be endorsed by the medical profession and also—as we have seen with the appearance of medicalized male circumcision starting 150 years ago—medical endorsement may lead to the development of popular support for a practice.


January 28, 2004

Sweden May Outlaw Cosmetic Surgery on Genitals

Sweden may make illegal an increasingly popular form of plastic surgery in which women want to change their genitals.

The country has banned genital mutilation, which is performed on 2 million women every year worldwide, often against their will, for cultural reasons. Cosmetic surgery is not mentioned in the law, but the country's National Board of Health believes the voluntary operations should be outlawed as well, according to an Agence France-Presse account.

Surgeons have seen a big rise in requests for cosmetic surgery on female genitalia, according to AFP. Some seek labia changes for esthetic reasons, others want tighter vaginas for more sexual pleasure, and some Muslim women seek to reconstruct their hymens because they expect to be virgins when they are married.

"We are looking into the legal aspects of this kind of surgery and we will present a report to the government sometime this year," Per-Anders Sunesson, a lawyer who is in charge of the board's legal department, told the wire service.

Attorneys for the Rights of the Child

T-Shirts
(You don't need to be an attorney to wear one.)
Dear Mom and Dad
(continued from page 3) Read everything, then let’s talk.
Love,
Michael
Michael formed L.I.I.F.E. (life) Long Island Integrity For Everyone. email: LIIFE@MichaelSamson.ms

The information Michael Samson included in the binder came from the following websites...
http://www.arclaw.org/
http://www.cirp.org/
http://www.noharmm.org/
http://net.indra.com/~shredder/intact/anatomy/index.html
http://www.circ-info.org/toc.htm
http://www.intact.ca/
http://www.mothersagainstcirc.org/
http://faculty.washington.edu/gcd/DOC/
http://www.boystoo.com/

Letter to Parents Magazine
As parents of a young boy, we believe your circumcision facts need updating. (Delivery Decisions, April 2004). The American Medical Association says there is no medical reason for neonatal circumcision. Circumcision doesn’t appreciably reduce the risk of urinary tract infections or STD’s, and penile cancer is rarer than male breast cancer. Foreskin removal is very painful even with anesthesia and removes healthy tissue richly endowed with sensitive nerves.

Newborn circumcision is not routinely practiced elsewhere in the world, and we recommend any parents considering it should fully educate themselves.
Mere tradition and/or inertia are poor reasons to impose the lifelong effects of this unnecessary, irrevocable surgical procedure on a newborn boy.

Paula Brinkley, M.D., M.P.H., Fellow of the American Academy of Pediatrics, and J. Steven Svoboda, J.D., Executive Director, Attorneys for the Rights of the Child

Al Fields and Steven Svoboda, AAP Meetings New Orleans, Fall 2003

ACOG Headquarters, Washington, DC, Spring 2003
The MGM Bill Proposal
By Matthew Hess

From the first time I heard about the practice of circumcision in elementary school, I knew I was opposed to it. How could anyone cut off part of a boy’s penis in the name of tradition or religion? How could it even be legal? I remember thinking to myself how lucky I was that such a terrible thing had not been done to me.

More than fifteen years later, I learned that such a terrible thing had been done to me. I learned that all the penises I had seen and had assumed to be intact were, in fact, circumcised. It is a moment I recall vividly.

After I learned I was circumcised, I went into a state of denial. “I’m fine”, I thought. “Maybe it really is only a little flap of skin.” This denial continued for five years, until I began noticing a gradual but significant decline in sexual sensitivity. By that time, I had been using this new tool called the Internet for more than a year. “Could circumcision be the cause of my decline in sexual feeling?” I wondered. “Could there be information available on the Internet about this yet?”

As I pulled up a list of sites promising detailed information on circumcision, my heart began to race. I was suddenly very afraid of what I might find. If circumcision really was the cause of my problems, then that meant I had to face the fact that I was a victim of genital mutilation, and that I would never know what natural sex is supposed to feel like. I would have to face the fact that something incredibly valuable was stolen from me, and that it could never be recovered.

But I had to know.

All of my worst fears were realized when I found the information I was looking for. What followed were years of anger and sadness. Although I was eventually able to restore an enormous amount of sexual sensitivity through non-surgical foreskin restoration, I couldn’t stop thinking about what had been done to me, and about what is still being done to thousands of boys every day right here in my own country.

As circumcision began to bother me more and more each year, I decided that I could no longer stand on the sidelines of the intactivist movement. More importantly, I felt that I had to do something that might make a real difference. Although great progress had been made in making educational materials on circumcision available to the public, I could not find any organization with a specific piece of proposed legislation that would protect boys from circumcision. That is when I came up with the idea for the MGM bill.

Later, as I began the research needed to launch MGMBill.org, I learned that a few other intactivists had already made attempts to amend the Female Genital Mutilation Act of 1996 to include boys. Those attempts were not well publicized or documented, however, so I decided that my effort would need to maintain a long-term public presence so that it could build support over time.

On February 23rd, 2004, my first annual male circumcision bill proposal was submitted to every member of Congress and the California Legislature. Since that time I have already seen a change in attitude from the legislators who are commenting on it. As more letters from victims and parents come in, and as public awareness of the MGM bill proposal increases, I am hopeful – even optimistic – that one day it will find a sponsor and be passed into law so we can close this dark chapter of American history.

www.MGMBill.org

Risk Letter
(continued from page 1) and are suing the doctor who circumcised them as infants and the hospital where it occurred. The country’s first successful case involving a man whose procedure was not “botched” and where there were no unusual problems with “consent” was settled out of court in 2002 for a substantial sum, setting the stage for circumcised males to pursue similar litigation.

Hospitals that promote unnecessary circumcisions, or whose employees promote them, even with the best of intentions, are at risk for litigation. Asking parents if they wish to have their son circumcised, providing them with information on circumcision that fails to fully disclose all pertinent risks and harms, and/or providing them with a form that includes circumcision as an option arguably constitutes soliciting an unnecessary and potentially harmful elective procedure. Such a practice may increase hospital liability. Since the patient is a minor, liability extends until his eighteenth birthday in many states.

In the interests of reducing unnecessary surgery and its complications, health care costs, and patient litigation. Attorneys for the Rights of the Child suggests that your hospital issue a moratorium* on circumcision. If not, then please incorporate these recommendations into your maternity protocol:

1. Request that health care providers do not bring up the subject of circumcision when talking with parents.

2. Request that health care providers do not distribute circumcision information to parents.

3. Remove all mention of ‘circumcision’ from the mother’s admission consent form.

4. If a parent asks about circumcision, inform him or her that circumcision is not medically necessary and that no medical society recommends it and that your hospital does not perform the procedure routinely. Inform the parents that circumcision leaves a scar and reduces sexual pleasure for him and his mate. Let them know that the foreskin has immunological, protective and sexual function. Let them know that should a problem arise later, many non-invasive treatments are available and circumcision, if indicated, could be performed then.

5. If parents want more information, give them all the information they need to make an informed decision. We suggest the Full Disclosure informed consent document available at www.icgi.org.

6. If a parent insists on the procedure, decline to perform it, or demand that both parents sign an informed consent form and then record the procedure as ‘against advice.’

Please write us if you have any questions and let us know if you issue a circumcision moratorium or alter your maternity protocols. You may contact us at risk@icgi.org. In return, we will keep you updated on circumcision news in regards to liability with occasional emails. Your email addresses will be kept private and not distributed to others.

Yours,

J. Steven Svoboda, Esq.
Executive Director

*The International Coalition for Genital Integrity is calling for a moratorium on routine infant circumcision in the United States. For more information see www.icgi.org This mailing funded by a grant from the International Coalition for Genital Integrity www.icgi.org
Philadelphia

(continued from page 1) of course, we were outnumbered by abortion protestors. The abortion protestors caused great difficulty for us to get our message across because: 1. Their message was so overwhelming - they had tons of HUGE grotesque signs and 2. almost all passersby, especially the doctors, assumed we were there with the abortion protestors, so they wanted nothing to do with us.

Because we were competing with the blood and gore of the abortion protestors, we chose to use only positive signs and visually appealing pictures. Our pictures were all happy babies. Yet we still managed to be constantly confused with the others.

Here are some specific interactions that either I experienced, or others reported to me: One woman OB walked by and said she agreed abortion was wrong. When I said I was there about circumcision, and showed her my sign, she said "Circumcision -- that is a mother's choice." Very firmly, I said "No, it's the baby's choice; it's his body." She just repeated that it was the mother's choice (apparently neither the father nor the baby count).

Another OB woman walked by and boasted about the 5,000+ circumcisions she has already done. Several other male doctors also proudly announced the thousands they have done.

A male OB approached me and said "I am just curious why you care this much about circumcision. The abortion people I can understand because they are dealing with life and death, but why are you people worried about circumcision? That is just not a big deal." I talked with this doctor for quite some time about why it was a big deal - he claimed 98% of parents, at least the ones in his area (Pennsylvania), circumcised. At this point John Geisheker and George Hill and George Denniston walked up and talked with him for another 30 minutes or so. He kept reiterating that if what we wanted to do was to stop circumcision, we were losing ground and taking the wrong approach by protesting OB's. He emphasized that we needed to educate parents and the public. By the end of the conversation, he said he would bring this issue up with his colleagues to see if they should continue to circumcise (but again, he still thought it was no big deal).

Another doctor came up to some of us to say that she was a member of DOC, and she refused to do circumcisions. She added, however, that this is very difficult for her in her job, that she gets tremendous flack and pressure from the hospital and she has to fill out paperwork every year explaining why she is a conscientious objector. She came out to let us know that our presence was going to make it even more difficult for her.

...and you know how I felt when she said this? I felt like I was just a really bad person, and really bad medicine. I felt like I was the most guilty person ever. I felt like I was a failure. I felt like I had failed our little group, that we were going to make it even more difficult for her...

...she was too, but she faced constant resistance.

One person passing by on the street came up to me shaking and very angry. "My wife is pregnant and your signs are making her physically ill," to which I said, "Sir, we have nice signs; see the pretty baby." The person responded, "Not that sign; I'm talking about the OTHER signs." I explained, "We are not connected with the anti-abortion people but are here about circumcision. See?" I pointed to the word on my sign. "So you are not with them?" "No," I responded, "We are not with them, we are here about circumcision."

...The response was, "Oh, well that, we're not going to do that." Then he walked away. It was at that point it dawned on me that we were being viewed by many people as part of the group, not just because we were close by and people couldn't read our signs, but simply because the abortion group was so heavily mixing messages. I finally realized that people assumed circumcision was just one more issue they were raising - but that we were all one big group.

An observation from another NOCIRC demonstrator: "It was quite disgusting to have several doctors come say to me that they don't like doing circs, but that they do them because the parents insist and will take their business elsewhere if they refuse. What a CROCK!!!!!!! Our sign that said "Some doctors love unnecessary circumcision. Guess Why" was absolutely correct. One doctor told me that we have too much time on our hands. I told him he had too much blood on his hands. Unfortunately, he still didn't get it."

Thanks to NOCIRC of Pennsylvania we had informal meetings/gatherings during the evenings where we could just talk, strategize and support one another. It was great to see several new faces in the movement with lots of potential. I did find this time beneficial and productive for the activists that were able to come.

The next conference at which intactivists need to have a strong presence is the American Academy of Pediatrics (AAP) from October 9 to 13th in San Francisco. Mark your calendars!

--Amber Craig

ACOG Meetings, Philadelphia, Spring 2004

![ACOG Meetings, Philadelphia, Spring 2004](image)

David Wilson, AAP Meetings, New Orleans 2003

![David Wilson, AAP Meetings, New Orleans 2003](image)
I. Introduction

The term “ethics” has esoteric meanings in the fields of law, medicine, philosophy, science, and others. In answering the question of whether circumcision is ethical, it would behoove us to focus on the meaning of “ethics” in everyday life. In normal parlance, ethics simply means: doing what is right, living by the golden rule of “do unto others as you would have them do unto you,” not causing harm to the innocent. In this essay, I will argue that, based on this definition of ethics, circumcision of non-consenting minors is unethical. I base my conclusion on several, but certainly not all, of the ethical quandaries implied by infant circumcision.

In this country, circumcisions are most commonly performed by physicians. Therefore, the first question is: in itself, is it ethical for doctors to circumcise infant boys? In addition, are there parents who, despite being aware of the reality behind circumcision, still choose it for their sons, or who submit their children to circumcision for religious reasons? Their decisions must also pass ethical scrutiny.

Circumcision was introduced into the United States in the 1850’s, as a means to curb masturbation. It has been marketed as a prophylactic for countless infirmities, such as epilepsy, insanity, penile and cervical cancer, poor hygiene, urinary tract infections, and most recently, HIV. None of the supposed “benefits” of circumcision has withstood scientific scrutiny, and in fact, most have been outright disproven. The pattern seems to be that when one justification is disproved, another replaces it. Some have argued that circumcision looks like a “cure looking for a disease.”

The American Academy of Pediatrics does not recommend routine circumcision. No medical association in existence deems circumcision medically necessary, and some medical societies even condemn the practice. Non-religious infant circumcision is almost unheard of in the industrialized West, the United States being the main exception.

Circumcision involves the permanent amputation of the foreskin, which is an erogenous sheath of skin that serves many essential functions. The foreskin covers the entire glans, and prevents bacteria from entering the urethra. The foreskin also keeps the glans moist and sensitive. The presence of the foreskin ensures proper sexual function, by enabling the intact penis’ natural “gliding action,” a function that the circumcised penis loses. It is estimated that the foreskin contains 10,000 to 20,000 nerve endings, and that it constitutes 40-50% of the penile skin.

Circumcision is extremely painful. Most circumcisions in the United States are performed with either minimal or no anesthesia, due to risk of the infant overdosing on the anesthetic. The newborn boy is strapped down onto a board called a circumcision. Because the foreskin is adherent to the glans during infancy, the foreskin must literally be torn off. The excruciatingly painful procedure can last up to 15 minutes.

II. Informed Consent

If “ethics” means doing “the right thing” doctors should obtain consent for any procedure they perform. The Anglo-American law is clear that consent to a medical procedure is only valid if it is “informed.”(1) Doctors obtain informed consent if they openly disclose to a patient the risks, consequences, potential disabilities, and alternatives of any procedure they seek to perform.(2) It is axiomatic that deception or coercion negate informed consent.

Are doctors in fact obtaining informed consent from parents in regards to their son’s circumcisions? Often times, women “consent” to the circumcision immediately after having given birth, when they are still incapacitated from the trauma of delivery.(3) Doctors rarely counsel expecting parents about circumcision in a manner that discloses the four elements that I have mentioned above. It is a rare case, indeed, when a parent is told what the foreskin is; what will happen to their baby during circumcision; the loss of sensitivity, penile mobility, and protection that is a direct consequence of circumcision; and that circumcision is rare worldwide, that it is not recommended by any medical association, and that even the rate in the United States is declining rapidly.

It is deceptive for nurses or doctors to tell parents that circumcision is quick and painless, that it is medically necessary, or that a circumcised penis is cleaner. It is coercive for aggressive doctors to pressure parents into circumcising their sons, or to make parents sign circumcision refusal forms, the latter creating the impression that not circumcision is tantamount to child neglect. It is also patently wrong for hospitals to exploit the language barrier with non-English speaking parents, by having these parents sign consent forms that they cannot understand.

What would constitute informed consent for circumcision? Doctors should tell parents that the foreskin is an important part of the male anatomy, and educate parents about its function. After all, parents have the right to know what it is that they are considering amputating from their son. If doctors believe that the supposed “benefits” of circumcision are factual, there seems to be no reason they cannot mention these. But it is only fair that they also mention that the existence of these benefits is highly controversial, and that these “benefits” can be gotten through more conservative means, such as proper hygiene, breast feeding, or the use of antibiotics.

Although some hospitals do disclose “risks,” this discussion seems to limit itself to those risks inherent in the procedure itself, such as bleeding, infection, and death. The life-long consequences of circumcision should also be disclosed. Admittedly, the loss of sensitivity is still being debated. Nevertheless, it is a fact that the foreskin covers and protects the penis, and that a circumcised penis loses this protection. It is a fact that a circumcised penis lacks the shaft gliding mobility of an intact penis. It is also a fact that the foreskin is erogenous tissue, and that the thousands of sensory nerve endings contained in it are lost to circumcision. These consequences of circumcision should be candidly disclosed. Doctors should tell parents that circumcision is rare worldwide, that it is not recommended by any medical association, and that even the rate in the United States is declining rapidly. Parents also have the right to know that their child will feel severe pain.

Why are the above details necessary? The law states that a doctor must inform a patient about a fact, if he or she knows or should know that such a fact would likely change the mind of the patient, or if the doctor knows or should know that the patient is under a false impression.(4) All of the above factors are things that the average parent would probably want to know before making a decision about the permanent alteration of their son’s penis. And it is a fact that many parents consent to the circumcision of their son because of false impressions that they have about these factors. (They erroneously believe, for example, that the foreskin has no function, or that “everyone circumcises.”)

Very few doctors obtain informed consent for infant genital cutting. Circumcisions done on infants without informed consent are unethical, because doctors are essentially performing surgery on someone’s child without true permission.

III. Is substitute consent valid?

Children do not consent to be circumcised. Instead, their parents consent on their behalf, using what can be called “substitute” consent. Can substitute consent be valid in light of the fact that circumcision is a medically unnecessary (and arguably harmful) procedure? If substitute consent is not valid, doctors are performing the procedure without consent, and are therefore acting unethically, even if (as is rarely the case), they disclose all of the information I have proposed in section II.

Some believe that parents should be given full control over their children’s bodies. This viewpoint sees children as property of their parents, and would give parents full authority to decide whether or not to submit their children to circumcision. In reality, however, some limits are placed on parental autonomy to avoid child abuse. One rule-of-thumb would require that, for “substitute” consent to be valid, a procedure must be in the child’s best interest.

One could argue that a procedure is in a child’s best interest if it provides him concrete medical benefit.(5) But how do we define “benefit”? Using an overly broad definition opens the door to child abuse. Removing breasts of young girls would eradicate the possibility of breast cancer. Yet this would be considered abusive by many, because the preventive measure would be patently extreme. One way of properly defining “benefit” would be to require that a procedure pass a cost-benefit test, in which the benefit gained by the procedure would outweigh any costs or harms caused by the procedure. Also, there would need to be a tight nexus between the procedure and the problem it sought to solve. In other words, the procedure would have to be highly successful at eliminating the problem it was meant to alleviate.

Circumcision fails this test. Let us assume for argument’s sake that circumcision has a slight prophylactic effect (continued on page 12)
Freedom of a parent to practice his/her religion is that essentially states that parental freedom of children begins. There is case law from the United States the law embraces the common sense notion that children? Must we protect the children or respect the purposes of the genital integrity movement well. The average person can understand that stripping a baby down and tearing off an important part of his body, without medical justification, is wrong. We must continue persuading the general public about the correctness of our views on the medical issues surrounding circumcision - that it is unnecessary and harmful. And we must also strive to bring about the day when the word “circumcision” elicits a reaction of repulsion and disgust in the general public.

We must not deny that some parents, even when confronted with the facts regarding circumcision, still choose to circumcise their children for non-therapeutic reasons, such as to have the child “look like his father.” Is it ethical for a parent to superimpose their aesthetic tastes on a child’s body in a way that is irreversible and arguably harmful? Circumcision is not like a parent choosing their children’s clothes, or the food they eat. If improper choices are made in these latter areas, they are reversible once the child reaches maturity and is independent. This is not the case with circumcision, where the loss is permanent. Even foreskin restoration, which can take two to three years, does not actually restore what was lost. Hence, parents who submit their child to genital cutting to have him “look like his father” are acting unethically, because they have selfish rather than therapeutic intent.

Because parental “substitute consent” is not valid, doctors are performing circumcisions without consent. This is not “the right thing to do.” This is unethical.

IV. Religion and Equal Protection

Many Jews and Muslims believe that they are religiously obligated to submit their male children to genital cutting. This raises several concerns. Circumcision brands a child. What if he later wants to convert to a religion that condemns genital cutting? Having been circumcised, his right to fully choose his own religion has been violated. Or what if the child simply resents that an important part of his body was taken away from him to fulfill someone else’s religious obligations? It is not “doing the right thing” for a parent to cut their baby to fulfill their own needs.

Therefore, it is unethical for parents to submit their children to permanent genital alteration based on parental religious preferences.

Society as a whole must also question how to ethically deal with this dilemma. How do we as a nation deal with religious minorities who have practices that are arguably harmful to children? Must we protect the children or respect the parents’ religions? It is interesting to note that the law embraces the common sense notion that freedom of religion stops where harm to others begins. There is case law from the United States Supreme Court (not in the circumcision context) that essentially states that parental freedom of religion stops where it causes harm to a child. Freedom of a parent to practice his/her religion is not absolute.7

Some have advocated banning circumcision but allowing a religious exemption for Jews and Muslims. I would argue that, in light of the total ban on female circumcision, doing this would run afoul of equal protection under the Constitution. Essentially, the exemption would create a situation where sons of Jews and Muslims would not be protected, whereas all females and non-Jewish/Muslim males would be protected. Sons of Jews and Muslims would be doubly discriminated against. They would suffer religious, and in the case of Jews, ethnic discrimination. (Were they non-Jewish/Muslim they would be protected). They would also suffer sex discrimination — for were they born female, they would be protected regardless of their parents’ religion. Allowing this kind of disparate treatment would be unethical of society.

V. Conclusion

In this paper, I have argued that circumcision is unethical, because it violates the dictum of “do the right thing.” It is unethical for doctors, because they are not obtaining, and cannot obtain valid consent. It is unethical for parents to harm their child to make him “look like his father.” It is unethical for parents to use their children’s body to fulfill the parents’ religious obligations. And it is unethical for society to protect girls from genital mutilation, while not offering boys this same protection. How can advocates of children’s rights bring an end to circumcision in America?

The genital integrity movement has made great strides in the last few decades by acting in a multi-faceted fashion. Advocates have been educating the general public — person to person — about the truth regarding infant circumcision. They have been lobbying both state governments and insurance companies to end coverage for circumcision. Recently, there have been a growing number of lawsuits brought against physicians by parents who were not given complete information when they agreed to their son’s circumcision. Lawsuits are also being brought by the grown children themselves. It is only a matter of time before constitutional equal protection claims appear in the United States. [editor’s note: Some such cases have already been brought.]

The genital integrity movement has also reached out to the medical community. Realizing that some doctors are indirectly ignorant about the value of the foreskin, children’s advocates have begun educating doctors, so that the latter can give correct and complete information to parents. And the news on this front is mostly positive. Many prominent physicians now oppose circumcision, or are willing to acknowledge that it should not be routine. We must continue making physicians our allies in the advocacy of children’s rights.

But the most important thing that the genital integrity movement must do is to change the American culture. Lawsuits will not be won, insurance coverage will not end, and equal protection will not be obtained if the current cultural bias that condemns female circumcision, while ignoring the immorality of male circumcision, continues. The movement must also anticipate resistance from the religions that command circumcision. Child advocates who belong to those religions should work tirelessly from within to make those religions more foreskin-friendly, and to help adherents of those religions realize that protecting baby boys from genital mutilation is pro-Jewish and pro-Muslim.

To be sure, bringing about a cultural shift will be no easy feat. But focusing on ethics, as the term is used in daily parlance, will serve the purposes of the genital integrity movement well.

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