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 "Circumcising 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:

[ARC Letterhead]

Attorneys for the Rights of the Child has been involved in an increasing number of lawsuits brought against hospitals by people who their 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

Kans...
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Eli and Steven Svoboda, Summer 2004

Eighth International Symposium on Circumcision and Human Rights: An Anthropological, Medical, Legal and Ethical Analysis(1) 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 acknowledgement 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 difficult 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 event that he was intact and “I haven’t had any mention that he was intact and “I haven’t had any

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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 symposium. 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 Foreskin 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)——Marie-France M. Sarkis
- Changes in Infibulation Practice in East Africa——Pia Grassi
- Van Lil Violation——F. 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.
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 permanently changed forever 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 and I began to point that anger towards both of you. Both of you were responsible for protecting me when I was a baby, and this has caused me more pain than you know. I am trying to cast aside the factored 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 of information that 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 medical nation 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 sensitivity 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 medically advanced nation in the world that does this. The non-religious origins of circumcision persist 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.

There is a lot of material in this binder. Please do not try to compare the severity of female circumcision 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 important issue because the injury inflicted may be less severe, is wrong. A crime against a person is wrong regardless of its severity or benign intentions. 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 female is ethically wrong, and should both be treated equally under the law. It is clear our society does not condone circumcision, so 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 educated. 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. Everything 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 having 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 that 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 case 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

(continued from page 4) What Your Doctor May Not Tell You About Circumcision: Untold Facts... filed suit against Thomas E. Wiswell, MD, for allegedly libeling him 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 iconbuster@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.afenposten.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 Sunnmørsposten reports. Frostating 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 unfortarily 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, California (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 Faulklinbury, 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 via e-mail, then met with him to discuss the procedure.
Neither Bertrang nor Faulklinbury are accused of actually circumcising any minors.
During an October 2002 meeting, Bertrang allegedly 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 aficionado of body piercing and cutting who has performed 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.
Faulklinbury was identified to the agent as Bertrang's "slave" who assisted him in the procedures.
Female circumcision, which may involve the removal of the clitoris or all the external genitalia, 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 Faulklinbury agreed to.
Bertrang and Faulklinbury 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 then if performed by a licensed medical practitioner.
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 Faulklinbury 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 circumcision was botched had sued the responsible physician 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 College's quarterly newsletter: http://www.cpsbc.bc.ca/physician/quarterly/qc-38.pdf.
The new guideline outlines the ethical, legal, and human rights problems associated with infant male circumcision, but unlike the licensing authority 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 intervention."
"Proxy consent by parents for a non-therapeutic procedure is debatable."
"Advise parents that the current medical consensus is that routine infant male circumcision is not a recommended procedure; it is non-therapeutic and has no medical prophylactic basis; it is a cosmetic surgical procedure; current evidence indicates that previously-thought prophylactic public health benefits do not outweigh the potential risks."

2) We have learned that this past December, Denmark'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 outright 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 offering advice and consultancy to authorities on issues 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 position statement on male circumcision can be viewed at its Web site: http://www.cirp.org/library/statements/denmark2003/. Central Union for Child Welfare in Finland Helsinki 25.8.2003.
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 personal 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 quality of life.
The circumcision of girls is rightly considered as inhuman mutilation of the genitals and is punished 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, violating 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 protection. 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 explicitly that freedom of religion does not entitle [anyone] to violate the integrity of another person. 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 demands that the States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.
Biology and Medicine that Finland has signed Protection of Human Rights and Dignity of the

direct benefit.
may only be carried out on a person

The position of the Central Union for Child Welfare is that no law allowing the circumcision of boys shall be decreed.

The Central Union for Child Welfare in Finland hopes that the working group in the Ministry of Social Affairs and Health will consider measures to bring about a cultural change that will secure the integrity of children and lead to the end of circumcision.

Circumcision can only be allowed to independent major persons, both women and men, after it has been ascertained that the person in question wants it of his or her own free will and he or she has not been subjected to pressure.

Helsinki 25.8.2003

Citation:

C) CANADIAN TRAGEDIES

Elsewhere in this issue, I talk about the tragedy of the death this year of David Reimer. Here I have the duty of reporting an update from Febru-

ary regarding another Canadian tragedy, the coro-

ner’s report regarding the 2002 death of month-

old baby boy Ryleigh Roman Bryan McWillis. The coroner concluded that he died after excessive bleeding following a circumcision.

Sun, February 15, 2004

Baby’s death spurs hospital changes

By CP

PENTICTON, B.C. -- A coroner looking into the death of a month-old boy who died of complica-
tions after being circumcised has said an instruc-
tion method ensuring the family’s understanding of how to care for the infant after the surgery would have been helpful. Ryleigh McWillis died in a Vancouver hospital on Aug. 22, 2002, two days after he was circumcised in an elective day procedure at Penticton Regional Hospital.

His parents took him home after the surgery, but brought him back to the Okanagan hospital early the next morning when they discovered his diaper was soaked with blood.

He was transferred to a Vancouver hospital. In a report released this week, coroner Chico Newell acknowledged there were concerns about the communication from health providers to Ryleigh’s parents.

Although health-care personnel provided explicit and thorough instructions for Ryleigh’s care, his family did not understand them in the way health providers intended, Newell wrote.

Tanna McWillis, the infant’s mother, said earlier this week she didn’t think the coroner’s report went far enough.

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 organi-

zations (HMO’s) and medical insurers to cover neonatal circumcision. In a surprising develop-

ment 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 Asso-

ciation 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 and also seems to require insurance and HMO coverage of circumcision for newborn males and a certain test for pregnant women to screen for genetic abnormalities in the fetus. The bill became effective July 1, 2004.

http://www.abjournal.com/xgr/apbills03-10-04.htm

full text of bill:
http://legis.state.nm.us/Session/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 pro-
tection doctrines, Georgia has passed a bill 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 involun-
tary 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 uncon-
stitutionality of ALL laws protecting only one sex and not the other.

http://www.ajc.com/metro/content/metro/

final/SB0502.pdf

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 un-
der the category of involuntary genital mutilation, he is fine with banning the voluntary procedures as well. "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 di-

minishing 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.

Fortunately Adem contends that in 2001, her hus-
bond 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 legislatures 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 coun-
ty and when she came to me, I knew I was going to be out there with her," Thomas said. "I com-
mend her for coming forward and saying this is unacceptably in this country. I am happy that she has the guts."

Nationally, the federal Prohibition of Female Mutilation Act was enacted in 1995 to prohibit the removal of certain (continued on page 7)
Events

(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 an 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 re-enacted its 1985 Female Genital Mutilation Act, closing a perceived loophole by criminalizing parents' arrangements for their daughters to be circumcised abroad to evade legal provision Act 1985. 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 under 18 unless it is medically necessary and only then if performed by a licensed medical practitioner. 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 under 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 genitals, 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 genitals, according to AFP. Some seek labia changes for esthetic reasons, others want tighter vaginas for increased 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.)

Yes! I support the rights of children to physical integrity and self-determination by protecting them from circumcision. To help keep children’s genitals whole and intact, I enclose my contribution or membership dues, which I understand are tax deductible when checks are made payable to NOCIRC and mailed to ARC.

Associates and staff of ARC receive no compensation for their time and work. All contributions are used for supplies, research, and travel expenses.

I wish to join ARC.

☐ $35 (Member) ☐ $100 (Sustaining) ☐ $200 (Patron)

I wish to pledge a monthly contribution to ARC.

☐ $50/mo ☐ $30/mo ☐ $15/mo ☐ Other $_____/mo

I wish to make a contribution to ARC.

☐ $50 ☐ $100 ☐ $200 ☐ Other $_____

Name: ________________________________

Address: ____________________________________

City/State/Zip: ________________________________

Telephone: __________________ E-Mail: __________________

Shirt size: (circle) S M L EX-L

Got Yours?
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


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 admittance 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 if 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.

“Doctors Re-examine Circumcision”

by Thomas Ritter, M.D.
And
George C. Denniston, M.D.

Copies of this book are available through Amazon.com or by e-mail: MusiciansUnited@comcast.net or NOCIRC-PA P.O. Box 103 Mountville, PA 17554

Quantity discounts available
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.

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 to continue to get an exception from doing circumcision - because we were just appearing to be "radical nuts" (I am paraphrasing since I didn't actually talk to her). But it was certainly hard for one of the very few supporters we had inside to come tell us we were making her job of refusing circumcisions more difficult.

I had another doctor inquire about what we wanted and I just explained that we wanted doctors to stop doing unnecessary circumcisions. She said, "Well, you have to go after the insurance companies then." I told her that we were. She said 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 OB woman walked by and said she agreed abortion people I can understand 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 circes, 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. Guessed 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
Is Circumcision Ethical?

Winner, 2004 NOCIRC College Essay Contest
Guy Menahem
Duke University, JD/MA candidate

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 before us is whether it is ethical for doctors to circumcise infant boys. In addition, there are 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, penis 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 sons’ 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)
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/non-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 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 the 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 innocently 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. The average person can understand that strapping 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.

(2) Id. at 781, 787-88.
(3) Ferguson et al. v. City of Charleston et al., 308 F.3d 380, 403 (4th Cir. 2002) (holding that “the physical strain of labor, birth, or serious illness will have a deleterious effect on the patient’s mental process, limiting her ability to rationally consider whatever choices she has.”)
(4) Id. at 787 (requiring doctors to disclose such things to which a reasonable patient would attach significance); Restatement Second of Contracts §161(b) and (c) (requiring disclosure of a fact if a party knows that such disclosure will correct a mistaken assumption of the other party).
(6) Prince v. Massachusetts, 321 U.S. 158, 170 (1944) (the court stated quite strongly, “Parents may be free to become martyrs themselves. But it does not follow [that] they are free, in identical circumstances, to make martyrs of their children before they have reached the age of full and legal discretion when they can make that choice for themselves.”)
(7) Id. at 166. The court stated “But the family is not beyond regulation in the public interest...And neither rights of religion nor rights of parenthood are beyond limitation...the state has a wide range of power for limiting parental freedom and authority in things affecting the child’s welfare.” See also Employment Division v. Smith, 494 U.S. 872, 878-79 (1990) (holding that it is not the case that “an individual’s beliefs excuse him from compliance with an otherwise valid law prohibiting conduct that the State is free to regulate.”)