



Dr. Paul Tinari Ph.D.

The Politics and Motivation behind the African "Research" on Male Circumcision and HIV Infection

By: Dr. Paul Tinari Ph.D.,
Research Epidemiologist

For more than fifty years, the circumcision industry in North America has reaped windfall profits by use of a clever combination of disinformation, lies and fear. By carefully targeted lobbying, selective funding of political campaigns and by playing the "religious freedom" card, the industry assured that laws were passed banning all forms of genital mutilation in females (even with consent), but shamefully and in blatant violation of both Charter and Constitutional guarantees of gender equality, permitted the genital mutilation of males (without consent). The sad fact is that while in Canada it is a Class D Felony to mutilate a corpse, circumcisors can mutilate living children (and even kill them) without fear of criminal prosecution.

In the last ten years, the pharma-

ceutical industry has discovered a universe of profitable products that can be manufactured from stolen foreskins. Even though the trade in human organs and tissues, especially those taken without consent, is universally banned as an affront to human dignity (starting with the Nuremberg Laws passed in the 1940's), the circumcision industry has once again exempted itself from any restrictions that would hinder the profit of its operations. As a result, each pilfered foreskin can be worth tens of thousands in commercial products – not bad for a product that they get paid to steal, despite the protestations of its rightful owner.

Gandhi once said that the truth can never be suppressed forever, and the carefully crafted façade constructed by the circumcision industry has begun to crumble in the face of successful assault by scientific and ethical facts. Parents are now, in a powerfully rising tide, rejecting the lies and deceit of the baby mutilators, and increasingly embracing the axiom that if males were meant to have a foreskin, then they would be born with one. And as such, it makes sense to believe that his creator gave a foreskin to its male owner because the intent was for him to keep it.

As parents are now increasingly responding to scientific fact and reason instead of to hysterical claims and superstition, circumcision rates have plummeted to single digit percentages in many jurisdictions. This is most worrying to the circumcision industry, because their profits have begun to suffer. Seeing no hope of increasing supplies from North America or Europe, the in-

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dustry has now targeted Africa as a brand new "virgin" source of foreskins to be harvested for luxury pharmaceutical products for well heeled consumers in the developed world. Let there be no mistake: The circumcision industry does not give a damn about the health of African children – they are only seen as a new - and more gullible - resource to exploit.

If the industry truly cared about the health of Africans, then it would be funding proper epidemiological studies, not the severely flawed, politically motivated "research" that has just been selectively made public. Why the obsession with *ONLY* studying male circumcision and HIV infection?

Why is it that although female circumcision was also found to reduce HIV infection at the same con-

ference where Auvert presented his alleged “evidence” that male circumcision can help lower HIV rates that absolutely no media attention was given to the study involving cutting female genitals? After all, the female labia have exactly the same cellular receptors as the male foreskin. Since it has now been established that circumcised females have a lower risk of HIV infection than intact ones, then why are researchers *not* demanding large scale circumcision of females in North America to give women the same alleged protection from HIV that men are getting?

Why has no study been conducted on the link between “dry” intercourse and HIV infection? Dry intercourse, popular with many African men, consists of drying out the vagina before intercourse by using harsh astringents. The dry, irritated and cracked vaginal tissues are far more prone to tearing, bleeding and hence, to HIV infection. Why have no studies been made on the link between malaria infection and HIV susceptibility? Hundreds of millions of Africans are infected by the malaria parasite. Certainly it is of interest if this increases a person’s risk of HIV infection.

And what about the known links between the prevalence of other STDs and HIV infection? Antibiotic resistant gonorrhoea and syphilis are epidemic throughout Africa, and it is well known that their presence greatly facilitates HIV transmission to an infected individual. For that matter, any systemic infection that compromises the immune system including tuberculosis, sleeping sickness and many parasitical worms (all of which are endemic throughout Africa), will all greatly facilitate HIV infection.

It is scientifically criminal that none of these factors was controlled for in the recently announced but still unpublished “research.” Yet

each of these factors is potentially a far greater contributor to ease of HIV infection in males than the presence or absence of a foreskin. It is also criminally liable as well as scientific malpractice that the orchestrators of the study choose *not* to report that female circumcision was also discovered to reduce the incidence of HIV infection. The fundamental purpose of science is to educate and enlighten – not to deceive and manipulate. Because of this, to be blunt, these research results are scientific garbage and should be treated as such.

In conclusion, the sad truth is that these were not professional, objective scientific researchers who were conducting an unbiased study whose goal was the improvement of human welfare. Rather, these are little more than amateur hacks, with at best a poor understanding of elementary epidemiological or statistical principles who were willing to do anything to prove their pre-supposed dogma – that male circumcision prevents HIV infection. Why is the inconvenient fact ignored that the lowest rates of HIV infection in the world are found in the Scandinavian nations, countries

where circumcision is virtually unknown? Why is it ignored that the Western nation with the highest circumcision rates, the United States, also has the highest rates of HIV infection?

The truth can be obtained by asking the innocent question: “*Who sponsored this highly flawed research and for what political purpose?*” The true intent of the study organizers can be deduced by their boastful claim that the results of this research would have all African men “lining up” to get circumcised. As usual, the African get conned while the Western multinational corporations laugh all the way to the bank.

A little digging will reveal that this research was paid for by the same sponsors who soon hope to richly profit from harvesting a huge new supply of African foreskins. After all, the same poverty stricken Africans were easily conned by Western multinationals into buying expensive formula (diluted with contaminated water) for their children, instead of using free, healthy and sterile breast milk.

-Dr. Paul Tinari, Ph.D.



From left to right; ARC associates J. Steven Svoboda, Jeff Borg (graphic designer), Art Coons (student coordinator), Georganne Chapin (board member), David Llewellyn (board member).

Why Not Laws Against MGM/ FGM? An Anthropological Perspective

Zachary Androus
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Recently a sentence was handed down in the Georgia trial of a man found guilty of having had his daughter genitally mutilated. While several aspects of the case reported in various national media might raise questions about the veracity of his guilt, not having been present at the trial I do not feel qualified to comment on any of its substantive components. Instead, I would like to use the recent comments of anthropologist Ellen Gruenbaum on this case as a starting point for explaining why, from an anthropological perspective, I do not support legislative bans on childhood genital modification, despite my personal opposition to such practices.



Zachary Androus

Professor Gruenbaum, in her role as discussant for a panel on Male and Female Genital Surgeries held at the recent annual meeting of the American Anthropological Association, said she thought that the ruling in Georgia was a condemnation of the practice itself rather than a determination of the actual guilt

or innocence of the parent(s) of the little girl in question. I agree with Prof. Gruenbaum, and believe that the same thing is true about legislation in the United States. The law serves to make a statement condemning the practice of FGM more than it serves to provide an instrument for addressing problems associated with the practice. From an anthropological perspective, laws and their enforcement can be understood to reflect the values of a society more than any overarching principles of justice.

There is nothing inherently problematic with the modification of the human body; indeed, such practices are universally present among human societies. The problems arise when such practices violate standards of acceptable behavior, and the laws that prohibit them in the United States follow naturally from these violations of U.S. cultural values. This is the reason that male circumcision is currently allowed under U.S. law.

This is also why there has been so little movement from the legislature on a legal prohibition, despite the obvious violation of the equal protection standard that arises from a law that applies exclusively to women. (The MGM Bill was not authored by a legislator, nor has it yet been sponsored by one on the federal level.) Male circumcision simply does not violate widely held standards for appropriate behavior in U.S. society; many, if not most people just don't see a problem with it.

In principle, laws are social and governmental instruments that regulate society and protect the rights of individuals and groups, but in practice they serve to define and enforce dominant social norms and standards. Generally speaking, laws define and enforce what is socially acceptable, not what is right. This is particularly clear in the case of

childhood genital surgeries.

I personally believe in the importance of individual choice in the matter of elective surgeries, whether those surgeries are elected for social, religious, ethnic, or personal reasons. I therefore find the medicalized neonatal circumcision to be problematic for a variety of reasons, not the least of which is its unjustified exclusion from the bioethical guidelines applicable to other appearance-modifying surgeries on children.

However, I do not support the MGM Bill, nor do I believe that legal prohibitions are an effective or appropriate strategy for change in the United States or in the numerous African and European countries that have adopted anti-FGM legislation. There are two main reasons for this: first, legal prohibition is not necessarily an effective means for changing people's behavior, and second, such laws create the potential for significant negative consequences.

As to the first reason, several scholars have reported that legal prohibitions have done little to affect FGM rates in African nations. Especially in these postcolonial contexts, little attention is paid at the local level to the laws of the national governments. Sociologist Elizabeth Heger Boyle has convincingly argued that more than anything else, these laws reflect the pressure that the international community, and powerful Western nations in particular, have put on African governments to condemn FGM.

Similarly, laws passed in the United States and several European countries reflect the lobbying of activist groups more than they do a response to any rash of female circumcisions being performed among immigrant populations. Apart from scattered case reports, reliable information on the extent of such practices within immigrant commu-

nities is simply unavailable. Wherever they live, people who have changed their minds about circumcising their children have been led to do so through information and social pressure arising from within their own families and communities rather than through the influence of national legislation threatening them with fines and prison sentences.

Regarding my second reason, African nations and the United States are certainly very different in many ways. Nevertheless, it is clear that male circumcision, however contested it may be, remains a socially acceptable practice in the U.S., just as male and female circumcision do in many African societies: even when U.S. doctors advise that there is no medical reason for the procedure, many parents continue to request it and many doctors continue to provide it. It seems to me unlikely that the MGM bill will pass into law in this social climate, and even if it were, it seems even less likely that it would see much enforcement. If such legislation were to pass, I would anticipate a similar sort of backlash as has been seen against interventionist legal efforts in other societies where various forms of childhood genital surgery enjoy widespread acceptance: misunderstanding, confusion, and resentment are predictable results of laws perceived to target ordinary, normal behavior. So what to do?

As an anthropologist, I believe that effective social change rarely comes from the top down, but rather via grassroots activism. National legislation criminalizing an activity that most people don't see as criminal just won't work. In cases of both female and male circumcision in the United States and elsewhere, large-scale social change begins with small-scale, friendly exchanges of information and opinion rather than accusations of harm

do not support the continuation of socially motivated neonatal circumcision, but neither do I support legislation banning the practice, because such legislation is not an effective means for changing the minds of parents who see nothing wrong with having their children circumcised.

-Zachary Androus

Infect Amnesty with Intactivism!

by Van Lewis

Administrator of the website of the Ashley Montagu Campaign Against the Torture and Mutilation of Children.

Ever heard about avoiding making mistakes by not doing anything? Well, I'm one of those who makes mistakes, lots of them. Unfortunately for my friends, I seem to like it like this! Lots of them seem to prefer that I make no mistakes, and they're often willing to try to help me avoid mistakes by giving me sincere and very good advice, but I always seem to learn a lot more/



Van Lewis, website administrator of Ashley Montagu Campaign, with granddaughter Sadie

better from the stupid mistakes I make than I do from their heartfelt attempts to keep me from making them. Sad but true!

So here's to the many mistakes we intactivists make. May you make lots of them in your heartfelt work for the babies!

I've recently had another Amnesty International learning experience, mistakes and all.

With Matthew Hess and others from MGMbill.org, in October, 2005, I attended my first AI meeting, Amnesty USA's Western Regional Conference in San Francisco. We learned there (for the umpteenth time) that well-meaning resolutions declaring equal genital rights for males are about as welcome at Amnesty conventions as overflowing septic tanks are at gourmet banquets. After the disappointing 2005 vote, we were given some very good advice for the future by well-meaning friends. We tried to follow it this year.

"Back off a bit," they advised, as I remember now the message they tried to give us. "Most of the people here never thought about this issue before today. Instead of asking these clueless people to declare equal genital rights, ask them to STUDY the issue of whether or not male circumcision violates human rights. Study resolutions are what induced Amnesty to begin its work to end female genital mutilation, and to support equal rights for gays and lesbians. Maybe it'll work for you, too."

Sounded like a good idea to me. I vowed then to attend the 2006 Amnesty USA Southern Regional Conference (I'm from the South, mistakes and all) and carry a study resolution on the subject with me. Matthew Hess wrote it and took it to the Western Regional this year, where it was defeated. I followed, taking it to New Orleans, November 3-5. Let me tell you about it.

Wait 'til next year! Or rather, DON'T wait 'til next year!

I think I did it wrong this year. That's the bad news. The good news is I think I know now how to do it right, or righter anyway. I'm learning! At least I'm fired up and want

to try what might be a little bit smoother, cleaner approach next year. We'll see how it goes.

One advantage for us, I believe, is that the majority of attendees at these conferences seem to be young people. Lots of college students, and even some high school students. THIS is how we can get into the nation's HIGH SCHOOLS! I'm going to start with Florida and Georgia and see how it goes. More on this in a moment.

Friday evening after supper I did get to go with the conference attendees into downtown New Orleans to an art gallery where Amnesty USA Executive Director Larry Cox spoke. For me it was an inspiring speech. Cox himself is an impressive and impassioned defender of human rights and of the central IDEAS of human rights, that we all possess all of these essential, inalienable rights equally, and that everybody, including the governments of the world, must learn to respect them and not violate them, OR ELSE! He's been working at it for a long time, and sees the Bush Administration in particular as a serious threat to and violator of human rights and isn't afraid to give details and name names. I was happy to be able to see Amnesty USA's new Executive Director in action.

I went right up to him and said, "The Amnesty International I believe in protects the human right to security of person and bodily integrity including genital integrity of EVERY human being, not just females."

"Oh, I've heard of you," he replied. "I encourage you to continue if you believe in that. This is a democratic organization and we do the work our members tell us to. Don't give up too soon."

I don't think he needs to worry about that. I won't give up, period.

Saturday morning there was a good plenary session with a number of impressive southern workers in

Amnesty. Then five bus loads of us went on a bus tour of Katrina's New Orleans. The devastation was overwhelming. Unfathomable. Seeing it up close and personal was indescribable. Mile after mile after mile of destroyed homes, neighborhoods, businesses, along with efforts to rebuild, in some but not all of the neighborhoods.

In the afternoon, we went to the Working Parties sessions, where we took up the five resolutions offered to the conference. Working Party A had our resolution and two others. B took up the other two. All passed but ours. We were first up. I talked first, introducing the resolution. It asks Amnesty to study the issue of male genital mutilation in its health and human rights consequences. (See below.) After the first question to me the "question was called", an effort to shut down questions, and discussion/debate, and vote on the resolution itself. It failed resoundingly, and I was encouraged. People wanted more information and a real opportunity to talk about it.

There weren't more questions, supposedly, so we went to the discussion/debate phase. Almost everyone who spoke DID have a question they wanted to ask me, and so I got to answer questions for a while, until someone objected that we were supposed to be in discussion/debate, not questions. Another attempt was made to shut off discussion and vote on the resolution. It failed again, but on a tie vote this time. Discussion continued for a little longer, but the handwriting was on the wall.

One objection to our resolution that seemed to swing the mood was from someone who said that by calling it "male genital mutilation" in the resolution, we were prejudicing the outcome of the study. If I had been on my toes and more experienced I would have suggested an amendment to change it to "male

genital modification" but didn't think of it in the heat of the moment. We had spent quite a lot of time on it and people were wanting to move on. I knew the next vote on ending debate would put the resolution to a vote and it did.

It's hard for me to understand how any member of Amnesty International could oppose trying to find out whether or not injuring and killing babies and children for nothing violates their human rights, but the vote was 1 in favor (guess who), 29 opposed, and 6 abstaining. I was shocked at the one-sided outcome. There had been more positive response during discussion. I had actually gotten the feeling at one point that it might pass.

I think one of the things that happened was that both I and the resolution wording were perceived as not being objective enough. (Surprise!) I think I got too much into advocating our position when I should have been more clearly and cleanly advocating that we STUDY the VARIOUS positions.

After the session was over, I met a wonderful young man and woman (who hadn't been present at the working party debates) who I at first took to be college students, maybe seniors about to graduate. Turns out they were seniors all right, but high school seniors, from Atlanta, amazingly mature, intelligent and interested folks. I gave them lots of information and they soaked it up.

The guy turned out to be one of Amnesty's two Student Area Coordinators from Georgia. He helps all of Amnesty's high school groups in north Georgia. He says he'll help me bring the issue to them. There was a Florida Student Area Coordinator there too. I didn't get to meet him, but will find out how to contact and communicate with him through the Georgia guy. Meeting these two high school students and

talking with them for a couple of hours Saturday evening was by far the highlight of my weekend.

They had, I thought, a couple of excellent suggestions for modifications to the resolution that might help it pass next year. Without having been in the meeting or hearing about any of the discussion on the point, they suggested changing "male genital mutilation" to "male genital modification".

The second change they suggested was to add "or may not" to the section that says "WHEREAS male genital mutilation may interfere with those rights". This would give it the further appearance and flavor of objectivity. So a revised resolution might go something like this: Study of Medical Procedures and Reproductive Rights of Children and Adults

WHEREAS AI recognizes that sexual and reproductive rights are human rights;

WHEREAS AI recognizes all medically unnecessary, involuntary female genital modifications as violations of human rights;

WHEREAS medically unnecessary, involuntary male genital modifications may or may not violate human rights; and

WHEREAS medically unnecessary, involuntary male genital modifications in the forms of circumcision, subincision, superincision, skin stripping, and castration continue to be practiced in certain world regions;

BE IT RESOLVED that AIUSA shall complete a study to determine the health and human rights consequences of medically unnecessary, involuntary male genital modifications, with the report to be presented to the AIUSA Board by February(?) 14(?), 2009;

BE IT FURTHER RESOLVED that

BE IT FURTHER RESOLVED that the study report shall also be presented to the AIUSA membership (during a panel entitled "Children at Risk: Medical Procedures and Health Care Concerns") at the 2009 AGM;

BE IT FURTHER RESOLVED that based on the findings of this study, the AIUSA Board shall advocate for clear AI policies on all medically unnecessary, involuntary male genital modifications at the next International Council Meeting.

I'm very glad I went to this meeting this year, despite the terrible vote. I'm even glad to have that terrible vote on the record. It will stand in history as proof of the insanity of the US population, including the Amnesty USA population, on male genital mutilation. (Excuse me; "modifications".)

I'm also very glad to be a member of Amnesty. At least there is a commitment to human rights and equal rights in the members of this organization. That's a start. I think the members and the organization can be educated and changed faster than the society at large. I think when that job is done we'll have a powerful ally worldwide in the effort to change our society and world on this important issue.

The next Amnesty USA Annual General Meeting will be held in Milwaukee next March 23-25. We need to be there in force.

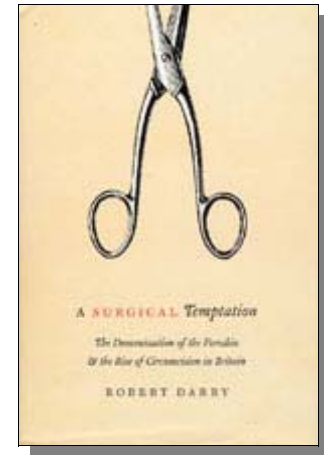
Thanks, people. What a wonderful job to be learning how to do, and doing, mistakes and all, with you.

-Van Lewis

Book Review

By Steven Svoboda

A Surgical Temptation: The Demonization of the Foreskin & the Rise of Circumcision in Britain. By Robert Darby. Chicago: University of Chicago Press, 2005. 374 pages. www.press.uchicago.edu. No price stated on jacket but website gives price as \$35.00.



Medical historian Robert Darby and the University of Chicago Press have released *A Surgical Temptation: The Demonization of the Foreskin & the Rise of Circumcision in Britain*. *A Surgical Temptation* is another of several books published in recent years by intactivists or sympathizers with intactivism. (Full disclosure: While in Australia in 2002, I spent some brief yet treasured time with the author, who more recently has joined with me in coauthoring a paper currently under consideration for publication.) Given the publisher, the book naturally boasts top production values. Darby is simply superb as a medical historian, writer, and analyst of the historical forces that gave rise to medicalized circumcision in Britain (mainly England) starting in the second half of the nineteenth century. The author has a remarkable knack for unearthing and piecing together arcane data literally wrung from the dustiest, darkest corners of the world's top medical libraries, then synthesizing cogent conclu-

sions regarding the social and medical forces that produces the ghastly, bizarre history he recounts.

Intriguingly, Darby speculates on p. 99, "If all doctors had been as coolly inductive [as John Snow was in 1849 in identifying cholera's transmission via a water pump], and if the genitals had been regarded as neutrally as the digestive tract, circumcision as a preventive health measure might never have been heard of." The author outlines in detail the various forms of backward thinking in the field of sexual medicine that enabled circumcision to endure in Britain for far longer than should have happened. Indeed, many of these errors in reasoning and fact-gathering continue to be used even today, wittingly or otherwise, often in somewhat modified form, to excuse and justify neonatal penile amputation.

The author outlines in detail the deliberate role in circumcision's development played by famous 19th century British physician William Acton. Darby also locates and deftly contextualizes a number of fascinating contemporaneous reviews of the work and writings of the initially famous, then disgraced Isaac Baker Brown. The author recounts that "a central image in Victorian pathology was the corruption of the pure by contact with impurity, and its transformation into another impure agent that could spread further corruption."

Robert Darby possesses an encyclopedic command of relevant writings from a broad range of disciplines and integrates them seamlessly into his analysis. Many of the always fascinating details provided by the author are only indirectly related to circumcision itself. Often the author is laying a broader social context, pursuing a line of argument that is relevant to the story Darby is telling.

One of the sections of the book

that some would probably consider among the most speculative is Darby's original analysis of the works and lives of the poets Alfred Housman and W.H. Auden. Both men suffered circumcisions early in life that, based on the author's penetrating reviews of their writings, may well have seriously scarred them and also may have had a strong bearing on their artistic careers. Darby is to be congratulated for taking risks with his book and delving into these fascinating issues from which many authors would have shied away.

In the end, Darby demonstrates, it was the disappearance of medical and popular concern (some would say obsession) with masturbation that made it possible for circumcision to decline in Britain thanks to Douglas Gairdner's flawed if highly influential 1949 article.

Not until he reaches his concluding chapter does Darby do much connecting of dots to the modern era. In a few pages, he skillfully paints the evolution of the practice from the nineteenth century up to the present in Australia, New Zealand, Canada, and the United States, as well as bringing his tale about Britain up to present times. Each of these English-speaking countries has a somewhat unique story, yet the author shows us the commonalities as well.

A Surgical Temptation is quite simply a spectacular book. It is most highly recommended to anyone reading these words and anyone else with an interest in one or more of medical history, male sexuality, and social mythmaking. Don't miss it!



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Executive Director's Message

As another year comes to a close, there is much for which to be grateful. The movement to protect children's bodily integrity continues to make significant gains. The August NOCIRC symposium held at the University of Washington in Seattle was nothing short of spectacular. (Please see article on page 9.) A mainstream English program aired on the BBC early this year was so favorable it could almost have been produced by one of us. Most of you by now will be familiar with the New York Times article that appeared only a few days ago as I write this, on December 13, and the horrific Lehrer News Hour story, again suggesting that male genital mutilation may help prevent HIV. (The New York Times article is reprinted in this issue.)

Astonishingly, as can be seen in the news story reprinted elsewhere in this issue, it is being suggested that *failing* to circumcise could be unethical! Even all the recent media attention to genital amputation and its supposed connection to HIV prevention can be spun in our favor if we are skillful about how we proceed. As suggested by the Chinese characters corresponding to these two words, in this crisis lies a clear opportunity. (The Chinese character for crisis incorporates the symbol for opportunity.)

Here at Attorneys for the Rights

of the Child, we are happy to have our original Newsletter Editor, Al Fields, back on board. Al has always been a good friend and a hard toiler to protect children, and it is great to be working with him again. Art Coons is continuing to work with us as our first Student Coordinator. A few generous donations have pulled us firmly into the black for the first time in our history. We are now starting to bring into reality various projects that in the past have had to remain on the back burner due to lack of funds. While further assistance will be needed to complete the process, I am happy that, for example, we are able to consider returning to the United Nations in 2007 and renewing our work to obtain international recognition of the right to male genital integrity from Amnesty International.

The planned return to the UN will enable us to build on the work we did in Geneva in 2001, when the first human rights documents ever to centrally address male circumcision as a human rights violation were presented there and became part of the official UN record. The timing is good, as the UN needs to be called to account for recently joining in the call for mass circumcision in Africa. I find their position highly ironic and more than a little galling given their staunch opposi-

tion to female genital cutting.

ARC is currently collaborating with other genital integrity organizations and a social change strategist we jointly hired to upgrade and professionalize the movement's strategy, tactics and message. We will be putting together and distributing through our website and through direct mail a "Know Your Rights" brochure for potential plaintiffs. Another project we are planning is creation of a video explaining the interrelation of law, human rights, and genital integrity. The video will eventually be available through download from our website. Upgrading our website is also on the shortlist of upcoming projects, so we can maximize the effectiveness and reach of our message to the world to protect the genital integrity and bodily integrity of all children.

Before our next newsletter appears, we will reach our tenth anniversary. When I officially founded ARC in early 1997, following about two years of preparations, I was not really sure what to expect. Looking back at the past decade, I feel pride in what the movement as a whole and ARC in particular have accomplished. There is far to go, but the intactivist movement is an amazing group and I am proud to be able to be part of it.

This issue's guest authors are Zachary Androus, Van Lewis, and Paul Tinari. Very, very different though they are, their articles are each perfect examples of why many of

us including myself continue to do this work, and why my fellow intactivists are the greatest folks in the world. Van, Zachary, and Paul have each been generous enough to speak forthrightly about opinions that may be a bit controversial but will certainly get us thinking. My concept for the ARC newsletter has always been trying to provide a place for activists to connect with each other, let our hair down a bit and talk about strategy and our personal opinions. This is also the reason why we do not post the ARC Newsletter online, though we are open to doing so in the future in a secured format.



Steven Svoboda with son Eli and daughter Sarita

Also included in this issue is a review of Robert Darby's superb book and reprints of news articles about the first known prosecution ever under this law, which took place in October against a Georgia man convicted of circumcising his daughter.

I wish everyone the happiest of times in what remains of the holidays, and a joyous New Year.

A special thanks to James Loewen for permission to use many of his photos appearing in this issue. All photos without dates in the lower right hand corner were taken by James.



Left to right: ARC Board Member Georganne, Steven Svoboda, Van Lewis, and Irene Dillon, General Counsel of Hudson Health Plan.

Ninth International Symposium

Text: J. Steven Svoboda

Photos: James Loewen

NOCIRC's Ninth International Symposium on Circumcision, Genital Integrity, and Human Rights took place from August 24- 26 in Seattle. With over 130 attendees, it was the second largest symposium.



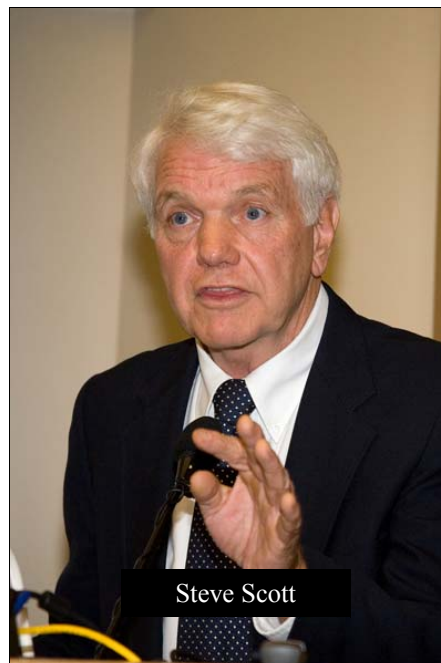
For me, this was probably the most fun I have ever had at a symposium. So many good friends were there, and I made a number of new ones as well. It was also one of the most consistently fascinating and engaging symposia ever.

David Chamberlain contributed a spellbinding and broad-ranging perspective on the psychology of birth, violence, and delusions that become accepted truths in civilizations that themselves need healing. British lawyers Marie Fox and Michael Thomson gave us an intriguing suggestion of an alternative standard not tied to rights and focusing on whether there exists a "compelling medical need." Zachary Androus contributed two fascinating presentations, the first of which addressed the proper role for

an American anthropologist who opposed genital modification of children yet wishes to learn from his subjects why these practices are performed. Androus' second topic was a report on reported reasons for elective adult circumcisions. Steve Scott provided us with a penetrating analysis and debunking of the numerous mythologies that continue to justify neonatal genital modification.



Patricia Robinett courageously shared parts of her own astonishing personal story, which she discusses in further detail in her recently published book. The symposium's first day ended delightfully with Jess Grant's humorous look at his own circumcision through his song that he performed on guitar.



British Columbian Paul Tinari earned the admiration if not awe of everyone present with his horrendous tale of suffering circumcision as a schoolboy, then managing to become the first man ever to obtain state coverage for his reparative surgeries. Morris Sorrells kept us spellbound with his unveiling of what will hopefully become the first peer-reviewed published proof of the penile sensitivity losses caused by circumcision. Filipino Romeo

Lee and West Timor professor Primus Lake contributed two fascinating tales about genital modifications overseas. Midwife Gloria Lemay showed us her powerful views on how we can end circumcision now. Finishing up the second day, Hugh Young enthralled us with his light yet thorough review of circumcision as presented in the mass media, particularly on television and also in film.

As we sadly reached the final day, ARC Board Member Georganne Chapin started us off with a unique glimpse into the loony world of medical coding of procedures and treatments for billing purposes. I now understand so much more



fully why good statistics on genital modifications and the effects they have are so hard to obtain. In many cases, the data was never gathered in the first place! My presentation, "A Treatise from the Trenches: Why Are Circumcision Lawsuits So Hard to Win?" attempted to demystify legal proceedings and let everyone know about how societal limits prevent acknowledgement inside the courthouse of the importance of protecting the genital integrity of males as well as females.



Miriam Pollack

ARC Board Member David Llewellyn shared some intriguing war stories from his many battles for the rights of the child, and John Geisheker presented his work on using writs of mandamus to protect children in Washington state. A surprise discussion revealed the astonishing progress being made by Dean Ferris and others struggling to protect genital integrity in South Africa. Miriam Pollack moved everyone present with her tale of defining what is sacred and using these insights to help transform the awareness of Jewish women regarding circumcision. Newcomer Rebecca Wald followed with her engaging personal story as a Jewish



David Biviano

mother who did not circumcise. Suzanne Arms was as passionate and moving as always in calling for a total paradigm shift in which we all respect the integrity of every child and honor what each child brings. Martin Novoa talked about circumcision rates and money. Once government health care stops funding the procedure, rates tend to plunge.

Several excellent new films were shown during breaks from the spoken presentations. The symposium ended on a double high note, with a



Gary Burlingame

wonderful banquet and awards ceremony followed by a theatrical presentation. "It's A Boy," with music and lyrics by Ron Romanovsky and Betty Katz Sperlich of Nurses for the Rights of the Child, managed to be entertaining and moving at the same time. The knife juggling by Wil Alvarez was astonishing, particularly for those like myself seated in the first row.

Also presenting in Seattle, with apologies that space limitations did not allow me to discuss their talks in detail, were Jody McLaughlin, James Snyder, George Hill, Ken McGrath, John Dalton, Len Glick, Linda Massie, Yngve Hofvander, David Smith, Matthew Hess, and others.



Soraya Mire

We will have to wait till the next symposium to hear from two presenters who were not able to be in Seattle, Mostafa K. Al-Madawi about Muslims and Circumcision and from Frederick Hodges about Abraham Wolbarst and eugenic circumcision.

Marilyn Milos and NOCIRC, congratulations on another awesome event.

Circumcision Reduces Risk of AIDS, Study Finds

By DONALD G. McNEIL Jr.

December 13, 2006

Circumcising African men may cut their risk of catching AIDS in half, the National Institutes of Health said today as it stopped two clinical trials in Africa, when preliminary results suggested that circumcision worked so well that it would be unethical not to offer it to uncircumcised men in the trials.

AIDS experts immediately hailed the result, saying it gave the world a new way to fight the spread of AIDS, and the directors of the two largest funds for fighting the disease said they would now consider paying for circumcisions.

“This is very exciting news,” said Daniel Halperin, an H.I.V. specialist at Harvard’s Center for Population and Development, who has argued in scientific journals for years that circumcision slows the spread of AIDS in the parts of Africa where it is practiced.

In an interview from Zimbabwe, Mr. Halperin added: “I have no doubt that, as word of this gets around, millions of African men will want to get circumcised and that will save many lives.”

But experts also cautioned that circumcision is no cure-all. It only lessens the chances that a man will catch the virus, it is expensive compared to condoms, abstinence or other methods, and the surgery has serious risks if performed by folk healers using dirty blades, as often happens in rural Africa.

Sex education messages to young men need to make it clear that “this does not mean that you have an absolute protection,” said Dr. Anthony S. Fauci, an AIDS researcher and director of the National Institute of Allergy and Infectious Diseases, which sponsored the trials. Circum-

cision should be added to other prevention methods, not replace them, he said.

The two trials were carried out among nearly 3,000 men in Kisumu, Kenya, and nearly 5,000 men in Rakai, Uganda. None were infected with H.I.V., the virus that causes AIDS; they were divided into circumcised and uncircumcised groups. They were given safe sex advice — although many presumably did not take it — and retested regularly.

The trials were stopped by the National Institutes of Health’s Data Safety and Monitoring Board this week after data showed that the Kenyan men had a 53 percent reduction in new H.I.V. cases and the Ugandan men a 48 percent reduction.

In Kenya, 22 of the 1,393 circumcised young men in the study caught the disease, compared with 47 of the 1,391 uncircumcised men.

Those results echo the finding of a trial completed last year in the town of Orange Farm, South Africa, financed by the French government, which demonstrated a reduction of 60 percent among circumcised men.

Two agencies, one under the State Department and the other financed by a number of countries, said they now would be willing to pay for circumcisions, which they have not before, citing a lack of hard evidence that it works.

Dr. Richard G. A. Feachem, executive director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, said that if a country seeking money submitted plans to conduct safe, sterile circumcisions, “I think it’s very likely that our technical panel would approve it.”

Ambassador Mark Dybul, executive director of the \$15 billion President’s Emergency Plan for AIDS Relief in the State Department, said

his agency “will support implementation of safe medical male circumcision for HIV/AIDS prevention.”

He too warned that it was only one new weapon.

“Prevention efforts must reinforce the ABC approach — abstain, be faithful and correct and consistent use of condoms,” he said.

Uncircumcised men are thought to be more susceptible to AIDS because the underside of the foreskin is rich in Langerhans’ cells, which attach easily to the virus. The foreskin may also suffer small tears during intercourse, making it more susceptible to infection.

Researchers have long noted that parts of Africa where circumcision is practiced — particularly in the Muslim countries of West Africa — had much lower AIDS rates. But it was unclear whether other factors, such as religion or polygamy, played important roles.

Outside Muslim regions, circumcision is spotty. In South Africa, for example, the Xhosa people circumcise teen-age boys, while Zulus, whose traditional homeland abuts theirs, do not. AIDS is common in members of both tribes.

In recent years, as word has spread that circumcision might be protective, many African men have sought it out. A Zambian hospital offered \$3 circumcisions last year, and Swaziland trained 60 doctors to give them at \$40 each after its waiting lists grew.

“Private practitioners also do it,” Dr. Halperin said. “In some places, it’s \$20, in others, much more. Lots of the wealthy elite have already done it. It prevents STD’s, it’s seen as cleaner, sex is better, women like it. I predict that a lot of men who can’t afford private clinics will start clamoring for it.”

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Dad gets 10 years in first female circumcision trial in U.S.

November 1, 2006

LAWRENCEVILLE, Georgia (AP) -- An Ethiopian immigrant was convicted Wednesday of the genital mutilation of his 2-year-old daughter and was sentenced to 10 years in prison in what was believed to be the first such criminal case in the United States.

Khalid Adem, 30, was found guilty of aggravated battery and cruelty to children. Prosecutors said he used scissors to remove his daughter's clitoris in his family's Atlanta-area apartment in 2001. The child's mother, Fortunate Adem, said she did not discover it until more than a year later.

Adem, who had no criminal record, could have been sentenced to up to 40 years in prison. He held his face in his hands and wept loudly after the jury's verdict was read.

During her father's trial, the girl, now 7, clutched a teddy bear as she testified on videotape that her father "cut me on my private part."

Federal law specifically bans the

practice of genital mutilation, but many states do not have a law addressing it. Georgia lawmakers, with the support of the girl's mother, passed an anti-mutilation law last year. But Adem was not tried under that law since it did not exist when his daughter was cut.

During the trial, Adem testified he never circumcised his daughter or asked anyone else to do so. He said he grew up in Addis Ababa, the capital of Ethiopia, and considers the practice more prevalent in rural areas.

Adem's attorney acknowledged that the girl had been cut, but implied that the family of the girl's mother, who immigrated from South Africa, may have been responsible.

The Adems divorced three years ago, and attorney Mark Hill suggested that the couple's daughter was coached to testify against her father by her mother, who has full custody of the child.

Adem, who cried throughout the trial and during his testimony, was asked what he thought of someone who believes in the practice. He replied: "The word I can say is 'mind in the gutter.' He is a moron."

The practice crosses ethnic and cultural lines and is not tied to a particular religion. Activists say it is intended to deny women sexual pleasure. In its most extreme form, the clitoris and parts of the labia are removed and the labia that remain are stitched together.

Since 2001, the State Department estimates that up to 130 million women worldwide have undergone circumcision.

Knives, razors or even sharp stones are usually used, according to a 2001 department report. The tools are frequently not sterilized, and often, many girls are circumcised at the same ceremony, leading to infection.

It is unknown how many girls have died from the procedure, either during the cutting or from infections, or years later in childbirth. Nightmares, depression, shock and feelings of betrayal are common psychological side effects, according to a 2001 federal report.



Attendees at the Ninth International Symposium on Circumcision, Genital Integrity, and Human Rights



Attorney and ARC collaborator David Wilton

Sweden jails circumcision father

A Swedish court has jailed a Somali man for four years for forcing his 13-year-old daughter to be circumcised.

Swedish citizen Ali Elmi Hayow, 41, held his daughter down while the operation was carried out, the court said, although he denied the charges.



It is the first conviction in Sweden since the country banned the practice in 1982.

Female circumcision, common in parts of Africa, involves the partial or total removal of the external genital organs.

'Clear and coherent'

The court determined that Hayow had forced his daughter to undergo circumcision during a visit to Somalia in 2001.

"He decided that the girl should be circumcised, and together with another person kept firm hold of her while a circumciser performed the operation," prosecutor Agnate Henrikson said.

The court said the decision was based on medical examination and on the girl's testimony, which it described as "clear and coherent".

"Her version seems spontaneous and contains some details that lead the court to believe that the events really occurred," the court said.

Hayow was also convicted of travelling to Somalia with his daughter and son without consent from his ex-wife.

He was ordered he pay his daughter damages of 346,000 kronor (US \$46,000; £26,000).

Cultural tradition

The case, heard at the Gothen-

burg district court, was the first regarding female genital mutilation (FGM), as the practice is often called, in a Scandinavian country.

The Swedish law has prohibited carrying out the procedure in Sweden since 1982, and was altered in 1999 to outlaw taking children abroad for the operation.

FGM is banned in many African countries, but is still widespread in some places.

In some communities the controversial practice is a female rite of passage and remains an important religious and cultural tradition.

It can result in infection and, in some cases, death.

Globally, an estimated 130 million women have undergone circumcision, mainly in Africa, the Middle East and some Asian countries, and some 3 million women and girls are circumcised each year, according to the World Health Organization.

<http://news.bbc.co.uk/2/hi/europe/5118376.stm>

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