



Attorneys for the Rights of the Child

Newsletter

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Protecting Children's Bodily Integrity

In This Issue

Feature Articles

Intact America Is Born!.....page 2

Filmmaker Speaks.....page 3

Informed Consent.....page 4

From the Executive Director

Keele Conference Report.....page 1

Executive Director's Message...page 8

Publications Update.....page 9

Book Review

HIV and Healthcare.....page 9

In the News

Supreme Court Rejects Case.....page 3

Denmark Eyes Ban.....page 3

Ugandans Ban FGC.....page 9

Circumcision Is No Vaccine.....page 9

Condoms More Effective.....page 10

WHO on MGC in Africa.....page 10

New NOCIRC Video.....page 10

Special Section: Pictures from the Keele Conference.....page 5, 6

Keele Conference Report

Ten was a key number in more than one way, as NOCIRC's tenth biannual conference returned to England this year after last having been there ten full years ago at Oxford University. (My, how time flies! No ARC Newsletter in those days as Al Fields and I launched the publication in 2000.) This time, from September 4-6, thanks to gracious hosts Michael Thomson, Marie Fox, and David Smith, we were at Keele University in Staffordshire, about 3.5 hours north of London.

Even before we got to Keele, we could see that this year was obviously going to be a powerful one. As we discussed in more detail last issue, the day before the conference started, September 3, marked the unveiling of a new, groundbreaking collaboration between the UK's leading group promoting male genital integrity, NORM-UK, and the corresponding group working to safeguard females, FORWARD. A delightful and highly informative press conference was followed by a well-stocked reception. Printing out the last, "Keele" issue of the ARC Newsletter delayed my departure for Keele on the bus that NORM-UK had arranged for the press conference attendees, so I rode up with my new friends Richard Duncker and Paul Markham of NORM-UK.

Keele is a two-pub village, which, if you know England's penchant for pub attendance, means a very small place indeed. The university is prestigious, and its Gender, Sexuality and Law Research Group has made a name for itself throughout the country and the world. Both Michael and Marie are professors at Keele and have written several articles on circumcision and the law.

Because of the location and the economy, North American attendance was greatly reduced, but Europeans made up the deficit, producing a conference with a total attendance of

nearly a hundred. Despite this being my seventh symposium, I probably encountered as many, if not more, fresh perspectives and fascinating presentations as I can recall hearing at any of the past events.

The morning of September 4, Fox and Thomson started festivities off with a bang, as they surveyed adolescent autonomy and the limits of religious freedom. I always appreciate their enviable combination of astute legal analysis, common sense, and humor. Chantal Zabus discussed her work studying testimonials relating to genital cutting, which is more or less the topic of both her already released book, *Between Rites and Rights*, and her upcoming edited volume, *Fearful Symmetries: Essays and Testimonies Around Excision and Circumcision*.

Attorney and ARC Advisory Board Member Zenas Baer gave an excellent discussion of "consent" to circumcision and a hospital's duty, which we are pleased to reprint elsewhere in this newsletter in a slightly shortened, edited version. I then gave my talk, entitled, "Three Fourths Were Abnormal"—Misha's Case, Sick Societies, and the Law," based on a late-nineteenth century doctor's suggestion that 75% of all penises are abnormal. I was able to insert at the last minute some thoughts about the role Europeans can take in helping us rebut the latest HIV-related onslaught of the dark forces.

Comfort Momoh of FORWARD discussed female genital cutting as a human rights issue. Seham Abd el Salam and Sarah Enany then delivered "International Organizations, Political Interests: One Group's Experience," which, on both factual and presentational levels, was clearly one of the best I have ever witnessed. Using theater, exquisite senses of timing, comedy, and an astonishing yet all too true story, Seham and Sarah told the audience the eye-opening story of the multiplicity of ways in which UNICEF of

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Intact America Is Born!

Georganne Chapin, JD
December 2008

Egypt roadblocked their attempts to inject consideration of male genital integrity into a manual they were assigned to create promoting female genital integrity.

Tasmanian Commissioner for Children Paul Mason, who had travelled a long way with his family in tow to be in Keele, then gave the first of two outstanding talks on his unique perspectives on genital integrity and the importance of protecting all children. After dinner, NOCIRC offered two parallel programming tracks, one examining foreskin restoration, the other focused on psychological and religious considerations.

Friday, September 5 started out with a screening of Dominique Arnaud's excellent film about female genital cutting, *Silence, on coupe!* Moving first-person psychological reports were given by Robert Johnson and fellow patent lawyer Tom Hennen, while a series of concurrent sessions related to female genital cutting. Eminent physician-scholars Michel Garenne from France and Daniel Sidler from South Africa contributed edifying analyses of circumcision, HIV and Africa. Physical effects of circumcision were surveyed in the afternoon by several activists, followed by the first of two somewhat controversial presentations on circumcision as treatment by physicians who have been known to practice male circumcision.

A remarkable filmmaker, Eliyahu Ungar-Sargon, presented his enthralling movie, *Cut: Slicing Through the Myths of Circumcision*, followed by a discussion. Ungar-Sargon, whose story about the making of the movie appears elsewhere in this issue, is the son of a notably open-minded Orthodox rabbi with whom he dialogues in the film. A gala dinner followed.

The final day of the symposium included a heartening report by ARC Secretary Georganne Chapin and Doctors Opposing Circumcision Executive Director/ARC Advisory Board Member John Geisheker about their recent trip to the International Conference on AIDS in Mexico City. Georganne also unveiled plans for a new organization, Intact America (IA), of which she will

be Executive Director. Georganne's report about IA appears elsewhere in this issue.

Paul Mason delivered his second talk on his vision of future paths for our movement. Closing remarks were made by Marilyn Milos, John Warren, and David Smith. Dinner followed.

Of course part of the fun at these events happens in between the talks, in the hallway, and in the pub or hotel in the evening. It was delightful to meet new friends from around the world whom I previously only knew through email, like Chantal Zabus, South Africa's Daniel Sidler, Michel Garenne, Comfort Momoh, Tasmanian Commissioner for Children Paul Mason, and Tom Hennen. It was also wonderful to renew friendships with treasured colleagues like Linda Massie, Georganne Chapin, David Smith, Ron Low, Wayne Griffiths, John Geisheker, and of course Michael Thomson and Marie Fox. I had to leave a special mention all to themselves for my utterly delightful, dear friends from Egypt, the incomparable activist extraordinaire Seham Abd el Salam and of course her compatriot-in-arms Sarah Enany.

All-in-all, a fantastic time was had by all, and we look forward eagerly to the Eleventh NOCIRC Symposium, tentatively scheduled for the Summer of 2010 at Dominican University in San Rafael, California.

- J. Steven Svoboda

Beginning in the Spring of 2007, a small group of committed individuals in the intactivist movement began talking about how to advance our work through the creation of a new, formally structured organization. The impetus for this was an offer and challenge by a Texas businessman who had donated generously to NOCIRC for several years to move intactivism from a grassroots effort to a mainstream enterprise.

A social enterprise consulting firm called Aperio was hired to guide us through this process. Early on, Aperio sent out two surveys to 75 people, and



Georganne Chapin., International AIDS Conference, Mexico City, August, 2008

then interviewed a smaller number of movement leaders. During the winter of 2007, a group including representatives from NOCIRC, Doctors Opposing Circumcision, Attorneys for the Rights of the Child, the International Coalition for Genital Integrity and others met twice in Dallas to examine our message and our mission and to define our future. In addition to reviewing the findings of the survey, we discussed core challenges of the movement and our vision for moving it forward. We also harkened back to a messaging document developed in conjunction with SmartMeme (a social-change messaging firm) the previous year.

In Spring 2008, a smaller group of people from the above-named organizations, along with the donor and the



Aperio consultants, convened in Tarrytown, New York at the offices of Hudson Health Plan and the Hudson Center for Health Equity & Quality (Hcheq), two not-for-profit organizations for which I serve as chief executive officer. Based on the surveys, the Dallas discussions, and a business plan developed by Aperio, the donor offered to provide seed money to the new initiative on the condition that Hcheq would lead the effort.

Thanks to Dan Bollinger, we dubbed our new organization Intact America, a name that has resonated with everyone who has heard it.

Over subsequent months, we began developing budgets and laying the groundwork for this new organization. Formally, Hcheq (itself a 501(c)(3) organization) is serving as an "incubator" and administrator for Intact America. Thus far, we have identified several first priorities -- in particular, refining our message and making it consistent; developing a logo, website (www.intactamerica.org) and web communication strategy; creating initial branded materials; establishing Intact America as a legal entity (including applying to the IRS for tax-exempt status); and creating a fundraising strategy for capacity-building and program activities.

I believe that with the foundation laid by a large group of extraordinarily committed people, we will succeed in reaching a "tipping point," such that the intact penis, rather than the circumcised penis, becomes the norm in the United States.

Supreme court rejects Oregon circumcision case

By The Associated Press

PORTLAND - The U.S. Supreme Court has rejected an Oregon dispute between a father who wants to circumcise his 13-year-old son against the wishes of the boy's mother.

The case now goes back to an Oregon trial judge to determine whether the boy wants to undergo the procedure.

James Boldt converted to Judaism and says his son wants to be circum-

cised for religious reasons.

But his ex-wife, Lia Boldt, claims that her son is afraid to tell his father that he does not want to undergo the procedure.

The Boldts married in the early 1990s. Lia Boldt filed for divorce in 1998 and initially had custody of their son before James Boldt gained custody.

Cut: Slicing Through the Myths of Circumcision

by Eli Ungar-Sargon

Meeting new people is one of my favorite things to do. Typically, I will introduce myself, say where I'm from, and tell the person that I am a documentary filmmaker and that the subject of my first feature-length film is male circumcision. How the person reacts to this information tells me a great deal about who they are and where they come from. To some, circumcision evokes unpleasant memories, to others it recalls a funny joke. But invariably, if the conversation progresses beyond the preliminary niceties, people seem to be quite fascinated with the subject.



Eli Ungar-Sargon

Why do we cut off a part of the infant penis? Is it healthier? Is it cleaner? Does it change the way we have sex later in life? This is a subject which people clearly want to know more. Once the initial barricade of etiquette is breached, the questions tend to come faster than I can answer them. Unfortunately, like other taboo subjects, male circumcision is surrounded by an enormous amount of misinformation.

I was cognizant of this reality as I

set out to make my film, *Cut: Slicing Through the Myths of Circumcision*. As a filmmaker, I saw it as part of my responsibility to educate the viewer and I devoted a lot of time and effort to doing so in what I hoped was an informative and visually compelling way. One of the frustrations that I had in my research was that there was a lack of quality visual materials on circumcision. I set about to change that. The foreskin is a complex part of the penis and to fully understand its structure and function, live anatomical demonstration is essential. So an important facet of *Cut* is brushing away the cobwebs and getting a better look at the effects of male circumcision on anatomy and sexual function.

But the film is not only about explaining these important facts. I was raised as an Orthodox Jew and *Cut* also addresses my intellectual and emotional odyssey regarding the Jewish ritual of circumcision. At the core is a series of conversations that I had with my father, an Orthodox Jew, over the course of the 18 months it took me to make the film. Through these conversations, as well as others with rabbis, philosophers, and social scientists, I raise the important question of what religious people ought to do when their tradition requires them to behave in a way that is ethically problematic. This is the struggle that I try to present in *Cut*. In presenting this conflict, to some extent the film presupposes that both religious traditions and ethics are important to preserve, but asks the open-ended question of how to proceed when these value systems are at odds with each other. In our current age of religious extremism, I believe that my generation has a responsibility to answer this question in a compelling way.

Politicians Eyeing Circumcision Ban

www.denmark.dk/en

November 18, 2008

Several parliamentary parties are considering creating legislation that would spare all children from circumcision - not just girls.

A proposal to ban circumcision for boys may be on its way to parliament after intense discussions by MPs over the past week, reports Kristeligt Dagblad newspaper.

Although circumcision of girls was outlawed in response to the practice being common among immigrants from some Muslim countries, boys may still be circumcised if a certified physician is present.

Jewish tradition calls for the circumcision of newborn boys, and many Muslims and Christians support the practice as well. But both the Ethics Council and the National Council for Children have recently criticized the practice, stating that a boy should be able to decide for himself if he wants the procedure performed when he reaches the age of 15 - the legal age in Denmark for a child to have sole jurisdiction over his own body.

While the Social Democrats, Red-Green Alliance and Liberal Alliance have come out in support of a ban, the Danish People's Party called it 'tyranny'.

'It's completely ridiculous to compare the circumcision of girls - which is a barbaric mutilation - with that of boys, where it's just the removal of a skin flap,' said the party's Jesper Langballe.

But the party's own health spokeswoman, Liselott Brix, said she supports a ban.

'A lot of parents want it done to their children because they themselves had it done. But we're living in the present and it isn't fair to expose healthy children to religious circumcision.'

Medical wisdom is mixed on the supposed benefits of male circumcision, some studies claiming it prevents disease while others indicate normal hygiene procedures sufficiently negate the need for the practice.

The American Academy of Pediatrics does not support male circumcision, indicating any health advantages from it are minimal.

Hospital's Duty and "Informed Consent"

By Zenas Baer, J.D.

*Presented at The Tenth International Symposium on Circumcision, General Integrity and Human Rights
Keele University, Keele, Staffordshire, England
September 4, 2008*

Zenas Baer was educated at the University of Minnesota with a degree in Political Science and German Literature and graduated from Hamline University School of Law in 1980. Following graduation, he began practicing and continues to practice in Hawley, Minnesota. Zenas Baer became involved in the circumcision issue through the efforts of Duane Voskuil, Ph.D. and Jody McLaughlin, inactivists from North Dakota.



Circumcision is a surgical procedure for which "informed consent" is required. (In the circumcision context, I have added quotation marks because consent is technically inapplicable for procedures performed on a third party; assent or permission are more correct terms.) Virtually all jurisdictions require the medical doctor to obtain "informed consent" before performing the procedure. Generally, the duty to obtain "informed consent" is considered to be non-delegable. This means the doctor cannot rely on the hospital to obtain "informed consent" if he or she fails to do so.

In support, it is argued that a medical doctor has the knowledge, education and training to describe the risks and benefits of a medical procedure to a patient and is the only person who can legitimately obtain "informed consent." It is further argued that if the hospital interfered with the "informed consent" process it would interfere with the doctor/patient relationship. The hospital thus has no responsibility to obtain "informed consent" from a patient. The non-delegable nature of the duty can, however, be altered by a hospital's participation in Medicare fund-

ing which requires, as a "condition of participation," that a signed "informed consent" verification be placed in the patient's chart before surgery is performed.

Further inroads to hold hospitals liable involves the use of restraints. During circumcision hospitals generally use Circumstraint devices which restrain the child in a spread eagle position to allow a doctor to perform a non-medically indicated surgery. I believe that such restraint is "false imprisonment."

Why do we care so much about such a small amount of human tissue as a foreskin?

The answer lies in nature. Humans are born in a natural state, fully formed without need of surgical alteration. As a lawyer, I care because of a firm belief that all humans are born with inalienable rights.

As a lawyer practicing in America, I look to guarantees including equal protection and due process, which can be found in the Constitution of the United States and most state constitutions. Equal protection means all similarly situated groups and individuals must be treated equally. Due process means that nothing can be taken from another without a process where the individual is allowed to be heard before being deprived of life, liberty or property.

The personal right to enjoy one's body has enjoyed a long, hallowed history in American jurisprudence. Thanks in part to pro-life activists, a live baby boy is defined under Minnesota law as a "human person." At common law, a child born alive and with an existence independent of and separate from its mother is considered a human being. It therefore follows that a newborn male infant is a "human person" under the contemplation of law.

Genital tissue enjoys constitutional protections. Federal legislation and some state laws protect female genital tissue from alteration without medical indication. Under these laws, a medical doctor who, without medical indication, alters genital tissue of a female, however slightly, is exposed to felony charges. (continued on page 7)

Photos from the Keele Conference



Michel Garenne



Steven Svoboda's presentation



*Tasmanian Children's
Commissioner Paul Mason*



Michael Thomson and Marie Fox



Audience at Keele Conference



*Michel Garenne, Georganne Chapin, Daniel Sidler, John Dalton
and John Geisheker below picture from Mexico City HIV
conference*



*Panel (l to r) Peter Ball, Zenas Baer, Michael Thomson,
Steven Svoboda and Marie Fox*



Steven Svoboda and ARC Secretary Georganne Chapin



Marilyn Milos and Seham abd el Salam



Steven Svoboda and Chantal Zabus



Georganne Chapin and John Geisheker



Linda Massie, Seham abd el Salam and Chantal Zabus



An exception is made for medical necessity. Ironically, family pets are protected from genital alteration under laws against cruelty to animals. Baby boys do not enjoy this same security.

How does a hospital fit into the “informed consent” paradigm? The liability of a hospital for a failure of “informed consent” is based on the same negligence principles that also govern medical malpractice. A negligence claim involves four elements. First, a duty is imposed on the hospital to protect the child. A duty can be created by legislation. If a duty is owed by the hospital to a one-day-old infant, then we are one-fourth of the way to proving our negligence claim.

The second element of negligence is breach of the duty. A breach involves a failure of the hospital to act in conformance with the duty established. If we establish the duty, proving the breach should be trivial.

The element which perhaps provides the most fertile ground for argument in a circumcision case is the third element, proximate cause. Proximate cause is sometimes defined as the “but for” test. Was the failure of the hospital to act in conformance with the duty, a “cause in fact” of harm. In other words, but for the hospital’s failure, would the harm not have happened? In a circumcision case, the hospital typically argues that the parental “consent” caused the harm to the one-day-old infant and it is therefore absolved of any responsibility.

Finally, the fourth element is also difficult to prove: damages. The harm to a child must be measured in terms of monetary damage. This can be a difficult exercise. Even if you satisfy the first three legs, if there is no harm or if it is “de minimis,” *i.e.*, below the level the law will recognize, the case is lost.

The duty to obtain “informed consent” for a medical procedure is required to avoid liability for an assault and battery claim. Negligence is the breach of legal duty and the violation of a legal duty owed to another. In the absence of a duty, there can be no breach and therefore no negligence.

The related but different question of

whether a hospital has a duty to verify that “informed consent” has been obtained has been addressed by various courts across the nation, most of which have found no such verification duty. However, cases have been decided in which hospitals, as a condition of their receipt of Medicare funding, are required to obtain “informed consent.”

In current litigation involving circumcision, I contend that the federal regulations applicable to hospitals receiving Medicare reimbursement create a federal duty of care from the hospital toward the one-day-old patient. Federal regulations provide that if a hospital provides surgical services, a hospital has a duty to ensure that a properly executed “informed consent” form for the operation is in the patient’s chart before surgery—except in emergencies. By any reasonable definition, infant circumcision does not constitute an emergency.

Our focus in the current litigation is on the infant boy’s rights. It is difficult at times to focus the court’s attention on the infant baby who is the client and person who is harmed. Most courts and defense attorneys attempt to blame any harm that may have occurred on the parents that “consented” to the procedure, rather than first ensuring that the infant’s rights were safeguarded. Focusing the discussion on the one-day-old infant can bring the child’s rights into the forefront.

A circumcision involves the artificial reconfiguration, surgical diminishment and structural altering of the baby’s penis. It is done without diagnosis and, in many instances, without benefit of anesthesia. Sadly, the baby does not have a right of action against the hospital for violation of his constitutional rights since the hospital is not a state player. However, our focus on the child’s constitutional rights will hopefully result in a higher burden being placed on the hospital to ensure that those rights due us all are properly protected.

Federal regulations also require as a condition of a hospital’s participation in Medicare that the hospital create a utilization review plan to verify the medical necessity of all services pro-

vided and all procedures performed at the hospital and to promote the most efficient use of available health facilities and services.

Circumcision is a professional service without medical necessity or medical justification. Therefore, circumcision should not be offered by any hospital accepting Medicare (which they all do). Circumcision is promoted by hospital staff, whether it be through solicitation of the baseless, barbaric procedure or through printed forms for caring for a boy after a circumcision that help normalize the practice. Clearly, surgical alteration of otherwise healthy tissue is not appropriate for the diagnosis of “normal, healthy newborn male.”

Further federal regulations require documentation of informed consent and verification of informed consent. Federal regulations require that – except in the case of emergencies - a complete history and physical examination, and an executed informed consent form, be in the chart of every patient prior to beginning surgery. For most circumcisions, hospitals violate this protocol.

Hospital patient care policies can also help establish a hospital’s standard of care when, as is often the case, they call for verification of “informed consent.” The policies generally require that a form verifying the legitimacy of the “informed consent” be in the chart. The verification form will generally indicate the nature of the procedure and ensure that the hospital staff has reviewed the procedure to be performed with the patient. Policies, as well as the practitioner’s ethical and legal obligations, generally require that patients be given complete, current information concerning diagnosis, treatment, alternatives, risks and prognosis.

Perhaps the most exciting area of hospital liability involves the all too frequent use of the Circumstraint. This infamous device includes four Velcro straps that ensure the baby is held against his utmost will, helplessly spreadeagled, on a raised platform elevating the genitals. False imprisonment is a common law cause of action that has evolved over centuries and that seems to aptly suit this truly medieval

device.

I believe that use of the Circumstraint violates federal regulations guaranteeing a patient's right to freedom from restraints of any form that are not medically necessary. The Circumstraint also violates federal regulations providing that a restraint can only be used if needed to improve the patient's well-being and if all less restrictive interventions have been proven ineffective.

An example of a hospital's proof that "informed consent" was obtained for a circumcision is a brief note from a physician: "Circ discussed [with] parents. Risks reviewed. [No family history] of bleeding. Parents are willing to proceed. Circ. performed in sterile manner using Mogan clamp. Anesth [with] 1% Xylocaine [no] complications."

Inevitably, this sort of evidence guarantees a "he said/she said" dispute pitting a parent in an impossible battle with a physician. Medical doctors and hospitals still possess great power and hold onto a healer's aura. The argument from the hospital and doctor's standpoint is, "How dare you insinuate that I, as a medical doctor, or we, as a hospital, would ever do anything to harm a one-day-old infant? We are only providing a service to a parent who requests that the circumcision be done."

Particular rage results when the reasonable suggestion is made that hospitals and doctors do circumcisions for financial gain. Current litigation in which I am also involved attacks the health care delivery system on a consumer fraud theory. A system that earns multiple millions of dollars annually to surgical alter baby boys' penises without medical indication constitutes a fraud on the public.

Such legal battles continue to be slow, costly processes. Plaintiffs begin with many strikes against them. Yet the battle is critically important, to the children and to all of us who care about justice and humanity. Hopefully, we will continue to make strides toward halting this barbaric procedure.

Message from the Executive Director

Greetings to all. We are back, and we are happy (and astonished) to be presenting our twentieth newsletter to the intactivist community. Back in 2000, when newsletter editor Al Fields and I started faxing each other drafts of the first issue with me at a conference in Jamaica and him at home in Pennsylvania, little did we suspect we'd make it this far. Heartfelt thanks, Al, from me and, if I may so presume, from all of us!

We have a number of items we are able to present in this issue of the ARC Newsletter that we hope and trust will be of great interest.

The issue in your hands features a first-hand account by Eliyahu Ungar-Sargon of the making of his excellent film *Cut: Slicing Through the Myths of Circumcision* and an adapted version of Zenas Baer's presentation at the NO-CIRC Symposium regarding a hospital's duty relating to "informed consent."

We are excited to also present a story by ARC Secretary Georganne Chapin about a new organization, Intact America (IA), of which she will be Executive Director. I am one of a small number of activists working closely with IA as a charter member of its board, and am hopeful that its arrival will herald further change in the air in 2009 and beyond.

This issue also includes my report on the September NOCIRC Symposium at the University of Keele in England, and a review by Amber Craig of David Gisselquist's recent book about HIV, the developing world, and public health, *Points to Consider: Responses to HIV/AIDS in Africa, Asia, and the Caribbean*.

As reported elsewhere in this issue, this year has been utterly unprecedented in terms of our success at publishing our articles and reviews. We had two very productive, rewarding trips to conferences in England, the Keele symposium and the July interdisciplinary event in London that brought together activists from a broad range of

disciplines relating to genital cutting.

We have been so busy with our projects (not to mention the most demanding paying job I have ever held in my nearly 49 years) that upgrading the



Eli, Steven and Sarita Svoboda

ARC website (www.arclaw.org) has temporarily slowed, but with ARC Webmaster Rick King's able assistance, it continues and will be accelerating in January and afterwards. Further improvements are coming next year, as is—with ARC Secretary Georganne Chapin's invaluable help—finalizing the long-nascent "Know Your Rights" brochure for potential plaintiffs.

Thanks so much to each of you for your emotional and financial support. We literally could not do it without you, and we never forget that! As always, no one at ARC receives any sort of stipend, and 100% of all tax-deductible donations are directly applied to defraying the costs of protecting children. Donations can be sent to J. Steven Svoboda, ARC, 2961 Ashby Avenue, Berkeley, CA 94707, or made through paypal at our website (www.arclaw.org/arc_donate) or using the paypal address arc@orel.ws.

Our next issue will be out in the Spring. Until then, we hope you had the Merriest Christmas and the Happiest Hanukkah, and we wish you a truly Joyous New Year!

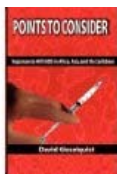
-Steven Svoboda

Book Review

Review By Amber Craig

Points to Consider: Responses to HIV/AIDS in Africa, Asia, and the Caribbean Gisselquist D, London: Adonis and Abbey, 2008. \$25

An intriguing new book by David Gisselquist exposes the unsafe health care system as a large factor in HIV transmission in Africa (and other regions with generalized HIV epidemics). While this book spends very little time discussing the issue of circumcision directly, it is another nail in the coffin for the theory that promoting circumcision will significantly reduce HIV infections in Africa. According to Gisselquist's evidence, the introduction of more health care services, in the form of mass circumcisions, will place Africans at GREATER risk for HIV because of how rampant unsafe health care practices currently are in Africa.



Gisselquist makes a strong case showing how blood exposure from health care services (through contaminated equipment and unsanitary practices) are responsible for much of the HIV exposure and transmission in Africa, and how those in charge of public policy are ignoring the evidence and sweeping this problem under the rug. While the WHO and UNAIDS publicly claim that blood exposure in health care settings account for an extremely small percentage of HIV transmissions, Gisselquist presents convincing evidence to the contrary. After reading Gisselquist's book, there is little doubt that unsafe health care is a major factor in HIV transmissions, at least in Africa.

This book should be required reading for anyone involved in global HIV planning, and is worth a read by anyone who is concerned about the global HIV epidemic. There is a clear need for more resources to be devoted to uncovering how big the problem of blood exposure through healthcare is in Africa, and fixing these problems. This book's exposure of the dangerous health care system in Africa provides yet another reason why promoting cir-

cumcision in Africa is likely to have disastrous consequences.

Publications Update

I would like to report several developments since the last newsletter in our busiest and most successful publishing year yet:

The Journal of Law, Medicine & Ethics has published an article by Bob Van Howe and myself on the incompatibility of circumcision research with ethical and human rights obligations imposed by the Helsinki Declaration. The citation is: Van Howe, R.S. and Svoboda, J.S. "Neonatal Pain Relief and the Helsinki Declaration." *Journal of Law, Medicine and Ethics*. December 2008, Volume 36, Issue 4, pp. 803-823.

The long-awaited book edited by Chantal Zabus, *Fearful Symmetries: Essays and Testimonies Around Excision and Circumcision*, will be out soon from Rodopi. It includes two contributions on which I worked: "A Rose by any other Name: Rethinking the Similarities and Differences between Male and Female Genital Cutting" (revised version with Robert Darby, Ph.D. of our well-received *Medical Anthropology Quarterly* article), and "My Story," by Jerry K. Brayton as told to J. Steven Svoboda, an autobiographical account of one man's experiences with his circumcision.

The Spring 2008 issue of the *Journal of Prenatal & Perinatal Psychology & Health* has published my review of Patricia Robinett's excellent book, *The Rape of Innocence: One Woman's Story of Female Genital Mutilation in the U.S.A.* This review was previously published in the ARC Newsletter.

Finally, along with my review of Michael Thomson's book of *Endowed: Regulating the Male Sexed Body*, the next issue of *Social & Legal Studies* will be publishing my review, also previously published in the ARC Newsletter, of Bettina Shell-Duncan and Ylva Hernlund's groundbreaking 2007 book on female genital cutting, *Transcultural Bodies: Female Genital Cutting in Global Context*.

-J. Steven Svoboda

Ugandans ban female circumcision

By BBC News
http://news.bbc.co.uk
October 15, 2008

In some countries FGM is seen as a way to ensure virginity. A community in eastern Uganda has banned the deeply rooted practice of female genital mutilation (FGM), an official has said.

Kapchorwa district chairman Nelson Chelimo said it was "outmoded" and "not useful" for the community's women.

The Sabiny are the only group in Uganda that practises FGM, which involves cutting off a young girl's clitoris.

Mr Chelimo said the council had submitted legislation to parliament for the ban to become law nationwide.

"The community decided that it was not useful, that women were not getting anything out of it, so the district council decided to establish an ordinance banning it," Mr Chelimo told AFP news agency.

He said there was a local belief that women who married without circumcision would be stricken by illness, but that this was "really outmoded".

FGM is seen in some countries as a way to ensure virginity and to make a woman marriageable.

In Africa, about three million girls are at risk of FGM each year, according to the UN.

UN agencies have called for a major reduction in the practice by 2015.

They say it leads to bleeding, shock, infections and a higher rate of death for new-born babies.

Circumcision NOT an HIV "Vaccine"

By International Coalition
for Genital Integrity (ICGI)
October 7, 2008

An editorial published in the current issue of *HIV Future Therapy* by [Lawrence] Green et al., refutes the claims that male circumcision is like a "vaccine."

The article points out numerous fallacies in three clinical trials performed in Africa on a point-by-point basis including: insufficient data in a real-world setting, early termination of trials, conflicting results with other studies, loss of participants, nonsexual transmission skewing results, controlling for sex worker influence, lack of risk calculation, and other factors.

The article goes on to say that circumcision might increase the number of infections, and the cost of dealing with complications is not being factored into discussions. The authors conclude that forced or coerced circumcision—especially with regard to children—is unethical, and that the vaccine analogy is misleading and dangerous. Other strategies, like using condoms, are safer and more cost-effective.

New Study Shows Condoms 95 Times More Cost-Effective than Circumcision In HIV Battle

By ICGI
October 15, 2008

Results of the new study, "The Cost to Circumcise Africa," published in the International Journal of Men's Health, that compares the cost of male circumcision to the cost of lifetime distribution of free condoms in sub-Saharan Africa, found that condom distribution is 95 times more cost effective in preventing the same number of infections.

"Some might call circumcision an 'HIV vaccine,' but its moderate, supposed effectiveness, along with its very high cost and practical dangers, makes it a questionable and risky preventative," said co-author Ryan McAllister, PhD, Biophysics Department, Georgetown University, Washington, DC. "Condoms succeed 99% of the time, while circumcision, at best, fails about half the time."

"Male circumcision is too costly to justify in the HIV battle. Even if circumcision does offer some protection against heterosexually transmitted HIV, condoms clearly provide much more protection, at a much lower cost," said study co-author and Wellness Associates founder, John Travis, MD, MPH.

"It just doesn't make sense to perform mass surgeries in a region of the world struggling to meet the most basic healthcare needs, especially when there are more cost-effective plans for achieving the same results."

The study's findings suggest that behavior change programs are more efficient and cost-effective than surgical procedures. In addition, condom usage provides protection for women as well as men. This is significant in an area where almost 61% of adults living with AIDS are women.

"Shocking" rates of Circumcision Problems Impair HIV Prevention Study"

By Laura MacInnis
Reuters
September 1, 2008

A World Health Organization (WHO) study released Monday raises doubts about the rapid implementation of male circumcision as a strategy to fight HIV/AIDS in Africa, where researchers found "shocking" rates of complications from the procedure. Studies have shown that male circumcision reduces the risk of female-to-male HIV infection by up to 70 percent.

The WHO study authors, Kenyan Omar Egesah and Robert Bailey and Stephanie Rosenberg of the United States, found that as many as 35 percent of males circumcised by traditional practitioners in Kenya's Bungoma district had complications, including bleeding, infection, excessive pain, and erectile dysfunction. "Other common adverse effects reported were pain upon urination, incomplete circumcision requiring recircumcision, and laceration," said the authors, estimating that 6 percent of patients had life-long problems as a result.

The researchers physically examined 298 of the 1,007 participants in the study; they intervened when they observed complications.

While male circumcision is universally practiced in Bungoma, the study indicated that many clinicians there lacked sharp and sterile instruments and few were formally trained. Even

public clinics had a complication rate of 18 percent.

The study's findings "should serve as an alarm to ministries of health and the international health community that focus cannot only be on areas where circumcision prevalence is low," said the authors. "Extensive training and resources will be necessary to build the capacity of health facilities in sub-Saharan Africa before safe circumcision services can be aggressively promoted for HIV prevention," they wrote.

The study, "Male Circumcision for HIV Prevention: A Prospective Study of Complications in Clinical and Traditional Settings in Bungoma, Kenya," was published in the Bulletin of the World Health Organization (2008;86(9):657-736).

New NOCIRC Video

By Intact America
www.intactamerica.org
December 22, 2008

A new video by NOCIRC, "The Circumcision Decision," featuring Dr. Dean Edell, is now available for viewing and download on-line. The video reveals the fallacies behind circumcising, what is involved, and why parents can refrain from making "the circumcision decision" and still have a healthy, happy boy. Both Steven Svoboda and his wife, pediatrician Dr. Paula Brinkley, are also featured in the film, along with Marilyn Milos of NOCIRC, Steve Scott, filmmaker Soraya Mire, and Jack Travis. Steven and Paula's kids even appear briefly in an "uncredited cameo."

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