



# Attorneys for the Rights of the Child

## Newsletter

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### Protecting Children's Bodily Integrity

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#### **American Academy of Pediatrics National Conference I: A Report From Inside**

*By Marilyn Milos*

Our time from October 17-20 at the American Academy of Pediatrics (AAP) National Conference and Exhibition proved very successful. Probably due to the economy, we had less traffic to our booth than ever before. The doctors who are on our side gave us the "thumbs up" signal again and again.

European doctors wondered what's wrong with American doctors who cut babies, and we asked them to talk to the American doctors about the advantages of normal genitals and the harm of cutting babies soon after birth.

We talked some doctors out of prematurely retracting the foreskin, a practice that assaults normal physiology and inflicts unnecessary pain on babies. And we listened to those doctors who questioned why we are doing the work, telling us about the asserted benefits of circumcision. Some said they don't like doing circumcisions, so we encouraged them to take a conscientious objector stand, to which some replied, "If I don't do them, someone else will do a botched job," or "If I don't do them, I'll lose that patient," taking the issue back to money. I encouraged them to put their scalpels down and I asked them to let me know when they did, hoping to plant a seed.

The pediatric urologists took lots of our material, especially the DVDs, because, they said, "We have to inform others. We know the harm. We're the ones who fix all the botched circumcisions!" We had our six symposia books and a dozen or so other books at our booth, so that the body of work on the subject was apparent. Some docs emailed themselves the names of the books so they could purchase them later. Some took our pamphlet #2, which has ordering information for the

books. Many were amazed by the collection of material on the subject.

Intact America also had a booth and they were focused on advocacy. The two booths worked well together. Outside the conference center, Van Lewis, Dan Strandjord, Maurice Maya, Joan and Diane Batchelder and others demonstrated. Some of the pediatricians said they had engaged in meaningful conversations with the folks outside while others said they didn't serve those of us on the inside well. We heard several comments about the protesters' informal attire and scruffy beards. As was evident, there is no one way that will please all, especially for those who need an excuse to continue their business as usual. It's always easier to "kill the messenger." Still, the outsiders got some press coverage, so that served our movement, too.

Hopefully, our presence was educational for the attendees and will make a difference in pediatric practice.

#### **American Academy of Pediatrics National Conference II: Another Inside Report**

*By Dan Bollinger*

Staffing the Intact America booth at the October American Academy of Pediatrics (AAP) conference turned out to be a very different experience from our time staffing the Centers for Disease Control and Prevention (CDC)'s HIV conference a month earlier in Atlanta. [Editor: Our previous newsletter, issue 21, contained a story on the CDC's HIV conference.] Naturally, most of the passersby were pediatricians. We primarily distributed two handouts, "Foreskin Care: A Parent's Guide," and a copy of the open letter Intact America published in the Washington Post. [Editor: this open letter is reproduced elsewhere in this issue.] Many people said, "Glad you are here!" And, there were the "Not interested" who gave us back our handouts.

In general, the majority of pediatricians were nonplussed about the issue. I was disheartened to see so many physicians, people who decided to practice children's medicine, not consider what they or the parents were doing to children. We were, to them, just one more booth asking them for their time, instead of being viewed as their conscience.



Dan Bollinger

The most adamant opposition came from male and female Filipino pediatricians who apparently think circumcision is the greatest thing since sliced bread (no pun intended).

We hoped to have a conversation with one of the AAP's circumcision task force members. The primary reason we were there was to start a dialogue with the AAP and influence their upcoming circumcision policy statement update. No one from the task force came by our booth. This, to me, was strange. If I were on the task force, and even if I thought circumcision was beneficial, I would have still stopped



(l. to r.): Amy Callan, Dan Bollinger and Georganne Chapin, AAP Conference 2009, Washington, D.C.

by the booth, if nothing else just to say that I had performed my due diligence in considering all aspects of the issue. After all, circumcision is much more than just a surgical procedure. It has psychological, religious, cultural, sexual, and ethical ramifications. Granted,

these are outside the AAP's mission, but that hasn't stopped them from mentioning these aspects in previous statements.

I find it outrageous and narcissistic that the AAP would have a circumcision policy statement in the first place, since the procedure is unnecessary and non-medical in nature. It's like the AAP having, say, a policy statement on drag racing.

Interestingly, our greatest supporters were fellow conference staffers. What I noticed was that many of the people involved in for-profit companies and non-profit organizations in the children's health care field are strongly focused on protecting children. Thus, those staffing other booths at the conference either were already opposed to infant circumcision or quickly came to understand its harms. This contrasted with the ambivalence from pediatricians, who claim they are children's advocates, but don't act like it. Even though this year's conference slogan was "Pediatric Heroes."

**American Academy of Pediatrics National Conference III: A Report From Outside**

*By Dan Strandjord*

I have been protesting circumcision for eight years. Recently I demonstrated outside the National Conference and Exhibition of the American Academy of Pediatrics (AAP), held from October 17-20 in Washington, DC. I found that the most friendly doctors were from countries other than the US. The foreign doctors, as usual at either the AAP or American College of Obstetricians and Gynecologists (ACOG) meetings, are very supportive of our protest.

Unfortunately, I cannot say the same about American doctors. I tried to tell everyone who stopped to talk to me that my sister is a pediatrician and had been working in New Zealand for six months and has not seen a circumcised male there. Forty years ago, about 95% of male infants born in New Zealand were being circumcised. I tried to impress on the American doctors that it is

very difficult to even find a doctor in New Zealand willing to do a circumcision even if the parents wanted it. That did seem to make an impression on some of the doctors.



Dan Strandjord

Unfortunately, there were far too many doctors who seemed annoyed by our protest and a few were quite nasty. One male doctor who did not talk to me gave me "the finger" for about thirty seconds. A few doctors clearly did not understand the normal development of the foreskin. One female doctor who disagreed with us talked about a four-year-old with "phimosis."



At AAP (l. to r.): Maurice Maya, Marilyn Milos, Dan Strandjord

The University of Chicago Hospital has an astonishing 80% rate of circumcising newborn males. This represents the highest rate in Chicago, where the

majority of hospitals circumcise fewer than one in three baby boys! I have been protesting outside this hospital for five and a half years. This past October, I spoke to a biology class from this university at the professor's invitation. My talk was very well-received. The professor has passed my information on to the Anatomy professor here who has now agreed to start teaching medical students about the anatomy, development and functions of the foreskin. Well, that is a start. Maybe the medical students will soon start to refuse to perform circumcisions here.

**Outreach in San Francisco**

*By David Wilton*

On consecutive Sundays (September 27 & October 4), several intactivists under the banner of *Male Circumcision and HIV* and sponsored by Attorneys for the Rights of the Child staffed a booth at Folsom Street Fair and Castro Street Fair, respectively, in San Francisco.



David Wilton

I took on the task of organizing our appearance at the Folsom Street Fair because I had encountered incorrect information regarding circumcision and HIV at another street fair targeted at gay men. Folsom and Castro are essentially gay-oriented events.

Lloyd, one of our booth volunteers, felt after our positive experiences at Folsom, that we really needed to be at the Castro Street event as well. So he



scrambled to get us a place with less than a week to go. He amazingly pulled it off and voila, we were in.

**Folsom Street Fair**

Folsom is "the world's largest and best loved leather fair" according to their website. Hence, we expected an open and welcoming reception. And that is what we got. To measure our



success, we used a tally system to track the responses of each person or group of people that stopped by long enough to talk to us. We received 96 positive or very positive responses to our presence vs. only five negative or very negative responses:

- Very Positive.....57
- Positive.....49
- Neutral.....8
- Negative.....3
- Very Negative.....2

Among the people who stopped by was a European who had been circumcised 30 years previously who expressed his profound regret at the decision. Quite a few Brits stopped by to mention their dismay at the practice's persistence in the United States. We spoke to several straight couples where the man expressed his disappointment at being circumcised and the woman seemed indifferent. We encountered one unpleasant individual in the form of a rather good-looking late 30s gentleman who simply couldn't wrap his mind around why we would have any opinion on circumcision much less a negative one. His anger was a barrier to any productive exchange of ideas and he stormed off after Lloyd and I made it clear we were not retreating from our message.

**Castro Street Fair**

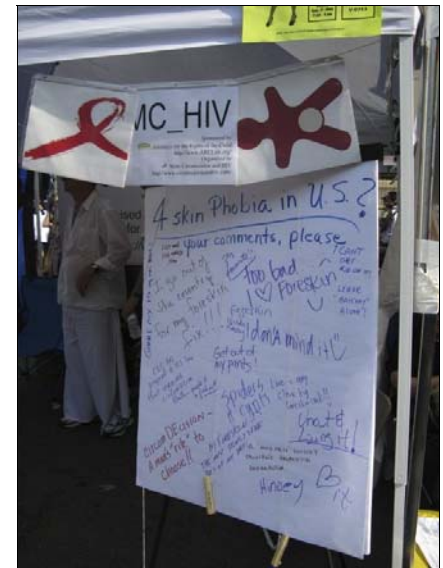
Castro is more of a gay pride style event, having been founded by the Mayor of Castro Street himself, Harvey Milk, in the late '70s. It is family-friendly and hence attracts families.

Our breakdown of visitors went as

follows:

- Very Positive....39
- Positive.....9
- Neutral.....5
- Negative.....0
- Very Negative....1

At Castro, we only encountered one stone wall. She came in the package of one of these self-described public



health workers whose attachment to public health work was vague and not readily forthcoming. She said we were surely going to be responsible for untold death and destruction for opposing what she considered an obvious and established reality that circumcision "saves lives." She said we should be



ashamed of ourselves for "lying to the public." She was unwilling to learn

from us and seemed self-satisfied as she looked down her nose at us before unceremoniously sauntering off. Everyone else we talked to was great.

There were others whom we engaged and who spoke of their experiences, opposition, and struggles with the issue. We found our two fair weekends to be very rewarding, educational, and fun experiences.

## American Academy of Family Physicians Conference

By Robert Van Howe, M.D.

Held in Boston from October 14-17, the most recent Scientific Assembly meeting of the American Academy of Family Physicians (AAFP) was the first such conference where there has been a booth sponsored by an organization opposing infant male circumcision. Family medicine physicians are performing the second greatest number of infant circumcisions in the United States after obstetricians, with pediatricians coming in third. The AAFP reported that 4,200 physicians enrolled in the conference.

We got the displays set up in the late afternoon on Wednesday, October 14, but we were told that by Massachusetts law we were not allowed to give out pens.

Thursday, October 15 was the first day of exhibits and proved to be by far our busiest day. Staffing our booth were Dr. Brian O'Donnell, Attorney and ARC Secretary Georganne Chapin, Dr. Len Glick and myself (Dr. Michelle Storms filled in between lectures). Shortly after we opened, Chris Fletcher, a family physician and friend of the movement, showed up. He said that a physician with whom he did residency was interested in our issue and wanted more information. This physician is also a member of the board of delegates for the Family Medicine Academy and one of the higher AAFP honchos.

Also at the exhibition area was a booth run by Clinical Innovations to promote the AccuCirc, a new circumcision device. Chris and Michelle paid them a visit in good cop/bad cop fashion. The guys arrogantly accused Michelle of not knowing the literature and of not reading the New England Journal of Medicine. When Michelle told them that she had published in the New England Journal of Medicine on this very topic, they backed off. They eventually were left speechless when Michelle challenged them with the actual literature. We also determined that the name "AccuCirc" is too wimpy. It needs a more macho name like "The Mutilator!"

A few common themes emerged from talking to the attendees. There were a lot of family physicians who oppose circumcision and did not circumcise their own children, but still



Robert Van Howe, M.D.

perform circumcisions because as one woman said, "I make them pretty." Such doctors often process concern about losing patients to other physicians. When we suggested to several of them that they just stop performing the procedure, their facial expressions indicated that this was a radical idea that they had never considered before. Others emphasized the need to reduce parental demand rather than having physicians stop doing the procedure.

We spoke with plenty of residents who would rather not do circumcisions, but felt pressured by their residency programs to perform them.

We need to develop tools and solutions for physicians who want to quit doing circumcisions to help them achieve this goal.

We also asked those attendees who are still in residency how much they had been taught about the anatomy and physiology of the foreskin. No one had received any such education at all. We discussed developing a curriculum to provide to medical schools and residency programs.

One of the young physicians who came to the booth had just finished residency. While a resident she had given a presentation on the case against circumcision. She is moving to a hospital in Maine and wants to buff up her presentation. We told her we can pro-

vide lots of materials, slides, and pictures. She has since contacted me, so this is moving forward.

Across from us was a Christian medical and dental association. Len went and talked to them. They were very interested in our topic, and Len gave them a copy of his book.

One attendee pointed out that amazingly enough, the RVUs (relative value units, which often determine physician pay) and reimbursement for a neonatal circumcision exceed those for providing care for the newborn for the two to four days the infant spends in the hospital.

A physician from Missouri and a physician from North Carolina said that the circumcision rate dropped considerably when Medicaid in those two states stopped paying for it. However, parents were scraping enough money together to have the children circumcised later under general anesthesia.

Several of the physicians who have intact children reported that their children and grandchildren had thanked them for leaving them intact.

Some of the physicians in Chicago reported that teenage boys are coming in requesting circumcisions because their girlfriends are insisting on it.

The second day was slower than the first. But we still saw a steady stream of physicians. That day, we had a Christian woman who circumcised her son because she married a Jewish man and he said it was mandatory. She was at a training program in Wisconsin and had surveyed the residency programs there about being a conscientious objector (C.O.). She had questioned residents and attending physicians about what health procedures and activities were allowed C.O. status and which ones should be allowed C.O. status. She said that 4% of residents were conscientious objectors for circumcision and about 11% felt that residents should be allowed to be conscientious objectors for circumcision. I asked her if that meant that 89% thought residents shouldn't be allowed to be conscientious objectors for circumcision, and she replied that the question wasn't asked that way.

I pointed out to two African-American women that blacks have been targeted for circumcision for at least the last 60 years, including in a recent editorial by Ronald Gray. The point that this could be construed as racism was well received.

Near the end of the second day, Stephen Brunton, MD came to our booth to talk to us. He is a former editor of *The Journal of Family Practice*, an Aussie, and a heavy-hitter according to Chris Fletcher.

The last day was really slow. Brian and I started the final day and Ronald Goldman, Ph.D. joined us in the afternoon. It was great to see Ron again. Ron is working on having Medicaid in Massachusetts follow their own guidelines, namely, to only reimburse for interventions that have been proven effective.

Over seventy attendees provided us with their contact information. As with booths I have staffed before, there are always the passersby who look at our poster, make a face, and walk faster. We also talked to many guests and fellow exhibitors.

Our booth experienced a lot more activity than other booths in the "non-profit alley," despite the fact that many of the other presenters chased attendee attention more aggressively.

The few hostile visitors represented a much smaller percentage than I have seen in the past.

We discussed HIV and circumcision in detail with several attendees. A couple of men wanted to know the evidence that circumcision was harmful. Before I could finish, both men walked off. One man asked why I believed the results of the randomized controlled trials (RCTs) in Africa were suspect. I provided only one reason before he walked off.

One person asked us if a religious organization was backing us. Another asked who was funding us. A lot of people were surprised that there was an organization that was addressing this issue. One Filipino man was surprised to learn that Europeans, Chinese, Japanese, and South Americans do not cir-

cumcise.

Our AAFP booth had a substantial impact and proved overall to be a strong success. We will return!

### Intact America Is One Year Old!

By Georganne Chapin

Intact America, the newest national organization working to end infant circumcision, is completing its first full calendar year in operation. I'd like to take this opportunity to tell readers of the ARC newsletter about IA, our accomplishments and our future plans.



Georganne Chapin

A little background: In 2007, a long-time donor to NOCIRC – a Texas business man named Dean Pisani – told Marilyn Milos that he was prepared to make a very large contribution to the intactivist movement, but that he wanted to target his contribution to an organization with the infrastructure to carry out an ambitious program. Following a phone call among Dean, Marilyn and movement leaders such as the heads of Attorneys for the Rights of the Child (ARC), Doctors Opposing Circumcision (DOC), International Coalition for Genital Integrity (ICGI), several state NOCIRC leaders, and others, I (Georganne) stepped forward to lead the project. First, a social enterprise consulting firm was hired to develop a strategic business plan. I worked with the consultants and with Dean and Marilyn to move the project forward. About fifteen movement leaders convened twice in Dallas, and dozens of intactivists were surveyed for their input on the strengths and needs of the movement. At the end of this process, Dean asked me to take on the formation of the new organization, and Intact America was born. (Dan Bollinger suggested the name.) As a transition, it was decided that IA would be brought into the Hudson Center for Health Equity and Quality, a not-for-profit organization I lead in Tarrytown,

New York. Dean committed to a one-time donation of one million dollars, more money than the movement had seen in one place during its thirty-year history.

Thus, IA was formed with the support and collaboration of intactivists – both individual and organizational. This support and collaboration continue, and give us great collective strength.

Now, after just twelve months, Intact America has consolidated, organized, and mobilized an army of grassroots intactivists. And we have given people who believe in our mission a host of new opportunities to get involved. In 2009:

- IA was on the ground at seven professional conferences, including the largest gatherings of pediatricians and family physicians, held this year in Washington and Boston.
- IA appeared in Atlanta at the Centers for Disease Control (CDC) HIV prevention conference, with a professional, well-staffed booth and a dramatic mobile billboard. Intact America's presence, along with the activities of other intactivist organizations, caused CDC officials to wake up to the power of our movement and issue a statement indefinitely delaying their timeline for considering circumcision recommendations.
- IA's supporters have sent hundreds of letters to the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP) in response to an online campaign.
- IA gained national media attention, including segments on the TODAY Show and MSNBC, national and local radio, an open letter in the Washington Post, and articles in the *New York Times* and *Chicago Tribune*.
- IA produced and distributed a formal policy statement and professional materials for use by intactivists around the world.
- IA continues to expand its online

presence, reaching thousands of people through Facebook, Twitter, and other social networking sites.

But there is much more work to be done. Every single day in the United States, more than three thousand baby boys suffer needless agony and are robbed of their birthright to a complete body and a full sexual experience later in life. Parents are ill-informed by doctors, encouraged to believe that circumcision is harmless, and duped by a system that profits from foreskin removal. International health foundations are now promoting both adult AND infant circumcision abroad. And American companies are coming up with new devices to cut and maim, and are salivating over the money to be made from unethical sexual surgery here and abroad. They are willing to spend huge sums in order to promote their agenda.

In 2010, Intact America will continue to work toward our goal of eliminating infant circumcision, by:

- Traveling to Atlanta to meet with CDC officials and deliver the nearly 20,000 petition signatures we have collected to date.
- Continuing the campaign to prevent a recommendation of circumcision by the CDC, AAP, and AAFP.
- Launching a new national campaign calling for doctors to stop circumcising babies.
- Developing a campaign to build strategic alliances with the natural products and baby care industries, and other potential corporate allies.
- Ensuring our presence at national conferences, where we can influence health professionals, ethicists, and decision-makers.
- Producing articles and books for parents, medical professionals, and the general public.
- Taking advantage of media and advertising opportunities on a national scale.

*As supporters of ARC and other intactivists already know, being right isn't enough. Our movement needs to be both smart and well-funded to make sure the truth is known and babies are protected. Please support the organization(s) of your choice, in order to help us to end forced circumcision now.*

### **Circumcision policy-making is part of larger trend toward secrecy and private management of public data**

*By Goodman Thrace*

Many states hire third-party companies to manage their immense databases, both as a cost savings measure and as part of a general trend toward outsourcing state functions. Unisys and other very large international companies welcome this business, touting their management expertise and economies of scale as providing a win-win situation for themselves and the states. Huge, highly regulated state Medicaid systems require very complex databases and sophisticated programmers, and states don't necessarily want to be in the business of keeping track of all that data.

However, when public records are turned over to a private company, does the public lose access to those records? That is, can the state contract with the third party data manager--which, after all, owns the copyrighted programs needed to understand the data--require the public to pay to access data the public owns? If so, how does this square with state open-government laws? A related question is whether an administrative agency can contract away its statutory duty to determine whether a proposed treatment is "medically appropriate" and worthy of taxpayer funding? And if the state has no "record" of how it created its policy on medical appropriateness, how can the public understand or, indeed, challenge it?

State policy on reimbursements for circumcision is an interesting example of this phenomenon. In the states that still pay for nontherapeutic circumcisions with Medicaid funds, one of the

biggest obstacles to challenging the policy is actually finding out what the policy is, and how much the state pays for a circumcision. Often, answers to these questions cannot be obtained without recourse to one or more requests under the state equivalent of the Freedom of Information Act (FOIA), known in Kentucky as an Open Records request.

For example, a Kentucky Open Records ruling from 2003 (Kentucky Opinion of the Attorney General 03-ORD-004) protected the people's right to access government information that had been given to third-party database contractors. A Kentucky citizen had filed an Open Records request asking how much the state Medicaid Department paid each year for routine neonatal circumcisions. The Department objected, arguing that its "fiscal intermediary, Unisys Corporation, would be required to expend a great deal of time for which the Department pays through its contract, to isolate the supporting data in a readable format capable of use." It argued that the state would have to pay Unisys to access the data, and the state would have to pass those costs on to the open records requestor, which it estimated at \$1500.

The Attorney General (AG) controls Open Records rulings in Kentucky, and the AG soundly rejected the Medicaid Department's argument. Since the state, by contract, can get the information from Unisys at no additional cost, and no additional staff time would be required simply to copy the entire database to CD, the requestor could get the Medicaid database (redacted to remove information about individual Medicaid recipients) for only the cost of the media. That is, if the state can access the data, held the decision, so can the public.

Since that ruling, the state has provided an entire copy of the Medicaid Provider and Procedure database to anyone asking for it, showing how much it pays for all procedures, at a cost of only \$15 per CD. In other words, the state was barred from allowing the third-party company to profit by selling public information back to the public, even if allowed to do so under



the contract between the state and the company.

More recently, however, two AG opinions sharply limit what the public can learn about state Medicaid policy. The first opinion (Ky. OAG 09-ORD-179) addressed a change in the state Medicaid regulations that redefined "clinically appropriate" services, including the definition of "medical necessity." Since the state is only required to pay for "medically necessary" procedures, many questions about routine neonatal circumcision funding involve these issues, such as whether circumcision is "medically necessary" at all or whether it's "clinically appropriate" to require anesthesia. In 2008, rather than following its own existing regulations on clinical appropriateness, Kentucky adopted a set of regulations incorporating copyrighted standards promulgated by the private company McKesson Health Solutions. The new administrative regulations specifically identify the state's contract with McKesson and direct that any copy of the clinical standards must be purchased from the company. In other words, if the public wants to know the state's clinical standards for any treatment, it must license McKesson's software, which costs thousands of dollars.

The state's adoption of these regulations--which conflicts with the 2003 AG opinion and with the intent of the state's Open Records Act--was challenged by a Louisville attorney. In response to the challenge, the state argued that its Medicaid Department had "entered into a contract with Electronic Data Systems Corporation (EDS) ...to review requests for services, treatments, etc. Pursuant to 907 KAR 3:130, EDS is required to utilize the 'nationally recognized clinical criteria known as InterQual' which was developed by McKesson Health Solutions." That is, the Department had contractually bound itself to restrict public information, just as it had with Unisys in the earlier AG opinion.

This time, however, the AG approved the Department's denial of a public request to see the McKesson standards. The AG found that McKesson's InterQual software is "protected

by copyright law, the state contracted not to release copies of it, and as long as InterQual retains its copyright, the Open Records Act cannot require the Cabinet to provide copies to the public in a manner inconsistent with federal law." (Ky. OAG 09-ORD-079). The state's contract required that any particular person denied benefits receive a copy of the standard used in the denial, but the public generally has no right to see the standards without buying access to them.

Another recent AG opinion, OAG 09-ORD-185, specifically addressed circumcision policy. In the fall of 2008, after letters and requests by the public to be heard by the Medicaid Department's policy-makers on whether to defund circumcision, the Medicaid Department's Medical Director produced the Department's official Position Statement (see <http://www.nocircky.org/files/badgett2008medicaid.htm>) outlining his rationale for the state's continued funding of the surgery. No public hearings were held and the document was adopted with no opportunity to challenge the state's conclusions. The Position Statement referenced the Medical Director's conversations with unnamed third-party physicians and contained medical references in support of the surgery, but omitted any discussion of the evidence against it. (The Position Statement asserts that circumcision is an HIV preventative but cites no medical evidence at all for this proposition.)

A Lexington attorney filed an Open Records request asking for more information about how the Position Statement was created, including with whom the Director met, and when, and upon what other medical evidence he relied in crafting it. The Department refused to answer the request. The Director stated that he would not identify the other physicians involved without their permission, said he did not recall when the meetings took place, and no "records" of the meetings were made. The attorney appealed to the AG. The Attorney General noted that its powers under the Open Records Act are limited, and it refused to compel the Department to provide more details about

the Position Statement. Under this "no harm - no foul" approach, if the agency claims there are no "records," apparently even if it willfully fails to keep such records, the AG cannot require that even unlawfully suppressed records be created.

The danger in this interpretation is obvious: If an administrative agency can avoid revealing how a policy is made by simply announcing it, but keeping no record of its creation, the public has no chance of challenging that policy. Moreover, the suggestion that a party involved in crafting public policy can simply choose to keep their name secret is a startling setback for governmental accountability.

Circumcision policy, therefore, is caught up in the same set of forces obscuring other governmental decisions--third-parties see a profit in managing public data, state administrators' jobs are made easier by entering into contracts with those third parties, and Medicaid policymakers are thereby conveniently spared the onerous task of publicly defending controversial decisions. Unfortunately, in sorting out this whole mess, the trend in circumcision policy seems to be the same as in other areas: less open government and less accountability.

*The author is an attorney in Kentucky*

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### Executive Director's Report

A belated Merry Christmas, a very belated Happy Hanukkah, and a Happy New Year to all. You are holding in your hands (or reading on the computer) the first issue of our eighth volume. Al Fields has been the newsletter editor for almost every one of those, so let's all hold our hats off to him as he and I celebrate our tenth anniversary of doing newsletters together. A decade ago, when we put together Volume 1, Number 1 (eight pages in length) by facsimile, I was at a conference on gender issues in rural Jamaica organized by the man who eventually co-authored an Oxford University Press book on gender issues with me, Warren Farrell.

This issue of the ARC Newsletter contains several items that we hope will be of great interest. Happily, there

is much to be excited about.

Intact America Executive Director and ARC Secretary Georganne Chapin updates us on achievements in the last year by her organization, Intact America (IA). Many of us have worked hard to support IA and we are thrilled to see that it is helping transform the level of discourse on these issues, much as we hoped it would do.

This issue also includes a reprint (with BSI's kind permission) of an interview with me that recently appeared in BSI's *In Search of Fatherhood* magazine. It delves into issues other than intactivism; since I was surprised myself to see some of the topics that came out, no doubt some of you will be as well. We are also reprinting my abstract for the upcoming NOCIRC Conference, to be held July 28-31 at the University of California at Berkeley.



Steven Svoboda and children Eli (8) and Sarita (5)

Lawyer Goodman Thrace contributes an engaging and thoughtful analysis of trends in Kentucky regarding public access to health care information and the state's equivalent of the federal Freedom of Information Act (FOIA). Longtime collaborator and attorney David Wilton contributes a bracing tale of his two weekends advocating the benefits of intactivism at the Folsom Street Fair and the Castro Street Fair.

We were lucky enough to receive triple threat reports—by Dan Bollinger, Marilyn Milos, and Dan Strandjord—on the American Academy of Pediatrics Conference, held in Washington, DC in October. Dan and Marilyn were staffing the NOCIRC booth and Dan was outside pounding the pavement. Geor-

ganne also discusses IA's take on events at its own booth in DC. This was the first time our movement placed multiple booths at a major medical conference, but we are sure it will not be the last time!

A brilliant and unique new book from a young South African author, Thando Mqgqolozana, is reviewed in this issue, which also contains a news piece from his country quoting this youthful writer. We report on a major legal victory recently announced in California, and on important developments in the United Kingdom regarding recognition of the applicability of that country's Human Rights Act to circumcisions performed for "religious" reasons.

One of the most welcome pieces of news involves the absence of news—we happily still have nothing at all to report regarding new position statements from either the AAP or the Centers for Disease Control and Prevention (CDC). Based on the CDC's own statements, it would seem that our hard work and strenuous activism is keeping the candle of truth alive and is holding off, perhaps permanently, a pro-circumcision announcement from either of these organizations.

Longtime movement friend Robert Van Howe reports on his experiences at another conference, the American Association of Family Physicians, held in Boston in October.

ARC continues to gain further signs of mainstream acceptance. Last issue, we reported that two additional content providers have picked up our newsletter, so that now all three major players—EBSCO, Gale, and ProQuest—carry the ARC Newsletter. As reported in the current issue, Michigan State University has accepted our archives for eventual donation many years in the future, after circumcision has reduced to the point that their primary purpose will be for historical purposes and to ensure such horrors are never resuscitated.

Recent activities include submitting our paper from the 2008 NOCIRC conference for publication in the upcoming Springer book, and appearing on

"Thoughtcrime Radio" (KOPN Columbia, Missouri) for an hour-long interview by an unusually well-informed pair of hosts, L. Janel Martin and Rich Winkle.

ARC website upgrades have taken off again, and ARC Webmaster Rick King is doing a fantastic job. Our website will be down for a few weeks but once back up sometime in January, it should be better than ever. Organization, appearance, and content are all being substantially upgraded. With Irene Dillon's and Georganne Chapin's able assistance, plus some graphic design support from Intact America, the appearance on our website of two "Know Your Rights" brochures for potential litigants—a short version and a long version—is not far in the future.

Please always feel free to forward us anything of interest that you may encounter. We often only hear of such things from one person! A case in point: Longtime supporter Gilbert Ireland was kind enough to forward us complimentary copies of the October 26, 2009 issue of *New York* magazine, which contains a lavish twelve-page section on circumcision. The growing trend to leave newborns intact is discussed, as is pain, including full-page pictures of a placid baby before the procedure and an agonized baby during the procedure. While there is some nod toward "balance," including a mention that the CDC may issue a pro-circumcision position statement, the overall impression is definitely a pro-intact one. Highly recommended if you can track it down.

Thanks so much to each of you for your support, be it emotional, financial, or both. We literally could not do it without you! And thanks to everyone who contributed, with only one day's notice, to the annual matching grant program that we announced by email, which generated a total of \$650 in contributions. As has always been the case since we started nearly thirteen years ago, no one at ARC receives any sort of stipend, and 100% of all tax-deductible donations go directly to defraying the costs of safeguarding 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](http://www.arclaw.org/arc_donate)) or using the paypal address [arc@orel.ws](mailto:arc@orel.ws).

Our next issue will be out in the Spring of 2010. Until then, we wish you a most Joyous New Year!

J. Steven Svoboda  
Executive Director  
Attorneys for the Rights of the Child

**Tortured Doctrines, Tortured Bodies: How Legal Fictions Help Justify and Perpetuate Male Circumcision and Other Inhumane Practices**

By J. Steven Svoboda

Abstract for Presentation at the Eleventh NOCIRC Symposium, Berkeley, California, July 28-31, 2010

Although the doctrine of informed consent functions reasonably well within its area of applicability, it dissolves into an incoherent legal fiction when applied by proxy to incompetent persons such as newborns and mentally incapacitated adults. Both leading approaches to permitting an oxymoronic “proxy consent”—substituted judgment and best interests—cloak a usurpation of agency that allows ostensibly hallowed principles of autonomy and self-determination to be violated with impunity. Because a court can never truly know what an idiot or a newborn wants, Kantian ethics and human rights are violated. History abounds with examples of tortured doctrines applied to justify human atrocities such as male circumcision, Japanese internment, adult sterilization, organ transplants from incompetents, slavery, and inhumane experiments. Such legal fictions conceal our violations from ourselves and others under the pretenses of legal authorization and compliance with human rights, masking our failure to properly safeguard human dignity and autonomy.

**In Search of Fatherhood: An Interview with Steven Svoboda**

Reprinted by Permission of BSI International, publishers of *In Search of Fatherhood* magazine.

**THE CASE AGAINST MALE AND FEMALE CIRCUMCISION: J. STEVEN SVOBODA, J.D., HAS HELPED TRANSFORM THE PRACTICE OF CIRCUMCISION INTO AN INTERNATIONAL HUMAN RIGHTS ISSUE**

Thought Leaders. They are intuitive...bold...passionate...innovative...not afraid to step out on faith...and mission-driven. While Thought Leaders live in the “here and now”, they are constantly asking “what if” as they envision the future and create key “pieces of the puzzle” to transforming “what ifs” into realities. Thought Leaders enlighten, empower and inspire us. J. STEVEN SVOBODA, J.D., the Founder and Executive Director of Attorneys for the Rights of the Child ([www.arclaw.org](http://www.arclaw.org)), a California-based organization, has devoted, to use his words, “substantial amounts of life energy to the struggle to... protect boys’ and men’s bodily integrity by stopping circumcision”. A practicing attorney and strong opponent of male circumcision, Svoboda has represented plaintiffs in several state and federal lawsuits to protect genital integrity. Svoboda mounted such a strong case against male and female circumcision that the United Nations invited him to participate in the Human Rights Sub-Commission’s meeting in Geneva, Switzerland in August 2001. Mr. Svoboda gave an oral presentation before a committee of experts at that meeting. The written text of Svoboda’s presentation became the United Nation’s first official document entirely devoted to the subject of male circumcision as a human rights violation and transformed the practice of male circumcision into an international human rights issue. In 2002, he was the recipient of the Human Rights Award from the International Symposium on Human Rights and Modern Society. Mr. Svoboda’s work on genital integrity issues has been recognized by, among others, Harvard Law School, the New York Times, the Wall Street Jour-

nal, and *Men’s Health* Magazine. On 4 July 2009, Mr. Svoboda, who is viewed as one of the world’s Thought Leaders on circumcision and gender integrity issues, gave a talk at the *Genital Cutting in a Globalized Age Conference* which was held at the Royal Society of Medicine in London, England.

A prolific writer, Mr. Svoboda’s publications include *"A Rose By Any Other Name: Rethinking The Similarities And Differences Between Male And Female Genital Cutting,"* which is featured in a recently released book, *Fearful Symmetries: Essays And Testimonies Around Excision And Circumcision*, edited by Chantal Zabus and published by Rodopi Press ([www.rodopi.nl](http://www.rodopi.nl)); *"Neonatal Pain Relief And The Helsinki Declaration,"* which he co-authored with Robert S. Van Howe and is featured in the *Journal of Law, Medicine & Ethics* 2008: 36: 803-823 (<http://www.cirp.org/library/ethics/hodges3/>); *"Gender Equity and Genital Integrity,"* in *Bodily Integrity and the Politics of Circumcision: Culture, Controversy, and Change* (G.C. Denniston et al., eds., Plenum/Kluwer, 2006); *"Educating the United Nations about Male Circumcision,"* in *Flesh and Blood: Perspectives on the Problem of Circumcision in Contemporary Society* (G.C. Denniston et al., eds., Plenum/Kluwer, 2003); *"The Limits of the Law: Comparative Analysis of Legal and Extralegal Methods to Control Child Body Mutilation Practices,"* in *Understanding Circumcision: A Multidisciplinary Approach to a Multidimensional Problem* (G.C. Denniston et al., eds., Plenum/Kluwer, 2001); *"Prophylactic Interventions On Children: Balancing Human Rights with Public Health"* published in 2002 in the *Journal of Medical Ethics*; and *"The Limits Of The Law: Comparative Analysis Of Legal And Extralegal Methods To Control Child Body Mutilation Practices"* which was published in 2001. In 2007, Oxford University Press published *"Does Feminism Discriminate Against Men?"* – a book Mr. Svoboda co-authored with Warren Farrell, Ph.D. and James Sterba.

Mr. Svoboda has published over 175 reviews of books that explore topics

relating to men, boys, and gender issues. He has been a Contributor to *Men's News Daily* and for an eight-year period he authored a column for *Everyman Magazine* entitled, "Gender, Law And Society." After the birth of his first child, Mr. Svoboda renamed the column, "Gender, Law And Fatherhood." He appeared in an interview on Penn and Teller's television program *Bullshit!* which was aired on Showtime and shared his views of some of the legal aspects concerning male circumcision in the United States. A member of the Advisory Council for The Mens Center (<http://themenscenter.com>) and a senior board member of and Public Relations Director for the *National Coalition of Free Men*, a non-profit organization which works to educate individuals, policymakers, and institutions about the negative effects of gender discrimination upon men and boys, Svoboda is a performance artist, a tournament chess player who is rated as an expert by the *United States Chess Federation*, and the founder of the *Bus Stop Co-op*, a vegetarian organic cooperative in Berkeley, California.

So where did the man who has moved circumcision from what has been characterized as an "obscure practice" to an international human rights issue grow up? Where was he educated?

*"I grew up in suburban Southern California. I went to public school for almost all my education, including my Bachelor's Degrees in Physics and English from the University of California at Los Angeles and a Master's Degree in Physics from the University of California at Berkeley. Then I broke with tradition and went to Harvard Law School for my law degree," Mr. Svoboda replied.*

When we asked to talk about the role models he had as he made the journey from childhood to adulthood, Mr. Svoboda immediately pointed to his maternal grandfather:

*"My grandfather, my mother's father, was a huge role model. He showed me how to gracefully be a man. Yet he could be tough when times called for that. In the eulogy I wrote and read at his memorial service, I*

*said, "My grandfather trusted in others and loved without fear, walking like a man, and teacher that he was, taught me how to do the same. For this simple, wondrous gift, I will carry him in my heart forever." My father was physically present and mostly emotionally absent though even from him I learned a few lessons, such as control over one's own emotions and safeguarding boundaries. But I was especially lucky to have my grandfather."*

#### **Who or what inspires him?**

*"People who take risks to struggle for what is right, who stand up for something even if it's not fashionable or convenient to do so. The struggle for fathers has unfortunately become one of many such battlegrounds."*

Svoboda is married to a pediatrician, Paula Brinkley, M.D., and the father of two children – a girl and a boy. When asked to talk about the most rewarding and challenging aspects of being a Dad, he thoughtfully remarked:

*"The most rewarding aspect of being a Dad is that the straightjacket that constrained what Dads could do in the last generation have been significantly loosened. I tell my kids I love them every day, and my purest moments of joy come from time I am blessed to spend with them. They have motivated and inspired me to be the best man I can be and to be things I otherwise never would have been. The most challenging aspects of being a Dad are too little time, too many pressures, too many fronts on which we are called on to achieve simultaneously – and not to mention all the challenges the country faces and the earth faces.*

What valuable life lessons are Mr. Svoboda's children learning from him?

*"I hope they are learning to have fun, to laugh at themselves, to think for themselves -- this they are already doing. I know from hard experience --, to work hard for what they believe in, whatever that might be, and coming to believe that for all its problems, the world is basically a good place. I hope so. I father with all my imperfections and all my own learning curves painfully clear, so I can only hope," Mr. Svoboda answered thoughtfully.*

In 1997, six years after graduating magna cum laude from Harvard Law School, Mr. Svoboda founded Attorneys for the Rights of the Child. What was going on in the world at that time to cause him to feel that the rights of children needed protecting? What compelled him to create Attorneys for the Rights of the Child?

*"Amidst all the competing identity groups, which are often defined in an adult-centric way, children are often forgotten. As a culture and a country, we seem to feel empowered to treat children in a way we would never dream of treating adults. One example of many is unneeded and harmful childhood surgeries, which some call 'female circumcision' or 'male circumcision'." There are many other examples. It is great that human rights documents are starting to protect children. It is scandalous that the United States is the only country in the entire world with a functioning government that has not signed the Convention on the Rights of the Child, the main international legal document safeguarding our most vulnerable population, children."*

*The American Journal of Bioethics*, in its Spring 2003 issue (Volume 3, Number 2, pages 52-54) published an article Mr. Svoboda authored entitled, *Circumcision—A Victorian Relic Lacking Ethical, Medical, Or Legal Justification*. What is the message that Svoboda is conveying through his article on circumcision? Isn't male circumcision practiced for health and disease prevention reasons? What are the arguments for male circumcision? Are there any documented adverse effects of male circumcision?

*"Here's the message: In the absence of an emergency, children deserve the right to decide what happens to their own bodies. Since doctors worldwide agree that male circumcision is not medically justified, why are we still performing this ostensibly medical procedure? Yes, it is true that those who promote the practice allege health and disease prevention reasons, but these have been disproved, as even American medical organizations such as the American Medical Association*

agree. It's actually cultural inertia that sustains the practice more than anything else. Discomfort in contemplating children's future sexuality is a secondary force. Documented adverse effects of the procedure include loss of a functional body part that has important erogenous, protective, and immunological functions. The negative impact on sexuality is huge. Even more fundamentally, the individual himself should get to make the decision."

Is there a connection between a man's circumcision status and HIV infection and AIDS? In other words, does documented evidence exist which reflects the fact that circumcised males have a lesser risk of contracting AIDS or becoming infected with HIV?

"There are a handful of flawed studies that suggest this. The controls and the subjects were treated differently in that the subjects were told not to have sex for a period of time after the procedure. The studies were terminated early to maximize circumcision's apparent effect. Over three times as many study participants suffered a complication as those who were supposedly "protected" from HIV. Even if the African studies were valid, their results would not transfer from Africa to America or any other first-world country because the virus is a different strain, the vectors are different, and we have better access to education, hygiene, and healthcare.

"Research is now emerging suggesting that intact bodies can better protect themselves against HIV. After all, Europeans don't circumcise and have fewer sexually transmitted diseases and lower HIV rates than we do. Moreover, a recent study suggests that women's risk may be 50% higher as a result of the procedure. Many scientists are starting to "cross party lines" and question the evidence that circumcision advocates claim supports the procedure. In any event, those who would reduce this issue to an asserted "battle of medical research" are promoting a red herring, because a heavy burden of proof must lie with the advocate of the amputation. It makes no sense to violate a child's body at infancy (and even with anesthesia, the pain is severe) to

protect a disease that we are speculating may arise many years later. This is all the more true given recent strides that are being made with an AIDS vaccine. By the time these kids are grown-ups, this will be an obsolete procedure, but they will have to live with the damage. And by the way, studies also show that female circumcision may help prevent HIV. So should we also be considering circumcising more girls for that reason? Why is it so much easier for us to see the issue for what it is when it involves our beloved female children?"

Let's talk about female circumcision. Why is female circumcision practiced? What are the arguments for female circumcision? Is it practiced for health reasons? What are the documented adverse effects of female circumcision?

"It may interest our readers to know that the reasons why female circumcision, also known as female genital mutilation or FGM and female genital cutting or FGC is practiced are the same as the reasons why male circumcision is practiced. These include aesthetics, incorrect medical reasons, mistaken theories that it improves sex, or is universal, its use as a rite of initiation into adulthood, and other asserted cultural reasons. So yes, female circumcision is practiced for what are claimed to be health reasons. While the exact harms vary widely according to the particular form of female circumcision, it can also contribute to infertility, problems during childbirth, sexual problems, and can even result in a victim's death."

What is the National Organization of Circumcision Information Resource Centers (NOCIRC)? Why did NOCIRC request the United Nations Commission on Human Rights to conduct hearings to ascertain if "involuntary and non-therapeutic" circumcision of male minor children should be considered a human rights violation?

"NOCIRC is a long-standing non-profit organization with whom we work very closely. They run biannual symposia and have to date published seven books collecting presentations from the symposia, to each of which I have contributed. NOCIRC had obtained consultative status with the United Nations

and we proceeded in our work in Geneva under their kindly offered auspices. It was ARC, using NOCIRC's United Nations status, which asked for the United Nations hearings addressing male circumcision as a human rights violation. We made this request based on our concern that children's rights should be safeguarded."

In 2001, Mr. Svoboda helped transform the practice of male circumcision into an international human rights issue when his oral and written submissions concerning circumcision became a part of the official United Nations record and the first document to have ever been accepted on male circumcision by the United Nations. This came about as a result of his travel to Geneva during the months of July 2001 and August 2001 for the purposes of consulting on behalf of ARC with the United Nations' Sub-Commission for the Promotion and Protection of Human Rights. In Svoboda's view, why is male circumcision a human rights issue? We asked him to take us back to 2001 and to talk about the compelling case that he presented against circumcision to the United Nations' Sub-Commission for the Promotion and Protection of Human Rights, thereby helping move circumcision from an "obscure practice" to an international human rights issue.

"In our United Nations presentation, we noted that we are pleased to see a panoply of protections being extended to women and girls to assist them in overcoming all the various systemic and individual burdens which tend to fall on females around the world. These are needed and are good. We observed that everywhere that Female Genital Mutilation occurs, male circumcision also occurs. Elimination of one practice may therefore go hand-in-hand with elimination of the other. We noted that if one had just arrived in Geneva from another planet and spent time reviewing all the work done there, one might be forgiven for wondering: Are males not also human beings? Do they not also enjoy the right against removal of healthy tissue from their bodies without their consent? We

repeated that, as one of many people answering 'Yes', Jacqueline Smith of the Netherlands Institute of Human Rights wrote, 'By condemning one practice and not the other, another basic human right, namely the right to freedom from discrimination, is at stake.'

My research in the bowels of the United Nation's Geneva headquarters turned up some surprising information. The mandate of the officer charged with investigating circumcision and related practices originally encompassed traditional practices affecting the health of women and children but her mandate was then redefined to focus exclusively on traditional practices affecting the health of women and the girl child, thus excluding boys from protection. This change was made without ever going through proper channels or even being announced, thereby directly violating required UN procedures.

It may be tempting, we noted, to dismiss the issue as trivial. But nothing could be further from trivial for David Reimer, whose penis was entirely burned off. He was raised and surgically 'reassigned' as a girl but his life and the lives of everyone in his family were catastrophically altered. Later both he and his twin brother, who was not circumcised, committed suicide as direct results of these events. Nothing could be further from trivial for Demetrius Manker of Carol City, Florida, one of the many boys who have died in hospital after a circumcision.

The pain has been proven conclusively, and cannot be prevented even with anesthetic, which carries its own risks. Male circumcision harms infant neurological development and memory, has permanent impacts on sexuality, and deaths occur regularly. Do medical benefits exist which justify routine circumcision? No, according to the American Medical Association and every other national medical association throughout the world that has examined the issue.

What about religion? For boys and girls alike, under basic human rights principles, another's right to practice a

religion must end where that individual's body begins. Otherwise, individual protections carry little meaning. Many Jews and Muslims are involved with organizations working to stop male circumcision, and many are questioning whether removal of healthy tissue from the bodies of their children is required by or even consistent with their faith. When the child is of the age of consent, he or she can make up his or her own mind about his or her own body. Some day, we will come to understand the misguided nature of our attempts to explain why any violation of female genitals is criminal while a serious, extremely painful, and disfiguring alteration of male genitals is permissible. In the meantime, we noted in conclusion, the screaming babies can't tell the difference. All we need do is open our ears and start to hear their cries. As an action item, we asked that the mandate of the Special Rapporteur on Traditional Practices Affecting the Health of Women and the Girl Child be revised to again encompass traditional practices affecting the health of women and children."

If our readers want to support the work of Attorneys for the Rights of the Child, how can they contact the organization?

"They can call 510-595-5550 or email us at [arc@post.harvard.edu](mailto:arc@post.harvard.edu). They can write to us at ARC, 2961 Ashby Avenue, Berkeley, CA 94705. Or they can visit us on the Internet at [www.arclaw.org](http://www.arclaw.org)."

What's next for J. Steven Svoboda, J.D.?

"Editor Albert Fields and I are pleased to announce the publication of the 21<sup>st</sup> issue of our newsletter, which is distributed by the three leading content providers (EBSCO, ProQuest, and Gale) to libraries throughout North America and the world. While ARC is not directly involved in litigation, we frequently advise potential plaintiffs on their options. Years of experience with countless aggrieved individuals have motivated us to work on releasing to the public accessible information on legal rights relating to circumcision. In coming months, two legal brochures will be posted to our website, a short

brochure to provide basic information and a longer brochure providing more detailed information for those wishing to delve deeper. A longer-range plan is to prepare a video downloadable from our website that will give people down-to-earth advice on rights relating to circumcision. The newsletter is available free of charge to anyone who is interested by emailing us at [arc@post.harvard.edu](mailto:arc@post.harvard.edu). We are also preparing to return to the United Nations to continue addressing these issues in front of the Sub-Commission's successor organization, the Human Rights Council."

#### ARC Archives Accepted by Michigan State

Michigan State University Library's Changing Men Collection has officially accepted for eventual donation ARC's collection of media relating to the history of the struggle for male and female genital integrity. Our eventual donation, in the distant future, will include our extensive collection of books, magazines, newspapers, pamphlets, CD's, DVD's, videotapes, audiotapes, brochures, and other material relating to male and female genital cutting. Future generations can therefore learn of these struggles that sadly had to be undertaken and can be cautioned to do its best to avoid repeating the mistakes of the past.

Steven Svoboda  
Executive Director  
Attorneys for the Rights of the Child

#### Radio Interview

On November 9, Steven was interviewed by Janel Miranda and Rich Winkle of Thoughtcrime Radio on radio station KOPN (89.5FM, Columbia, Missouri; [www.kopn.org](http://www.kopn.org)). Janel and Rich were well-prepared and sympathetic interviewers and did a fantastic job. The discussion was pretty far-ranging and included human rights protections applicable to male circumcision; our 2001 mission to the United Nations that resulted in the first UN document focusing on male circumci-

sion as a human rights violation; the ongoing violation of the constitutional guarantee of equal protection; flaws in the African studies as well as developments relating to HIV and the CDC and other recent medical studies; the new organization Intact America; and parental rights and responsibilities. The URL to visit if you are interested in listening to the podcast is: <http://thoughtcrimeradio.blogspot.com/2009/11/november-9-2009-j-steven-svoboda-jd.html>

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### Book Review

Review by Steven Svoboda

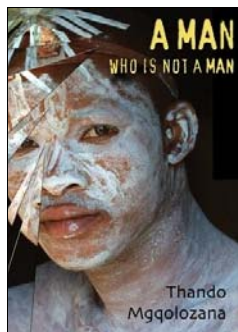
#### A Man Who Is Not a Man

By Thando Mgqolozana. Scottsville, South Africa: University of KwaZulu-Natal Press, 2009. 188 pages. Distributed by International Specialized Book Services, Portland, Oregon. Publisher: [www.ukznpress.co.za](http://www.ukznpress.co.za). Distributor: [www.isbs.com](http://www.isbs.com). No price on book but distributor gives price as \$28.00. 188 pages.

Young South African scholar, nurse, and data analyst Thando Mgqolozana has published his first book. The novel professes to be the autobiography of Chris, a young man who undergoes the customary circumcision initiation performed on all the males from his Xhosa village when they come of age.

Chris suffers from an unfortunate, extremely dysfunctional home life. One vague reference to possible sexual abuse by his uncle can easily slip by the reader, but other abuse—sexual and otherwise—is also evident in his home, and the after-effects of his mother's and father's separation directly help create the problems that form the core of the novel. After his father moves away, he is forced to rely on his unreliable uncle and his perpetually drunk grandfather to guide him through the initiation, and they utterly fail to provide any help. (To make matters worse, the grandfather celebrates other boys' initiations while ignoring that of his own flesh and blood.) Forced to fend

for himself, Chris is slow to realize the seriousness of the damage his glans sustains during the circumcision, and eventually must be spirited away and rushed to a hospital. Chris' main concern, however, is that this hospitalization conflicts with the directives with which boys are charged not to leave the ritual hut for any reason until a fixed number of days has passed. In Chris' case, waiting the prescribed number of days would lead to his death.



Mgqolozana deftly conveys the highly asynchronous flow of time during Chris' time in the hut. The writer's habit of referring to parts of his body as people ("head people," "stomach people," "limb dude") initially struck me as strained but over time comes to form a component of the narrator's personality and to complement the book's other unusual stylistic aspects.

The author movingly contrasts a kind night nurse with a heartless, cruel day nurse whom he effectively labels "Nurse Know It All." When it is time for Chris to leave the hospital, he receives a safe armed escort of his friends, who take him to his mother. A memorable scene follows in which everyone seeks to view what they have all been told through rumor is his deformed penis. Chris is understandably distraught in the extreme by all that has occurred. But luckily, his mother's blessing gives him a reason to go on living and happily, his uncle is called to task by Chris' friend Rain. It is surprising yet somehow fitting that Chris turns down the opportunity to lose his virginity in the customary post-initiation sex rite.

The grandfather's final failure comes when he has a last opportunity to make verbal amends, poor though they would be, and instead he speaks some nonsensical platitudes about lions that add up to nothing. By contrast, in a moving act of blessing, almost benediction, the wise elder Oon Dan gives

Chris his own traditional stick that is symbolic of manhood.

Chris' soul mate Yanda, with whom he had built edifices of future plans prior to his circumcision, more or less vanishes from his life without explanation afterwards. In a second blessing, a friend of Chris' assures him that he is now a man. While Chris may not be convinced, the rest of us are. Seemingly less plausible is Chris' closing statement that if he had it all to do over again, he would not change a thing, and would even choose to undergo a circumcision botch again because of the wisdom he thereby gained about himself and his masculinity.

"A Man Who Is Not a Man" possesses in virtually every sentence a somewhat elusive sense of otherness, a combination of slightly stilted language and sophomoric aspects (though these largely disappear as the narrator comes of age). The novel's genuine and unique perspective also displays a rural edge and provides details utterly foreign to life in the United States. The author is a real talent and has a powerful story to share. Thando Mgqolozana has written a deeply authentic and powerfully unique novel to which I give my highest recommendation.

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### South African Boys Die to Become Men in Traditional Circumcision

By Sibongile Khumalo  
 Agence France Presse (AFP)  
 December 16, 2009  
[www.afp.com](http://www.afp.com)

LIBODE, South Africa — The lucky ones survive with mutilated penises and shameful scars for the rest of their lives, but that's the high price boys in rural South Africa pay to become a man.

In the Eastern Cape province, the ethnic Xhosa boys graduate to manhood through a sacrosanct ritual of circumcision.

But every year, the custom among the country's second-largest ethnic group sees young initiates die of complications from botched circumcisions by ill-trained traditional surgeons.

Boys still flock to traditional initiation schools in the bush, because the faster and less painful medical method can result in a lifetime of rejection.

"When you are uncircumcised regardless of your age, society will never regard you as a man, you will always be a boy. No one wants to live with that," said Athenkosi Mtirara, who is about to undergo the procedure.

Mtirara says he wanted to follow in the footsteps of all the men in his family who have been through the ritual.

"In my family no one has ever died from a circumcision gone wrong. My older brother has counselled me about things to avoid in order to have a smooth operation," said the 18-year-old.

After completing the circumcision rites, Mtirara will dispose of all his old clothes, a symbol of beginning his new life as man.

But if he fails to complete the course or ends up in hospital, he will live with the stigma of not being man enough.

More than 200 boys have died from botched circumcisions in the last 15 years, and 90 have lost their penises, according to the department of health.

"This is a very large number, given the fact that these deaths are concentrated in one region," said Sizwe Kupelo, spokesman for the Eastern Cape department of health.

As a general policy, South Africa is starting to encourage circumcision for men, which has been shown to halve their risk of contracting HIV -- a major goal in the country with more AIDS cases than any other.

Zulu King Goodwill Zwelithini announced last week that he wanted to revive the practise among South Africa's biggest ethnic group to fight HIV. The challenge is how to reconcile traditional practises with modern medicine and the law.

Kupelo blames the deaths in the Eastern Cape on uncertified traditional surgeons, particularly in rural areas "who have no idea how to cut the boys and take care of them while they heal".

"Boys are only sent to hospitals when it's too late. There is also pressure to complete the process," said Kupelo. In June, a 16-year-old boy was admitted to hospital with a rotting penis, after developing an infection which was ignored by his traditional surgeon.

"The majority of the boys who have had their penises amputated usually end up committing suicide. They can't live with the shame," said Kupelo.

Traditional tools are used to cut the foreskin of the boy's manhood, without anesthetic or sterilizing equipment.

The surgeons receive no particular training; it is an art passed down within families from generation to generation. After the skin has been cut, boys spend up to four weeks healing while learning about social values and the responsibilities of being an adult.

With limited access to food and water, health authorities say boys often suffer dehydration and even bleed to death.

Eight years ago, South Africa passed a law which sets the legal age for circumcision at 18, but boys eager to prove their manhood as young as 15 still seek the practice from bogus surgeons who are willing to flout the law.

Fake surgeons normally charge a fee as little as 100 rand (13 dollars, 9 euros), but a bottle of brandy or a fowl can be accepted as payment.

In his book, "A Man Who Is Not a Man", which tackles the pain and stigma that comes with botched circumcision, Thando Mgqolozana describes this secretive ritual as a story of hurt and suffering. [Thando's book is reviewed elsewhere in this issue--Editor].

"Some of the survivors get ostracised from their community because they did not complete the rite of passage in the expected way."

"They too, because of their supposed failure, hide in silence, as though silence was a sanctuary," said Mgqolozana, who has gone through the ritual himself.

In November, the health department held a summit to urge traditional lead-

ers in the region to help stop the deaths and mutilation of the initiates, by taking up practises as simple as sterilising knives.

"We tried to make them understand that as government we do not want to take away their custom, all we want is the application of health standards in the process to end deaths," said Kupelo.

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### New Website Launched

By Dan Bollinger

November 24, 2009

[www.circumcisiondecisionmaker.com](http://www.circumcisiondecisionmaker.com)

Circumcision Decision-Maker launched in November. The website is an online tool to help parents and adults wade through the confusion surrounding the circumcision decision by helping them to focus on what their true reasons are for it, and then giving them some expert advice about that reason.



The well-designed website, sponsored by the Boys Health Advisory, is deceptively simple, but houses over 100 web pages.

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### Ritual Circumcisions 'Illegal'

By Stephen Moyes

[UK] Daily Mirror

November 19, 2009

[www.mirror.co.uk](http://www.mirror.co.uk)

Doctors performing ritual circumcisions on children face financial ruin, disciplinary action and even jail.

A test-case being brought by a 20-year-old man circumcised as a baby could, if successful, open the floodgates to claimants.

The unnamed man is to sue a GP still practicing in Greater London for physical and psychological damage.

He will argue that circumcision on a child without a medical requirement is mutilation.

His father took him to be circumcised shortly after birth in accordance

with his own religious beliefs.

Now the father is mortified at the mental and physical state of his adult son, and is supporting the case.

The father has documents that prove which GP carried out the circumcision. Performing surgery on a person without adequate consent constitutes battery in law, which can be prosecuted in the civil courts.

But given the lack of consent the surgery also constitutes an assault which can be prosecuted under criminal law - meaning a guilty verdict could lead to a prison term.

The test-case is being supported by a legal firm, leading urologist, child protection agency and circumcision awareness body The National Organization of Restoring Men (NORM).

NORM spokesman David Smith said: "Surgery is defined as 'manual or instrumental treatment of injuries or disorders of the body'. If no injury or disorder is present, then it can't be surgery.

"Circumcision is a mutilation, which is defined as 'to injure, to make imperfect by the removal of a part'. It is shocking that the NHS is responsible for mutilating children.

"We support a man's right to choose a ritual circumcision for himself, but not for anyone else.

"Adult circumcision is a straightforward operation which can be undertaken in under thirty minutes under local anaesthetic. There is no excuse for forcing it on children.

"There is growing belief by many people that the only way to make doctors put their scalpels down is to take legal action. This is not about money, it's about protecting the next generation."

Some doctors privately charge up to 350 pounds for 'forced circumcision' of a baby brought to them by their parents.

Legal action can only be brought when the child reaches 18. There is then a three-year legal window in which they can take action against the GP.

Circumcision is a surgical procedure that can be performed on men and women and is done for a variety of reasons, some of them cultural or religious.

The General Medical Council does not have a public position on the issue of ritual male circumcision on children who cannot give informed consent.

A spokeswoman said: "We do not have general authority to determine public policy on issues that arise within medical practice - these are matters for society as a whole to determine, through the parliamentary process."

Katy Swaine, legal director of Child Rights Alliance for England, told the Mirror: "The UN Committee on the Rights of the Child has made clear that female genital mutilation violates children's rights and this position has been reflected in the banning of such procedures under UK legislation.

"The carrying out of circumcision procedures on young male children must also be examined in the context of children's rights under the treaty - not least given the requirement for non-discrimination in the application of treaty rights.

"A body of medical opinion has for some time supported the view that most male circumcision procedures do not have a medical basis. As such, given the invasiveness of the procedure and the negative consequences suffered by some individuals, there is a strong argument that it should not be carried out without informed consent from the individual who is to undergo the procedure.

"It is only a matter of time before these issues are raised in the courts by those who have undergone the procedure as children and have suffered negative consequences. In the meantime it behooves the NHS, Department of Health, professional medical bodies and communities to examine this issue seriously, acknowledging and addressing its implications for children's rights."

The individual bringing the test-case is collating evidence and financial and legal support and will launch it next

year.

A solicitor close to the case said: "The action being brought against the doctor is more likely to lead to financial damage rather than prosecution, but it is complicated and nothing can be ruled out.

"Doctors performing 'forced circumcision' on a small minority of children are acting in defiance of general medical council and are effectively medical rebels.

"Most urologists will only perform a circumcision on someone who needs it, just like any form of amputation.

"This is not a straightforward case. Parents have the right to give consent but only when in the best interests of a child. I don't think any act involving cutting off half of a child's penis is in their best interests."

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### **Unmasking the Lie: Circumcision, Sex and HIV/AIDS**

*By Gawaya Tegulle*  
[Uganda] Daily Monitor  
December 12, 2009  
[www.monitor.co.ug](http://www.monitor.co.ug)

A few days ago I found it necessary to restate my position, calmly and quietly, that my sons – two so far – should under no circumstances be circumcised. Two very simple and I am persuaded, logical reasons.

First, while I respect the standpoint of those who argue for circumcision, I personally do not believe in it. Circumcision is such a personal affair; nobody has the right to decide for anybody else whether or not they should undergo it. And since kids are too young to appreciate the merits (probably lack of them) of a matter as personal and important as losing their foreskin, I argue that it is improper for somebody else (parent though they be) to make that decision for them, unless it is a medical emergency that has implications on their immediate survival or potency. If as adults they decide to submit to the knife, that is their responsibility.

The other reason is that the advocates of circumcision in Uganda today

are advancing very lame, wrong and wholly incompetent reasons for it. Their message is two-fold: that circumcision will help protect men from contracting HIV – the virus that causes AIDS.

Secondly we are told that circumcision promotes hygiene among men. As we speak, billions of shillings have been sunk into programmes about circumcision, telling every Ugandan that this is the new miraculous discovery that will keep them safe. This lie needs to be unmasked and exposed, because we are playing with fire.

Who in their right mind would believe that a man can have unprotected sexual intercourse with an infected woman and come out intact just because he is circumcised?

Any argument about how hardened a circumcised male organ is and how it is able to withstand whatever period of sexual intercourse and emerge without scratches and, therefore, without possibility of infection is purely academic... and deadly.

The truth behind circumcision is that it is just a new excuse invented by unscrupulous and incompetent scientists, plus bureaucrats in the United Nations, African governments and civil society to eat free money. They have not told us who did the research, what methodology they employed or which experimentation humans they used.

In the end, therefore, the current campaign for circumcision has nothing to do with your health and safety. It is all about people making money.

Our young men will now believe that you can sleep with whoever it is and you'll be safe just because you are circumcised. And they will die. Our girls will be told, "I am circumcised" and they will presume they are safe. And they will die. Strange enough, the protagonists of circumcision argue that it affords only a 60 per cent chance at best of avoiding the virus and that circumcision should be used "in combination" with other safety measures such as condom use.

I think the ABC strategy that Uganda had adopted is good enough to

help us fight AIDS. Abstain from sex, or Be faithful to your (one) partner or if push comes to shove, use a condom. For hygiene I will encourage my sons to take a bath regularly. I will also take them through another course on how a man ought to keep himself clean.

For now I find it important to put the country on notice: we are being duped and as your kids bleed all the way from hospital, a small clique is laughing all the way to the bank.

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### Circumcision – Above the Law?

*By Rosa Freedman*

The [Manchester, UK] Guardian

October 1, 2009

[www.guardian.co.uk](http://www.guardian.co.uk)

***In anything other than a religious context, male circumcision would be regarded as a crime. The law must be made clearer.***

Dan Rickman recently stated the case for circumcision by setting out its central importance to Judaism and Jewish identity. These are the arguments that convinced me to circumcise my own son. However, in dealing with some of the issues raised, he failed to engage with the most cogent argument against circumcision – the fact that it is fundamentally at odds with English law.

The term "genital mutilation" sounds far less civilised than the commonly used term "circumcision". Yet the former is only ever used in relation to the removal of parts of female reproductive organs, and the latter, generally, for the removal of the foreskin from a male's penis. Make no mistake, a circumcision is the mutilation of genitals regardless of the terminology.

Male children from the Jewish and Muslim faiths have their foreskins removed at a young age as part of religious practice. This is an irreversible procedure that would otherwise be classed as grievous bodily harm, contrary to section 18 of the Offences Against the Persons Act 1861. The fact that it is performed with parental consent has been deemed sufficient in al-

lowing this procedure to be performed under English law.

The argument that parental consent suffices to override the law falls flat when compared with the act of tattooing. The Tattooing of Minors Act prohibits the tattooing of any person under 18, regardless of whether a parent consents on their behalf. A tattoo is arguably less permanent than a circumcision. If a person must reach the age of 18 before being deemed able to understand and consent to the permanence of a tattoo, then why should this not apply to a male child being circumcised?

Religious grounds have long been cited as the reason for this anomaly. Britain prides itself, rightly so, on its freedom of religion. Why then is male circumcision allowed at any age, and female circumcision proscribed even after a woman turns 18? Surely religious freedom cannot be given solely to males. Furthermore, if circumcision of males is allowed on religious grounds, then the ruling in the case of *Adesanya* must have been erroneous. The court here decided that a Nigerian woman could be prosecuted for cutting her teenaged sons' faces according to her cultural norms. It seems that freedom to commit GBH only extends to males, and only then of particular faiths or cultural backgrounds.

The final spin of the dice for the pro-circumcision group is the health argument. Circumcised males have been proven to have a lower incidence of a number of diseases, and even a lower chance of contracting HIV. Yet religious circumcisions are not performed on the grounds of health, and are often performed by religious practitioners who are not medically qualified to do so. The health argument is merely a coincidental, although happy, one. Were this to be the decisive factor, then surely circumcision should be extended to all male children at birth as has recently occurred in some American states. Moreover, according to this line of reasoning, circumcisions should all be performed by doctors, or medical practitioners, and at a time that is optimum for the health of the child rather than at a religiously prescribed point in his life.



I am not advocating the abolition of male circumcision. However, the law needs to create guidelines that are applicable to all persons regardless of creed, gender, or religion. The existence of different sets of rules for different groups can only be seen as placing some people on a pedestal, elevated above the laws that the rest of us must follow.

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### **Circumcising Boys for Religious Reasons 'Could Breach Human Rights Act'**

By Rebecca Smith, Medical Editor  
[UK] Telegraph  
November 27, 2009  
www.telegraph.co.uk

*Circumcising boys for religious reasons is akin to pulling out their fingernails and could be a breach of the Human Rights Act, an academic has warned.*

Dr David Shaw, lecturer in ethics at Glasgow University, argues that circumcising boys for no medical reason is unethical.

He wrote in the journal *Clinical Ethics* that any doctor who does perform circumcision without a medical reason could be guilty of negligence and in breach of the Human Rights Act as the child cannot consent to the operation and it can be argued it is not in their best interests.

Dr Shaw wrote: "Imagine a situation where two adherents of a minority religion ask their doctor to pull off their son's thumbnails, as this is part of the religion in which they want to bring up their son.

"The pain will be transient, and the nails will grow back, but the parents claim that it is an important rite of passage. I think it is reasonable to say that the doctor would send them packing.

"In the case of non-therapeutic circumcision, the foreskin will not grow back; why should this procedure be treated differently simply because of the weight of religious tradition?"

The controversial view is likely to cause a storm among Jewish popula-

tions who routinely circumcise boys when infants.

He said guidance to the medical profession on the issue from the General Medical Council and the British Medical Association are flawed and should be revised.

He added that the only medical reason for circumcising men is that there is some evidence it may prevent HIV in countries where cases are very high but that will not be relevant for doctors working in Britain.

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### **Press Release: Circumcision of HIV+ Men Increases Risk to Women**

By International Coalition for Genital Integrity (ICGI)  
July 17, 2009  
www.icgi.org

A new study published in *Lancet* shows that women are 50% more likely to contract HIV if they are having sex with circumcised men. Most of the infections were from the time period when the couples began having sex before the wound healed, but the effect continued past that period, indicating that there is no benefit to women from male circumcision. Proponents of mass circumcision plans have long argued that women are protected when men are circumcised, but this study indicates the opposite. The study, like its predecessors, was stopped early.

*Wawer et al. Circumcision in HIV-infected men and its effect on HIV transmission to female partners in Rakai, Uganda: a randomised controlled trial. Lancet 2009; 374: 229-37.*

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### **Botched Circumcision Put Boy in Hospital**

News.com.au  
December 8, 2009  
www.news.com.au

A BOTCHED circumcision of a four-year-old boy that resulted in the severing of a penis artery has landed a doctor in trouble.

The boy was sent to hospital to stem the "uncontrollable bleeding" after the procedure by a GP, who was assisted by an unqualified doctor and his wife in

a New Zealand medical centre last January.

A report on the distressing episode, with the names of the centre and the "medical team" not revealed, was released today by New Zealand's Health and Disability Commissioner, NZPA reports.

"This case illustrates what can happen when a doctor is unfamiliar with, or chooses not to follow, recommended guidelines for a surgical procedure," the report said.

The report recommended the doctor not attempt circumcisions on patients older than six months.

Copies of the report are being sent to the national board that certifies doctors as well as the Government.

The parents said they were both ejected from the operating room when they became distraught.

The father said he even felt dizzy enough to faint after the doctor had cut into his son before a painkiller could take effect.

He was ordered to join the crying mother outside.

"We could hear our son crying for help and begging us not to leave him there by himself. He kept asking them to let us in, but they wouldn't listen," the mother said.

After an hour the father went back into the surgery room to see the clinic manager and the unlicensed doctor holding the boy "as if they were holding a wild animal".

The GP said the child was "extremely difficult to handle" meaning he had been forced to call in help to restrain the thrashing.

"It's really difficult because the (child's) pelvic muscles are tough and the (helpers') forearm muscles are not that strong," the doctor said.

The parents said they were initially concerned about the doctor when they overheard the screams of a 14-year-old boy who was being circumcised before their son.

The doctor told the couple the 14-year-old was "too sensitive and could not handle the pain", the report said.

### Circumcision Mishap Verdict

Verdict: \$429,484

*California Bar Journal,*  
November 2009, p. 4

Tip of infant's penis was severed by a Mohel performing a circumcision at a bris (O'Hara v. Berberich, Alameda County Superior Court, Plaintiff attorney: David B. Baum).

### Uganda Bans Female Circumcision

By Faith Karimi  
CNN

December 12, 2009  
www.cnn.com

The Ugandan parliament unanimously passed a bill banning female genital mutilation, a traditional rite that has sparked an international outcry and is practiced in some African and Asian communities.

The practice, which involves cutting off a girl's clitoris, is also called female circumcision. In some communities in eastern Uganda, it is practiced in girls up to age 15.

Convicted offenders face 10 years in prison, but if the girl dies during the act, those involved will get a life sentence, according to officials in the east African country.

"A majority of Ugandans felt it is a disgusting act, but you have to remember that this is a cultural belief that has been practiced for generations," said Fred Opolot, the government spokesman. "That's what took the bill so long to pass."

Human rights activists have decried the practice, which they say poses major health risks for girls and may lead to death. It also causes complications during sex and child birth, activists say.

"The experience has also been related to a range of psychological and psychosomatic disorders," the United Nations Population Fund says.

About three million women and girls face female genital mutilation globally every year, and nearly 140 million have already undergone the practice, according to the United Na-

tions.

Most of the victims live in Africa and Asia, including among some populations in India, Indonesia and Malaysia.

Alice Alaso, a member of parliament in Uganda, said the bill was only a first step.

"We might later amend it to include compensations for women subjected to the practice," Alaso said. "Our goal is to protect these girls, and we will continue to do so."

Female genital mutilation has been banned in some African countries, but it is still practiced in some remote, close-knit communities.

Some communities are also shifting toward a less invasive procedure called the 'lesser cut,' according to the United Nations.

"This may be indicative of shifts in awareness .... however, it is still an unacceptable practice," it added.

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### Intact America's open letter to the Washington Post

#### SAY NO TO INFANT CIRCUMCISION, RESPECT MEDICAL ETHICS : AN OPEN LETTER TO THE AMERICAN ACADEMY OF PEDIATRICS

By Intact America  
Washington Post  
October 19, 2009

American parents trust their pediatricians and rely on them for the best advice in caring for their children. As a matter of ethics, that advice cannot include neonatal male circumcision - a medically unnecessary, potentially risky surgery that no major medical authority in the world recommends.

That is why Intact America is asking the task force charged with reviewing the American Academy of Pediatrics' current neutral position on infant circumcision NOT to revise that position in favor of the surgery. Further, we ask you to take an ethical stand against the removal of a healthy, functioning body part - the prepuce, or foreskin - from non-consenting newborn babies.

The United States is the only western nation today where doctors routinely circumcise infant boys in medical settings. Although the rate has fallen from above 90

percent 30 years ago to below 60 percent today, still, more than one million American babies undergo the surgery every year, driving one billion dollars in health-care spending.

Now, based on studies conducted among adults in sub-Saharan Africa that found reduced transmission of HIV from women to men (though not from men to women, nor men to men), some are suggesting that the AAP - meeting this week in Washington - should recommend circumcision for all newborn boys in the United States.

Doctors have a responsibility to tell parents the truth: circumcision does not prevent disease. Most European nations, with circumcision rates near zero, have lower HIV/AIDS rates than the United States. Circumcision rates in America do not correlate with HIV rates in any ethnic population or geographical region.

Furthermore, circumcision has significant risks, including infection, bleeding, impairment of sexual function, and even death. Earlier this year, an Atlanta family was awarded \$2.3 million because a physician accidentally amputated much of their infant son's penis during a "routine" hospital circumcision. A Canadian baby bled to death in 2004, after being circumcised in a British Columbia hospital. In 2008, a baby from South Dakota bled to death, and his parents have filed suit against the hospital where he was circumcised, as well as the doctor who performed the surgery.

Infrequent though complications may be, because the surgery is performed on healthy babies who have no need for it, each injury and each death is utterly indefensible. And even an "uncomplicated" infant circumcision permanently removes healthy functional tissue from a person who did not consent.

Growing numbers of medical professionals and expectant parents are saying "No" to infant circumcision. We urge members of the AAP's circumcision task force, and all pediatricians, to make the same decision on behalf of the babies who are their patients.

The baby, not the parent, is your patient.

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