My Circumcision Story
By Daniel Miller

This story comes from deep within my heart. This is a story not only full of pain, anger, sadness, and depression, but also of new-found love, friendship, and heart-warming people whom I probably never would have met, had I not become an intactivist. It started out as a fascination; I had heard a little bit about it in high school, but I never fully understood what circumcision was until eight months ago. From the moment I realized it, my philosophy on life, doctors, and teachers had totally changed; from that moment forward I believed that circumcision was the single worst event any man or child could ever experience in his life.

It was about two years ago when the story about my circumcision really began to unfold. I was a normal kid; I had regular friends, worked full time, and, of course, looked for love in all of the wrong places. But I met someone… someone who changed my life. It was love at first sight — for me, not him. We casually became best friends over the next six months, and things about my circumcision finally started to shed light on me. I saw the way he was able to climax, and it was the first time I had ever been able to feel; I was jealous.

There is not one thing doctors had given us (and still do), which I do not believe. There are many myths about circumcision, which I did not believe. I was the only subject I thought about. I was feeling; I started restoring. It is very, very, very hard to describe the sensations I saw him produce. But, if you wanted a vague comparison to it I would say when I climaxed I would be compared to a person walking, whereas when he climaxed he would be compared to a person running. The differences are that noticeable if you were as close as we were. Finally, I entered my first stage of depression. After reading the history of circumcision, and finding out all of the lies doctors had given us (and still do), I became so angry inside. It had become the only subject I thought about. I was as low as I had ever been in my life, and I wanted to do anything to stop the pain I was feeling; I started restoring.

I had always wondered why it hurt whenever I went running in boxer shorts or loose underwear, and that reason is because I did not have anything protecting my still-sensitive glans; I have circumcision to thank for the reason I feel pain and discomfort while I run unless I have tight underwear on keeping my penis from moving freely. This really bothered me, and it was clear that I was an emotional wreck, but I had my friends. One understood me completely and was there for me every time I needed to talk about it. If it had not been for her, I would probably still be feeling
like I had been left in a dark corner all alone. The foreskin-restoration members, which are tens of thousands, were so encouraging and helpful, and I eventually overcame my depression after six months of constant focus about the future and what I could still get back. I had made some great life-long friends on the internet. But the one fact that got me joyful again was when I had been restoring for a few months, gaining new skin and sensitivity each week, and when I masturbated without lotion I finally felt a large glimpse of what my best friend had felt. Having the skin roll over the corona is the most amazing sensation I had ever felt, and still is to this day. Each month as I add new skin the full-body sensation becomes greater still when I orgasm, and I cannot elaborate enough on what circumcised men are missing. I may not have all of my skin back yet, but if it feels this much better from what little I have already gained, I can only begin to imagine what I have been missing out on without the entire foreskin. I am finally happy again.

Now that I have become an intactivist, I want to do everything in my power to get the word out to people about circumcision. It is wrong, and when your son finds out about it he could turn out like me and become severely depressed. He really is missing an entire world without his foreskin, and possibly feeling pain while doing simple things such as jogging because nothing is there to protect him. It has become my life goal to help people never feel like I did about my circumcision, and, if they do, to help them overcome it like I did. As several restored men have said, sex with a circumcised penis is like seeing the world in black and white, while being restored is like seeing it in color. How I cannot wait for that...I just wish it did not have to take so many years to get back some of what I lost...please someone out there who reads this take consideration into what I have said and let your son decide if he wants his foreskin or not. It isn’t used until adolescence anyway, why rush it. Keep your baby safe and happy...please don’t circumcise him.

South Carolina Medicaid Ceases Funding of Routine Infant Male Circumcision

By Michael Tucker

It was only recently that I found out that state Medicaid programs were paying for a procedure deemed not medically necessary — non-therapeutic routine infant circumcision. After doing some research, I was elated to learn that sixteen states did not cover the procedure. Taxpayers would no longer have to foot the bill for an unnecessary procedure, and more importantly, hundreds of thousands of boys would be protected from being cut.

I currently live in California, but I was raised in the state of South Carolina. I became an intactivist earlier this year, although I always questioned the legality of routine infant circumcision and it angered me that the United States of America allows infant males to be routinely circumcised when no medical organization in the world recommends it.

One day, I thought, “Enough is enough, more voices need to be heard, and there has to be something I can do.” On the way to work, I came up with the acronym ERIC, a boy’s name that also stands for End Routine Infant Circumcision. That night after work, I bought the domain www.4eric.org and created a Facebook fan page. I am very impressed by the number of intactivists and supporters out there.

I am glad I spoke up, even when it was not easy to do. Someone had to speak for the infants and their uneducated parents. Someone had to speak to the uninformed pediatricians. I firmly believe that one day infant boys will be protected from all forms of genital cutting, just as girls are currently protected under federal law.

By having each state cease the coverage of non-therapeutic circumcision, we come a step closer to passing a law to protect infant boys. One of my campaigns involved sending out letters to each state that covers this procedure, encouraging them to cease coverage of RIC. In doing this, I did not know if it would have an impact, but I did believe that it would not hurt, it could only help.

South Carolina is a conservative state, so I was shocked, but very pleased, when I received a response in the mail from the Deputy Director of the South Carolina Department of Health and Human Services (HHS). Dr. Felicity Myers informed me that HHS engaged in policy discussions with representatives from the American Academy of Pediatrics. After reviewing the AAP’s policy statement on circumcision as well as the state’s policy, they decided to cease coverage for routine infant male circumcision, effective February 1, 2011! It’s a great step forward, in the right direction. South Carolina will be the seventeenth state to not cover RIC in its Medicaid program.

The AAP made an impact that may have led to South Carolina’s defunding of the procedure. Could this mean that the AAP is leaning more towards intactivism?

I will not stop writing letters, educating others, and advocating my opposition towards routine infant male circumcision until the day when ALL boys are protected equally from genital cutting, just as girls are.
International AIDS Society Conference
Vienna, Austria
July 23–27, 2010
Report 1
By Brian O’Donnell

Part One

The International AIDS Conference is one of the biggest medical conferences in the world, bringing together people from more than a hundred countries who work with those who have HIV/AIDS. The conference’s main objective is to provide a platform to highlight research areas that have proven promising in prevention and treatment, as well as recognizing the potential for up and coming areas of interest. In addition, there is a strong commitment to highlighting those who work on the front lines in grassroots organizations, non-governmental organizations (NGOs), and local outreach/clinic settings.

The conference is usually set up with two separate areas. A large area called the “global village” focuses on the smaller local groups and is usually bustling with vendors, activists, and NGOs. A second large area highlights medical and scientific research and well-funded groups like drug companies, UNAIDS, the US President’s Emergency Plan for AIDS Relief (PEPFAR), etc.

Intact America was located in the heart of the second area, with UNAIDS, the global health organization PSI, and major drug companies surrounding our booth. Despite the distraction of the flash and swag of the moneyed vendors, our location and message was hard to miss. We were lucky to have such a prominent place among the masses.

The first day of the conference was Sunday, July 18. I manned the booth solo as our colleagues had extremely challenging transportation issues that left two of our four volunteers in transit for almost 60 hours! Without a sign and with limited handouts, I was still successful at speaking to more than 60 attendees over a six-hour period. We invested in a lead generator which scans badges and provides emails and other contact information to allow follow-up after the event. People were very polite and more curious than challenging, wondering why they had only heard the pro-circumcision viewpoint. Many visitors fully agreed with our message and asked me why we weren’t participating in the panel discussions and lectures. For the most part everyone took our position statement when they left the booth and thanked us for being there.

Over the course of the day, the receptivity to the information helped to direct future discussion. My mantra evolved to the following:

- we were here to challenge UNAIDS, and WHO’s efforts to promote circumcision as a prevention measure against HIV infection
- the mass circumcision campaigns are based on studies that leave many questions unanswered
- the pro-circumcision message is being interpreted as stating that being circumcised means being protected from HIV and that means not having to wear a condom
- the 1 billion dollars being targeted for circumcision would be better spent on condoms, education, and medication which are proven to be 92-100% effective at decreasing transmission
- if there are people needing medication to survive who can’t get it because money is being spent on circumcising, how can that be justified when children born and circumcised today may turn out in 15-20 years not to be at risk?
- condoms and education have never been handled well in sub-Saharan Africa and need further investment and commitment

In addition, the campaign to circumcise is targeted at all men rather than being limited to those at risk, thus diverting the majority of precious funds to circumcising men who will never derive any benefit because they were never at risk in the first place, not to mention the harm from circumcision itself.

This became my primary message, with targeted diversion depending on the interest of the participants. I would say that the majority of the people I spoke to responded to the information well and agreed on many points. I did not get into sexual damage, complications, and ethics too often — only when the discussion prompted it. After all, many of the Africans who stopped by our booth already circumcise for cultural reasons. I did say that I felt that if, knowing the truth about the foreskin and the consequences of circumcision, he still felt he wanted to go through with it…that was his choice. However, we do not support the circumcision of children for any reason.

Part Two

After a harrowing series of flights and luggage delays, MN, Aubrey Taylor, and Michael Smith arrived on Sunday evenning, so on Monday, July 19, we got our signs up and were fully staffed to take on the crowds. Throughout the day, we all developed our messages to reflect our knowledge and level of comfort. We referred to many articles for which we now had printouts.

What I found quite different from the International AIDS Conference that I attended two years ago in Mexico City was that national health ministers did
not often approach our booth. I believe that over the last two years, the campaign to support circumcision as a preventative measure and the funding that goes along with that has converted many of the skeptics that we encountered then. It is easy to understand when you realize that along with accepting circumcision, comes training, jobs, and money. For many of the attendees, to not accept circumcision would mean not receiving funding and losing job opportunities. And the amount of money involved is huge. One gentleman from Zimbabwe said they had already received 13 million dollars and if they make the circumcision program successful they will receive 93 million more. It’s understandable hard for them to say no to that.

Over the course of the next four days, we had a fairly consistent routine of staffing the booth and attending pertinent lectures when they arose. Some of the common comments from those who stopped at our booth were:

- “Men don’t think they need condoms if they are circumcised.”
- “We already circumcise for cultural reasons, and now they think they are protected.”
- “There are a lot of people who are circumcised and have HIV.”
- “You need to make your voices heard.”

Many people who agreed with our message also felt like there was too much being made of circumcision, and I got the sense that they felt disempowered and were giving in. They agreed that resources were lacking across the board and that they could make better use of the money. Although many felt strongly that circumcision would be beneficial to help prevent some HIV infections, they also felt that many circumcised men would resist further safety measures and would get infected anyway.

We had several people who want to advocate our message in their country, including several people from India who want to generate and participate in discussions in the United States and in India. We obtained hundreds of names and emails, and we have several great contacts that warrant further outreach.

International AIDS Society Conference
Vienna, Austria
July 23–27, 2010
Report 2

By MN, an Intact America volunteer

At the International AIDS Conference, held in Vienna from July 18-23, 2010, the CDC was toasting around a figure of 43% as the current neonatal circumcision rate in the US. There is no question that the CDC is tremendously alarmed about the sixteen [as reported elsewhere in this issue, the figure as of February 1 is now seventeen — Editor] states that do not fund routine infant circumcision through Medicaid. The CDC sees this as a public health emergency, compelling it to act. After they issue their recommendation, the CDC will lobby Congress and the Centers for Medicaid and Medicare Services.

They stressed this will not be a recommendation to circumcise, only a recommendation that circumcision:

- should be affirmatively discussed with and offered to all parents of newborn boys; and
- should be equally available to all Americans by a level playing field of HMO coverage, health insurance coverage, and Medicaid coverage.

If the sixteen [now seventeen — Editor] renegade states do not act on their own to reinstate automatic infant circumcision, the CDC states that it may have to lobby Congress and the Department of Health and Human Services (HHS) to attach a rider to federal Medicaid funding, stating that unless a state offers universal infant circumcision coverage to all Medicaid recipients, it will lose the rest of its federal Medicaid funding. I don’t know how they plan to threaten the private plans, but all have enough federal ties that there must be some leverage there.

The CDC officials I spoke with said that circumcision proponents had been bombarding the CDC with exhortations to act for the past 2 years. The division that is gathering input and will issue a recommendation is the HIV/AIDS division. This is particularly ironic, because Robert Bailey, the lead researcher on one of the 3 African randomized controlled trials (RCTs), told me just 2 weeks ago that it would be absurd to circumcise an American infant primarily for HIV concerns.

Unfortunately, the division in question is solidly pro-circumcision. The CDC head is Thomas Frieden, the former NYC health commissioner, who repeatedly refers to “circumcised men” and “males who lack circumcision”. Working for Frieden is Dr. Jason Reed, who spoke glowingly in Vienna of the excitement building as they ramp up to circumcision 38 million African adults and teens and all the neonates. He is one of the project directors.

I did my best in Vienna. I cited the published studies by the late Dr. John Taylor, the Sorrells sensitivity study, all of the research on complications (major and minor), the pain studies, and the overwhelming evidence about Europe’s superior genital health relative to the United States. I carefully deconstructed the African RCTs and highlighted their weak points. I emphasized what a colossal waste of money mass circumcision programs are, when funding is urgently
needed for cancer, Alzheimer’s, diabetes, HIV, etc. I cited several polls showing that overall, intact men are happier to be intact than circumcised men were to be circumcised.

And most profoundly, I drove home the point that no studies have ever demonstrated measurable health benefits from the 100-year experiment with infant circumcision. It is a fad, a human rights violation and an egregious waste of precious healthcare dollars. And we all pay for it through taxes (to fund Medicaid) and higher insurance premiums.

All I heard in response was, “We’re going with the handful of studies we have.” One official said that circumcision has been the topic of intense debate within his own family, so he appreciated that there is controversy. But at the end of the day, the CDC is science-driven, and apparently science favors circumcised penises — or so they’re prepared to say.

**My Close Encounter with Two Influential CDC Officials**

I met with Charbel El Bcheraoui, Ph.D. in Vienna, along with his colleague, John Baker, MD. My colleague Ken mentioned to me the fact that Dr. Bcheraoui had posted “office hours” to talk specifically about US circumcision at the CDC booth. So I cut my lunch short and headed downstairs to see him.

Dr. Bcheraoui is a nice fellow who completely believes in the health benefits of circumcision. He says that he has no conflicts, which may be true in a professional sense; however, this may overlook personal views of and experience with the surgery.

When I got there, my colleague Brian was already involved in an animated one-on-one conversation with Bcheraoui. They were seated, facing each other. As I waited my turn, another CDC official, John Baker MD, came over to me and asked whether he could help. I explained that I was waiting for the “circumcision expert,” but was concerned that time was running out because he only allotted an hour for circumcision “open house,” and the hour was drawing to a close.

Baker offered that he was not an expert on circumcision, but as an epidemiology officer with CDC he was still qualified to discuss the issue with me. So, we talked for about thirty minutes about circumcision, just the two of us. Then Brian departed, and Bcheraoui came over to join Baker and me. We three continued talking for another 10-15 minutes.

Both men were pleasant and completely engaged with me, but it appeared they were becoming increasingly uncomfortable with where I was going with the circumcision issue.

My objective was twofold: to find out from the CDC the exact nature of any recommendation they were planning to make and to show the CDC had failed to adequately take into account the structure, function and value of the foreskin, thus exaggerating the health value of circumcision. I feel I succeeded because by the time we were done, they urged me to find time to discuss this further with them.

Both men clearly were coming from the position that the foreskin in and of itself has no value. In their opinions, its removal is medically controversial only because, as minor surgery, it carries a risk of bleeding and pain. Also, they believe, there is controversy around its image as both a religious and a social marker.

I suggested to them that they were overlooking both the fact that circumcision disfigures the penis in an objective sense and that it impairs function. As circumcised men, this was a message that neither of them wanted to face, yet it was vital for them to hear. One reason they saw no obstacles to the CDC’s plan to “glamorize” circumcision was that once a parent gets past the fact that circumcision is surgery, ostensibly all the procedure does is to enhance the function and health of the penis.

According to this line of thinking, the procedure has no effect on sexual function or enjoyment, other than the potential benefit of possibly delaying a man’s climax. In the world in which Baker and Bcheraoui work, intact males are just men who not yet been circumcised.

This discussion was a bit graphic. I had to be blunt, because I had precisely 45 minutes to lead these two men to reconsider their entire approach to circumcision. It was clear that as epidemiology officers, they don’t take into account any subjective considerations, or even any objective considerations not actively submitted to them.

I pressed both Baker and Beheraoui on whether they would definitely say that the US enjoys demonstrably better overall genital health and sexual enjoyment than Western Europe and Japan, where men are almost universally intact. I repeatedly pointed out that modern Europe was never a circumcision continent. They both seemed to have difficulty reconciling this message with the official viewpoint of their agency.

I also hit hard on the issue of human rights. The two CDC officials could not come up with any other part of the female or male body that we routinely allow doctors to surgically amputate at birth. I got them to admit that the foreskin was not a birth defect, although non-physician Bcheraoui did say that he always felt that the foreskin was vestigial and expendable. I painted for them both an entirely different scenario that gave a detailed picture of why it was absolutely inappropriate to deprive a man of his complete sex organ at birth.

As if that were not a compelling enough argument, I emphasized that the foreskin has equally important roles in infancy and childhood. The penis is far from developed at birth, which is why the foreskin and glans are fused, and the foreskin forms a snout. This keeps pathogens from irritating the glans and entering the urinary tract.

I said that every child has a right to a whole body: his eyelids, his fingers and his earlobes. Even his tonsils and appendix, as long as they are healthy. This is when Beheraoui said, “But those are arguably functional parts of the body. Nobody would disagree. But nobody has a “right” to a foreskin. It’s not a human rights argument.” I think even Dr. Baker was somewhat taken aback.

With that, they said that they really did have to run to a presentation and were already late, but had wanted to hear as much as they could from me.
11th NOCIRC International Symposium, Berkeley, CA
July 29–31, 2010
By J. Steven Svoboda

NOCIRC’s eleventh, and my eighth, international symposium was set in my hometown of Berkeley, California. On the practical level, this meant that I could bicycle from my home to the event, which was a great pleasure after all the complicated logistics involved in traveling to such places as Lausanne, Padua, and Keele. This symposium also felt like a homecoming on a deeper level, as symbolized by the news that hospital circumcision rates have plunged to a point where two out of three baby boys are now being taken home intact after birth. In a concrete way, our previously fringe movement is now receiving greater media recognition and is increasingly being listened to and taken to heart by countless folks whom we will never meet and who will never know our name.

NOCIRC President Marilyn Milos put together a fabulous event that well over a hundred folks attended, and so we got to make contact with old friends such as Linda Massie, James Loewen, Georganne Chapin, Ron Low, Paul Mason, Astrik Vardanyan, and Len and Nansi Glick. We also had the chance to match faces to people who had previously just been Internet monikers such as Bob Van Howe, MD and David Gisselquist 7-29-10

Clare Puskarczyk spoke movingly about the larger philosophical and birth-related issues surrounding the strange practice of circumcision. Intersex expert Elizabeth Reis, author of perhaps the pre-eminent book on intersexals, spoke movingly and engagingly about the history of intersexuality in the US and showed that both intersexual surgery and circumcision are “surgeries in search of disorders.” Hugh Young enlightened us in a fresh if less than blissful topic — the historical evolution of circumcision methods.

Medical researcher David Gisselquist has been indispensable to our movement so it was a thrill to finally meet him, and his presentation was every bit as riveting as we expected from his reputation. At the same time, he proved to be as gracious as people come. Longtime toiler in the trenches and attorney David Wilton talked engagingly about the practicalities of using weblogs and other Internet resources to advance the movement.

Eminent movement-allied physician Bob Van Howe presented an engaging list, in reverse numerical order, of the top ten pro-circumcision journals, and some of the results were quite surprising (some of the “winners” were non-US journals with stellar reputations). James Loewen gave a typically accessible and thought-provoking video presentation tracing the history of intactivism.

I started off proceedings on Friday, July 30, presenting my talk revisiting informed consent and circumcision nine years after the publication (with Bob Van Howe and James Dwyer) of a
Long article on the subject in the Journal of Contemporary Health Law and Policy. My talk was titled, “Tortured Doctrines, Tortured Bodies — How Legal Fictions Help Justify and Perpetuate Circumcision,” and was well received with lots of intelligent questions afterwards. Next we heard from Finnish-born scholar Heli Askola, now resident in Australia, who has performed some fascinating research on regulating male circumcision in Finland that — by the time you read this — is likely to have already been published in the International Journal of Law, Policy, and the Family.

Zenas Baer addressed the provider’s duty of care to a newborn infant in his usual crisp, easily understandable manner, and John Geisheker discussed the false opposition of the human rights of children against the parents’ right of free exercise of religion. Linda Massie updated us on unexplained male adolescent suicide as it relates to male circumcision in Northern Ireland, and David Llewellyn set forth his thoughts on the pro-circumcision lobby in his customary non-nonsense manner.

Dr. Michelle Storms related her experiences relating to circumcision in her decade of work as faculty in a residency program, providing us with an engaging, unique perspective.

The ever-gripping Miriam Pollack graced us with what for me was one of the true highlights of the entire event, a deeply moving, trenchant meditation on gender and power as they relate to circumcision and especially Jewish circumcision. Not to be missed at any cost, Miriam’s stunning talk will, thanks to her kind consideration, be reprinted in the next issue of the ARC Newsletter, due out this summer.

Len Glick presented a typically wonderful, ridiculously accessible and yet dignified and professorial talk on the history of Jewish circumcision and how it relates to Jewish ethnicity. Mark Reiss and Len led a freewheeling brainstorming policy discussion among everyone present about how best to present our message to Jewish-Americans. Concrete action items emerged as well as greater understanding among many of us present.

An unscheduled event proved another highlight of the day, as MN (an Intact America volunteer), Ken Drabik, and Stuart Worthington gifted the audience with a detailed glimpse into their awesome work at the Vienna International AIDS Symposium, which finished on July 23, only six days before the Berkeley conference started. (MN’s and Brian’s detailed reports on Vienna appear elsewhere in this issue.)

The Saturday night banquet with monumentally dynamic singer Karl Anthony entertaining us was truly unforgettable. Anthony had all the mothers go up on stage together, then later all the fathers, and boy did we have a time! This man simply should not be missed at
Folsom Street Fair
San Francisco, CA
September 26, 2010
By Frank McGinness, Lloyd Schofield, and Richard Kurylo

The Folsom Street Fair is an annual San Francisco event. This year, like last year, we proceeded under the sponsorship of ARC. People staffing the booth included Frank McGinness, Tina Kimmel, David Wilton, Lloyd Schofield, Richard Kurylo, Jeff Brown, and Jonathon Conte. Our location this year was even better than last year though honestly I think there’s no bad location.

People were generally receptive to our message. The fair attracts a crowd of outsiders so a non-conformist message like intactivism tends to be well received here. A nice man wearing a kilt from the booth next to ours came over to check out our restoration devices. He told us that he likes wearing kilts because this is the best way to not have clothing rub his glans raw. We discussed the progress of our restoration efforts. This encounter stands out in my mind because here was a man with a demonstrable need to restore his foreskin.

A woman spoke to me about how doctors tricked her Mexican friend who lacks immigration documents into circumcision because she doesn’t read or speak English. This story is not new to intactivists. We wondered what recourse this woman might have.

[Editor’s note: ARC was involved in a similar case of doctors and hospitals systematically tricking Latina women into agreeing to circumcision. We presented about this in Seattle in 2006.]

One young couple proved very memorable. Not only were they very appreciative of our booth, but we also had one of the longest talks of the day with them. The woman wanted to know...
about circumcision and I gave her an earful. At first, the man pretended that he didn’t care one way or the other. The more I said, the more she understood that circumcision is bad. She seemed stunned by the complex issues it raises. I am pleased that she really “got” what we were saying. The man mostly was quiet but I could tell that he left our booth a changed man. Probably, he will be restoring in the future with her help. Motivated, supportive partners can be so instrumental to change.

We managed to get 92 signatures for the ballot initiative to ban circumcision in San Francisco. This meant that about one in eight of our booth visitors signed. This is a fantastic result, considering that most of the people we saw do not live locally and so are ineligible to sign a petition.

Frank handled most of the questions about restoration. Over the seven hours for which we had the booth open, he talked to over 40 people about the topic. Visitors were encouraged and even amazed by the information we provided at our success at restoration. They had the opportunity to actually touch the restoration devices.

The Folsom Street Fair is always an opportunity to meet some fascinating people and to spread the word about intactivism to folks who might not otherwise hear about the issue. We were very pleased with the success we had at raising awareness.

Castro Street Fair
San Francisco, CA
October 3, 2010
By Richard Kurylo, Lloyd Schofield, and Frank McGinness
Attorneys for the Rights of the Child sponsored a hugely successful booth at the Castro Street Fair on October 3, 2010. Staffers included Lloyd Schofield, Tina Kimmel, Jeff Brown, Richard Kurylo, Jonathon Conte, Randall Delaware, Will Sanderson, and Frank McGinness. This year, we were given a new location on 18th Street between Castro and Collingwood that we found to be much better than last year’s. The morning’s overcast dampness didn’t stop the crowd or deter us.

We collected eighty-seven petition signatures towards placing the measure to ban circumcision in San Francisco on the ballot. Thanks to some generous donors, we distributed lots of stickers and about 200 bumper stickers.

No fewer than eight enthusiastic people asked us how they could help. We all “worked the street” so well that several passersby joined us, gathering signatures, interacting and passing out information. Everyone’s effort was really well spent.

Conversations with visitors covered a gamut of topics including foreskin benefits, foreskin restoration, HIV, complications, books, and the comic book about “Foreskin Man” that MGMBill. Org has created. For some men who stopped by, the idea of foreskin restoration was all new.

Surprisingly, a lot of foreigners took the time to speak with us. Folks not born in the US see circumcision as a ridiculous practice that should stop. Luckily, no one showed up to staff the two booths on one side of ours, creating a clear view of our tent side which we wallpapered with banners. This gave us a photo opportunity that helped draw further interest.

We used a flip chart by which we posed the question to passersby: “How do you feel about foreskin?” One gentleman responded, “I want mine back!” However, when Richard approached him about signing the petition for the pending ballot initiative, he was not supportive, saying that he supports parents’ rights to decide what’s best for their child. I thought that was very odd.

A young man spoke with us who was very upset. His parents had forced him to undergo circumcision when he was a teenager so his cousin wouldn’t have to go through the procedure by himself. He argued to his parents that he didn’t want a circumcision and was happy the way he was. They didn’t listen. The young man was devastated and to this day, is upset about the experience and the results.

Scott Wiener, a candidate for the San Francisco Board of Supervisors for district 8, paraded by with his sign-carrying entourage. Frank was able to get his off the record views on circumcision. He declined to support the petition drive. Now it turns out Scott Wiener is our new Supervisor. Funny how things turn out sometimes.

Rally to Restore Sanity and/or Fear
Maurene White
October 30, 2010
Separate rallies organized for Washington, DC for Saturday, October 30 organized by Jon Stewart and Stephen Colbert were integrated to create the “Rally to Restore Sanity and/or Fear.” This setting on Halloween weekend seemed the perfect venue to promote i4SkinHealth, my iPhone/iPod/iPad application.

Stewart and Colbert present similar critiques in different styles. It seems to me
that restoring a foreskin is like restoring sanity. Keeping Fear Alive is appropriate for an intactivist too! We have to stay fearful as long as there is one idiot waging war on neonates.

I prepared an ‘elevator pitch’ using these two points to respond to anyone at the rally who would ask me about my 27” by 27” placard and/or the circumcision issue.

The rally and my participation were both successes. It was a gorgeous day, sunny, the crowd mood very positive, connected, high spirited, ambiance great, though most people’s placards showed concerns about many serious issues. Most related to the economy, unemployment stress, anti-TEA Party and were very pro-Obama.

I didn’t see the reports of numbers but I imagine hundreds of thousands of people were there. Many saw and many dozens commented on the placard. I went from above D Street to just past Independence Ave and back twice; at times the crowd was so dense nobody was moving.

I had a thousand little square cards printed and I handed out at least 40% of them. Dozens of individuals took photos and videos, several with media signs included. I walked in the opposite direction from the crowd most of the time; I thought this was symbolic of the movement, swimming upstream.

I must say it was really a lot of fun. I was surprised at the number who understood the message even before explanations.

There were a few Torontonians who came thinking Halloween partying would be extra fun after the rally, were happy to chat and asked if circ was still an issue in the US!!

About 95% of the people to whom I spoke reacted positively. A couple of lawyers asked if I knew of any lawsuits, so I told them about the Price, Stowell and Boldt cases and gave them the ARC name to look up. I imagine they have done so by now.

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Florida Woman Sues Hospital after Son Circumcised Against Her Wishes

By Anonymous
Fox News
September 13, 2010
www.FoxNews.com

A Florida mother is suing South Miami Hospital after doctors allegedly performed a circumcision on her infant son without her permission, according to a press release from the woman’s lawyer.

Vera Delgado gave birth to her son Mario in August and told hospital staff members several times that she did not want him circumcised, as it was a family tradition. Eight days later, Delgado found that even though her son was still in intensive care, doctors had performed the unauthorized surgery.

Delgado is now suing the hospital for battery.

“They went and they did an unnecessary, unwanted surgical procedure on this child without the parents’ permission,” said Spencer Aronfeld, Delgado’s lawyer.

A statement issued from the hospital apologized for the incident.

“The baby’s circumcision was an unfortunate mistake caused by a misread consent form. As soon as the error was discovered, the doctor and nurses let the family know what had occurred. We also immediately implemented new processes to ensure this mistake will not occur again. The procedure itself was performed following appropriate surgical guidelines and the baby didn’t have any complications. Nevertheless, we’re all deeply sorry that this happened.”

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Miami Hospital Circumcises Baby by Mistake

By Susan Donaldson James
ABC News
September 14, 2010
www.abcnews.com

Vera Delgado Files Lawsuit for Assault and Battery When Newborn Son Goes Under the Knife

Eight days after her son was born and was still being cared for in the neonatal intensive care unit, Vera Delgado went home briefly to take a shower and change her clothes.

When she came back to South Miami Hospital, she found her baby, Mario Viera, had been circumcised — by mistake.

Now, Delgado is suing the hospital, not for a medical mistake, but for assault and battery on her newborn. She is asking for $1 million for the “deformity” the circumcision caused.

“This is not medical malpractice,” said her lawyer, Spencer Aronfeld. “We are suing for battery, an unauthorized assault on this baby. They took a knife to him without his parent’s permission.”

“The baby was in neonatal intensive care with complications from a birth-related infection,” said her lawyer. “They took the baby out and amputated healthy tissue from the penis in an irreversible procedure.”

Delgado, 30, who is unmarried and Latino, is culturally opposed to circumcision, according to her lawyer. He says the baby’s father, who is of Cuban descent and helping to raise Mario, agrees.

“It was horrific, quite frankly,” said Aronfeld. “The parents were very explicit they did not want him circumcised, and [the hospital] had asked the parents repeatedly.”

Since announcing Delgado would sue, Aronfeld said he has received countless supportive e-mail messages and seen social network postings from so-called “intactivists” who oppose circumcision.

“People who are passionate about not circumcision their children are sending me Facebook messages, like, ‘I love you. You are my hero!’”
“We are the only country in the world that routinely does non-religious and non-medical circumcisions,” said Aronfeld. “Americans need to learn circumcision is not the way penises were meant to be.”

South Miami Hospital, whose automated answering message says it is “recognized for nursing excellence,” admitted staff members “misread” the consent forms.

In a prepared release, the hospital said the circumcision was an “unfortunate mistake.” The procedure itself was performed following “appropriate” surgical guidelines and the baby had no complications.

“It was essentially a mistake and we admitted it to the family and worked with them, as well as ourselves, to come up with procedures that prevent this from happening again,” said Bethany Rundell, marketing manager for the 476-bed hospital, which serves diverse Dade County and many Latinos. “We are deeply sorry that this happened.”

The Stop the Infant Circumcision Society (SICSociety), a group whose credo is “The foreskin is not a birth defect,” has said it will hold a demonstration at the hospital on Friday.

Anti-Circumcision ‘Intactivists’

David Wilson, a 57-year-old yard landscaper from Cocoa Beach and founder of SICSociety, has been protesting American circumcisions for decades.

“There is no medical reason,” he said, arguing that boys, as in female circumcision, lose some of their sexual nerves.

What happened to Mario Viera is “an absolute outrage,” said Wilson. “Even if they couldn’t read the form, what stopped them from going into the mother’s room and asking her?”

“This poor child in the intensive care unit,” he said. “To drag him out, what were they thinking?”

“More parents are asking the question, ‘Why do we need this?’ And more doctors are waking up,” said Wilson.

The rate of circumcisions in the United States has dropped significantly in the last three years, from 56 percent in 2006 to 33 percent in 2009, according to a recent review of data from the Centers for Disease Control and Prevention (CDC).

For the past 10 years, the American Academy of Pediatrics has remained neutral on the issue, recommending that “parents should determine what is in the best interest of the child.”

The AAP cites studies that there are medical complications in only 0.2 to 0.6 percent of all circumcisions.

When the AAP changed its guidelines, Medicaid and insurance companies in some states stopped covering the procedure.

“Inactivists” like Wilson have been told they helped convince parents that circumcision is psychologically traumatizing and serves no medical purpose, despite at least three randomized control trials in Africa that have suggested it can help prevent the spread of HIV/AIDS.

Other experts say that the decrease may be because of the increase in the Latino population.

Biggest Drop in Circumcisions Is Among Whites

Parents choose or decline the procedure for cultural norms, religious and health reasons, according to Dr. Ari Brown, an Austin, Texas, pediatrician and author

“Statistically, as far as the Latino population, they tend not to circumcise and that has not changed,” said Brown, who has practiced medicine for 15 years. “African Americans are a mixed bag. The biggest change is in Caucasians. They do it a bit less now.”

Some make their choice based on family: “I want to look like Dad, or I want my kid to fit in to the locker room,” she said.

“It’s a personal decision what to do with the child’s penis,” said Brown. “You give the parents the rationale for why they should from a health perspective, and then the risks caused by the surgical procedure. It boils down to what you choose.”

Other than emerging data on HIV transmission and other sexually transmitted diseases, there are other “small benefits” to circumcision, she said.

Boys who are circumcised have lower risks for bladder infections and penile cancer. “Both are extremely rare,” said Brown. “Is it worth circumcising?”

As for Mario Viera, now five weeks old, Brown says he had no choice.

“It’s like cutting off the wrong leg when someone has surgery,” said Brown. “That shouldn’t happen. They should have checked the wrist bands with the consent forms. That medical error should never have happened for an elective procedure. Shame on them.”

Accidental Circumcision Leads to Lawsuit, Protest

By Fred Tasker
Miami Herald
September 16, 2010
www.miamiherald.com

Vera Delgado says she was shocked when she learned last month that her infant son, Mario Viera, was accidentally circumcised without her consent at South Miami Hospital when he was 8 days old.

“Oh, my God,” Delgado said. “How could this happen?”

No male in her family has been circumcised for years, she said.

“I didn’t want this for him. I’m opposed to circumcision. They didn’t have the right to do it.”

The hospital has said it is “deeply sorry” and vowed to take steps to prevent the mistake from happening again, but Delgado says that’s not enough. She filed suit against the hospital Monday and a criminal battery report with South Miami police Wednesday.

The case of the accidental circumcision quickly created controversy: Delgado’s attorney was invited to speak at a national conference on crime victims and has been contacted by media as far away as the United Arab Emirates and anti-circumcision groups, including a local organization planning a demonstration at the hospital Friday.

“It’s a big deal,” Delgado said Wednesday, in her attorney’s office. “In the future, he’s going to ask why his dad is one way and he’s different.”

Delgado says she signed no consent form for the circumcision, and told doc-
benefits are not sufficient for the AAP to recommend that all infant boys be circumcised.’’

The American Academy of Family Physicians website takes a similar position: ‘‘Studies about the benefits of circumcision have provided conflicting results. The AAFP believes parents should discuss with their son’s doctor the potential benefits and the risks involved when making their decision.’’

NOCIRC South Florida, a local anti-circumcision group, plans an all-day demonstration Friday at South Miami Hospital, according to member Enith Hernandez. The group’s website, www.asnatureintended.info, calls infant circumcision ‘‘very painful’’ and ‘‘not medically necessary.’’

Georganne Chapin, president of Intact America, another anti-circumcision group that has contacted Aronfeld, said her group opposes the procedure even for religious purposes.

‘‘Nobody has the right to remove a healthy body part from another person,’’ she said. ‘‘Babies are not born with a set of religious beliefs.’’ The U.S. Centers for Disease Control and Prevention has added to the controversy by initiating a process to come up with its own recommendation about infant male circumcision — with hints it might become more favorable to it because research has shown it can reduce the risk of HIV infection during sex.

Aronfeld, who spoke on the topic of circumcision at the annual conference of the National Center for Victims of Crime in New Orleans on Tuesday, said he is trying to not to express his own opinion on the procedure.

But he added: ‘‘So many people are opposed to circumcision,’’ he said. ‘‘I think there’s a groundswell here.’’
In Honor of the Memory of Dr. John R. Taylor

By Harry S. Meislahn
November 28, 2010

Our dear friend, mentor, and leader Dr. John R. Taylor died peacefully at home in Winnipeg, Canada, on October 27 surrounded by his family. John discovered and named the Ridged Band, a set of tight, concentric pleats in the inner layer of the foreskin that contain many thousands of specialized nerve receptors which had never before been carefully located, photographed, or understood. John’s website, http://research.cirp.org, and his final paper, The Smart Penis, demonstrated how principal parts of the male reproductive system form an integrated, interdependent whole with each part important and no part superfluous. He also discovered a heretofore unknown form of circulation within the heart, which, together with coronary blood vessels, explain the heart’s ability to do more work than the coronary arteries alone could normally accomplish.

I had the privilege and good fortune to assist this eminent physician, scientist, and humanitarian in his research on the foreskin, beginning in 1994. John was a man of genius whose scientific insights will endure so long as our civilization endures, but he was also a true and noble man in all aspects of life, and I want to touch on some of these dimensions as well.

We first met during an international symposium on circumcision that year at the University of Maryland. We became instant friends. He told me about his discovery of the Ridged Band, which bowled me over, a tectonic shift in science’s understanding of the foreskin. In the face of John’s evidence no informed person could any longer honestly say that the foreskin is just a useless piece of skin. I knew from that moment that my mission in the movement for genital integrity was to assist John in any way I could. There were others of like mind, including Dennis Harrison, who has used his computer expertise over the years to ensure that John’s Ridged Band website, research.cirp.org, established in 2001, runs successfully.

The enormous depth of John’s learning was instantly obvious that day in his description of the Ridged Band, but that first meeting also showed the remarkable breadth of his intellectual curiosity. There was a special sparkle in his eye as he talked about new ideas in papers we had just heard, particularly research by a speaker whose topic was very far removed from the principal area of John’s interest. In subsequent years, I learned that there was no limit to the breadth of his far-ranging and penetrating curiosity. John and Margaret stayed with Nancy and me during a mini-symposium on circumcision in Evanston, IL, in 1989 and, by good luck we got to visit an exhibition of west African sculptures at nearby Northwestern University; this exhibition recalled for John his passion for west African art that had begun decades earlier when he had served as Pathologist at University College Hospital in Nigeria. All his myriad interests were passions of active engagement, whether art, music, antiques, photography, or history.

There have been over a million visits to John’s Ridged Band site and thousands of comments and questions. In the intervening nine years, no one has revealed any defects in John’s proposed explanations of how the nerve endings in the Ridged Band affect sexual function. Under John’s tutelage, I have answered many questions posed by visitors to the website, but he was always the vigilant physician who would immediately answer questions that suggested to him the possibility of serious illness. These individualized responses would sometimes run to several pages. Even in retirement, he was a thorough, conscientious physician who would recommend prompt medical attention whenever warranted.

John was unfailingly kind and respectful to our respondents, even when they ignored his advice to their own immediate regret. John always attended people in need despite their sometimes persistent wrongheadedness. I never knew him to succumb to anger no matter what the provocation.

There was a profoundly humane theme to John’s life, which was always to strive for new truths that would provide major benefits to humanity. In this he was manifestly successful.

How could John have made these signal discoveries? How did he find within the foreskin a structure that billions of men had looked at but had never truly seen? These questions really ask from whence comes genius, and of course we can never fully explain genius. If pressed, though, I would say that John absorbed deeply the precepts of his great hero, Charles Darwin, whose portrait always hung on his wall. I believe that Darwin inspired a lifetime
of extraordinarily careful, thorough, and minute observation that commenced when John was a child performing his first dissection, which was of a dead rabbit he had found. I believe that Darwin also inspired John to let observations speak to us without the distortion of others’ preconceptions about what the observations should mean. Darwin ignored mountains of opinion to reach his insights, and, in my work with John over the years, opinion no matter how august or often repeated carried no weight at all. John always asked me what I observed, not what opinion might be in my head. John believed that, in the end, science, not opinion, will prevail.

Part of John’s genius was also the steadfast courage and persistence that characterized his work, particularly in his opposition to infant circumcision. I believe that John’s courage was sustained by the bulwark of his marriage to Margaret and the notable family that surrounded them. Together John and Margaret had been through the refiner’s fire when their dear daughter Sara died in 1980. In response to this tragedy, they had made giant strides against drunk driving in Canada drawing from this loss permanent good. When I went to Winnipeg for the memorial service for John, the family treated me as if I were a Taylor myself. After the service, I was profoundly touched to hear throughout the afternoon and evening the quiet, sustaining voices of physicians and scientists in that notable family as they discussed their calling.

John was beloved. Each of us who spoke at the memorial service said the same things because John was the same person to each of us. He was a true man.

As an American, I want to add that John is especially beloved in America, which has suffered from high circumcision rates and where the need for John’s insights has been especially great.

Marilyn Milos, Executive Director of the National Organization of Circumcision Information Resource Centers (NOCIRC), read John’s final paper on July 31 at the conclusion of the 11th International Symposium on Circumcision, Genital Integrity and Human Rights, which occurred at Berkeley, California. It was accorded a standing ovation.

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**Letter to My Intact Son:**

**Why I Kept You Whole**

By Ashley G.  
September 9, 2010  
http://ashley-fridgemagnets.blogspot.com  
Reprinted with permission

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Dear Diego,

As you know, you are my firstborn child. You are the child who taught me how to be in tune with natural living. You have erased much of my ignorance and have made me grow up before it was otherwise necessary. I owe it to you to give you the best and to try everything I can to keep you innocent and out of harm’s way. I love you more than I love living. This is a letter to you, my beautiful boy, explaining why I chose to keep you intact when the rest of the country is cutting.

You will probably be reading this when you are old enough to understand statistics, emotional reasoning, human rights and what circumcision is (that is, if I taught you correctly). So I will start with the emotional stuff you might have already heard from me while growing up. It’s a no brainer that I am of Jewish descent, brought up in the hands of the Judaic Religion. We attended temple, your eldest uncle and second cousins had bar mitzvahs and bat mitzvahs, and much of your distant family speaks Yiddish and Hebrew.

We followed all the holidays and the children were taught the history of our people, but the males of the family were special in the way they became Jewish. On the eighth day of life, a newborn male is given a Brit Milah. The Brit Milah is the ceremony to welcome the newborn into Judaism by giving him a Hebrew name and a circumcision. A female newborn is just given the Hebrew name without the circumcision. I never wondered why until I learned that you were a boy.

I always wished for a boy as my firstborn. I was terrified to have a daughter (an irrational fear that I have overcome) and I cried tears of joy when I knew I was having a son. Your father couldn’t have smiled more brightly and your grandmother cried. Why she cried is something I still do not know. I never asked and just assumed it was because she knew I would go through hell over the circumcision idea. We had discussed circumcision once or twice before finding out your gender and they knew I was basing the decision on your dad, who is intact.

You probably already know what I went through with your grandparents, uncles and great-grandmother over circumcision and if you don’t, I will have no problem discussing this after you have read the letter, but this letter is not for me to vent. This letter is for me to express my love for you, my love for all of you.

Since my family had gone to so much trouble trying to convince me to circumcise you — my brother even printing out pro-circumcision information and placing it on my desk with a note — I wanted to know what it was about. Growing up, I always asked why. I didn’t want to do something if I didn’t know why and how it was done. I have always been natural-minded, not wanting to litter, to waste or to go beyond human ability, so to hear that something you are born with is bad made me curious. Why would nature have every single male grow this skin when it’s harmful?

So I turned to my computer and your father. Surely since he is intact, others must be too! I thought circumcision was something that happened to every boy and only a few were kept whole. I was fifteen, ignorant of everything but the things I was taught growing up.

After spending a few days on the Internet, I came to the conclusion that I had been lied to. Circumcision is done to few, and most boys worldwide are intact. Europe considered circumcision a barbaric act and many people equaled it to female circumcision. There are activists called INTACTivists, fighting for the rights to genital equality. I saw pictures of botched circumcisions,
of circumcision scars, and videos of poor babies screaming while the doctor explains that the baby is only crying because he is strapped down and not because the doctor is slicing open his penis. I became angered and my motherly instincts kicked in to fight for you, again.

Female circumcision was legal until I was five years old. I would have been angered if someone had cut me when I was a baby so I had to assume you would be angered if someone cut you without you consenting. What if you wanted your foreskin, even if keeping it meant a risk of infection? If I took it away, you would never get it back. That didn’t set right in my mind. Circumcision is permanent.

I wouldn’t tattoo you without you wanting it. I wouldn’t force food down your throat if you pushed it away because that’s not my choice to make. Your penis isn’t mine. It isn’t anyone’s but yours. You feel the pleasure or pain if someone messes with it. You are the one to whom it’s attached, so you should decide if you want a part of it to stay with you or to be cut off. I wanted you to tell me if you want your foreskin, but you couldn’t.

You can tell me when you are older, after you know how it feels to have a foreskin. I will feel no guilt over giving you this choice. If you don’t want your foreskin as you grow, you can remove it on your own terms. For me to say, “My son, I know you will hate this foreskin as you grow, so let me get rid of it now” seemed strange in my mind. How could I possibly know what is best for you?

I had read that circumcision interferes with breastfeeding and I was so determined to breastfeed you without problems that this hit me the hardest. What if I did decide to cut you and you didn’t latch on and you needed a bottle of formula? My ultimate goal and dream was to nurse you. If I were to fail at this, I would take it to heart and maybe never get over it.

Little did I know how much I would go through with your short tongue and your allergies, so I bet if you had gotten cut, I would have failed with the breastfeeding as I feared I might. I wanted to be your comfort, for your warmth to be human and not from stove-heated formula. I needed you close by me and selfishly, I needed you to reduce my risk for breast cancer as my mother was a breast cancer survivor and I never wanted to go through what she did. I left you intact and you nursed whenever you wanted, not needing comfort to settle a pain that didn’t exist but nonetheless wanting comfort anyway.

I wasn’t afraid of children making fun of you. Children are cruel and will make fun of you for being beautiful, kind and generous. There is not much you can do that children won’t make fun of, so I blew off that argument in favor of circumcision. What I was afraid of was infections. I was told over and over again that no matter what, you WILL get an infection and it can only be treated by circumcision.

Once again, I turned to the only place I could go for an answer, the Internet. I talked to many grown men who have never had an infection or have only had one that was easily treated with non-painful medicine. I was content knowing that even if you did get an infection, you would just get medicine like you would if you got a sore throat or the flu. I have had a few urinary tract infections and yeast infections myself. They aren’t a big deal. I knew if you got one, you would be fine. It would be another experience from which to learn about the human body and about the world around us.

We live in a house with running water and we always will. Keeping you clean as you grew older and your foreskin became retractable wasn’t something about which I worried. I know you could just wash your penis like you do the rest of your body. I have taken showers with your father and I have seen how easy it is to clean and that it takes no extra time or effort. I wasn’t worried that cleaning your foreskin would be a chore.

Little did I know when I was pregnant with you that the year you would be born, the [in-hospital — Editor] circumcision rate would drop to 33% and it’s predicted to keep dropping. Hopefully my decision was right and you will be the majority instead of the minority. We may not even be living in the US by the time you are reading this, in which case you definitely won’t be the odd man out! I hope you grow up loving your body for what it is and how it was created. I hope that you appreciate the decision I made for you and that you decide the same for your sons. I love you. I am lucky to have such a great son to teach me the facts of life, of human anatomy and of how to live healthily and naturally.

Love unconditionally,
Your mommy!

A Post About Very Small Penis
Sarah Schlathen Christensen
November 15, 2010
www.becomingsarah.com
Reprinted with permission

Several years ago, an Orthodox family I know welcomed a newborn boy. On the eighth day of his life, I found myself standing in a jam-packed living room as the boy was brought out on the Chair of Elijah. Following a blessing, the mohel pricked the infant’s foreskin to draw a drop of blood. Here was a devout Orthodox family, part of a larger Orthodox community, who refused to circumcise their sons. Now you’ve been, the rabbi said as he kissed my cheek, to a bris shalom. I had never heard of such a thing.

The experiences we all have in life shape us and that single event changed me. It made me think about, learn about and ultimately care about foreskins. And while I ordinarily steer clear of controversial debates, in light of recent press regarding San Francisco’s proposed ban of male infant circumcision, suddenly I want to talk about it.
I very strongly oppose routine non-religious infant circumcision. And by ‘routine,’ I mean ‘not medically necessary.’ But let’s be honest: for the average American couple expecting a child, whether or not to leave a son intact is a difficult decision. I know because Donald and I are an average American couple and it seemed an impossibly tough call for us. During our pregnancy, not a single medical authority educated us about the pros and cons of circumcision. We were left to our own devices, i.e., uninformed personal experience.

After our daughter was born, everything changed. I stared at my child enthralled and thanked every star in the heavens that I had birthed a girl. We had dodged a bullet, I laughingly said to my family. But what I was really thankful for was the second chance. Because ultimately, my husband and I had not come to a firm conclusion about whether or not a son’s poor unsuspecting penis ought to be laid on the chopping block. And looking at my sleeping infant, it horrified me that I had ever elevated parental choice over a potential son’s right to bodily integrity. I felt unbelievably guilty.

Not a great way to start out parenthood, that.

Over the following months, I found out that not a single national or international medical organization recommends neonatal circumcision...and I felt immensely betrayed. A review study was presented at the International AIDS Conference that showed that fewer than one in three American boys were circumcised [in hospital — Editor] in 2009 — and that in my state the rate was lower still...and I felt excited.

I finally asked questions of a girlfriend who chose to be circumcised as an adult...and I felt enlightened. I visited a friend whose boy screamed uncontrollably for hours after his circumcision...and I felt dismayed. A mom in my neighborhood stuck a genital integrity bumper sticker on her car...and I felt proud. A woman I grew up with said her biggest problem with her in-laws was that in circumcising her husband, they had not preserved his right to religious freedom or his right to experience sex with all of his penile nerves intact...and I felt understanding. I found out that a family we know lost their first son when his circumcision was botched...and I felt incalculably saddened. I discovered (to my horror) that every supposed reason for circumcision that we’d encountered during our pregnancy was unsubstantiated or, in one case, hotly debated...and I felt infuriated.

I heard the term ‘genital mutilation’ and found that I...well...I agreed.

Today, my husband and I both know much more about male circumcision and the function of the prepuce than we did two years ago, so I know that barring medical necessity, any sons we bring into this world will remain whole.

But here’s the thing: although I oppose infant circumcision for a variety of reasons and I feel that education regarding circumcision should be made more readily accessible to expecting parents, I also realize that nobody sacrifices their child’s foreskin because they think it’s an inferior decision or to hurt their son. They do so because they love their son and they fully believe that getting rid of that pesky little flap of skin is the best choice.

So I find myself at a crossroads. On the one hand, I support the potential circumcision ban. Three cheers for penises and for intact anatomy. And on the other hand, I feel inexplicably uncertain about endorsing government regulation. I worry that government regulation is an inherent restriction of religious freedom. I also recognize that religious freedom does not prevail regarding female circumcision, human sacrifice, or other invasions of another person’s body. And on and on I go with this, back and forth.

Executive Director’s Message

As I am writing this, we are nearly a quarter of the way through a new year. We may now have a better perspective on events of the past year and a clearer vision of what may be coming in the future. Personally, 2010 marked my 50th birthday, as well as my 16th full year of intactivism and ARC’s 14th year. Given my initial plans to maintain ARC for no longer than seven years, the approximate time for which my mentor Tim Hammond of NOHARMM was active, I am amazed and delighted to find myself still enjoying the work.

You are holding in your hands (or reading on the computer) the final issue of our eighth volume. Al Fields was the newsletter editor for almost every one of those newsletters, and we recently celebrated our eleventh anniversary of doing the newsletters together. He was literally instrumental to the survival of this organization. I recently went through all the ARC paper files, a real trip down memory lane that included a discovery of the original facsimile sheets of Volume 1, Number 1 (eight pages in length) that he sent me while I was attending 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.

So a big round of applause please for Al as he moves on to other projects and we welcome a new editor, Margaret Copeland.

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.

Last month, South Carolina became the seventeenth state to not fund circumcision through its Medicaid program. Hearteningly, and some might even say remarkably, this decision was made by that state’s officials after consulting with representatives of the American Academy of Pediatrics (AAP). Whether this signals a lasting sea change in the AAP’s sympathy for genital integrity remains to be seen, but it is certainly welcome news in any event.

As discussed in the newsletter you have in your hands, signatures are currently being collected on a petition so that San Francisco voters can...
pass a measure to ban circumcision at the election next year. Details regarding the Vienna International AIDS Conference are reported in this issue thanks to IA and the team of activists present onsite in Vienna including MN (an Intact America volunteer), Stuart Worthington, Brian O’Donnell, and Ken Drabik.

Lisa Braver Moss has published a very accessible, entertaining, and thought-provoking novel that is reviewed in this issue and that should help to further publicize and render more easily accessible our concerns. As reported in detail through text and photos in this issue, keynote speaker Dr. Dean Edell and numerous outstanding presenters helped make NOCIRC’s eleventh symposium, held in Berkeley at the end of July, one of the best ever.

We also include for your reading pleasure Daniel Miller’s excellent first-hand account — exclusive to this newsletter — of his experiences as a circumcised young man, and Maureen White’s report on the October Washington, DC Rally to Restore Sanity. Frank McGinness, Lloyd Schofield, and Richard Kurylo contribute two succinct reports on the success of intactivists at San Francisco’s Folsom Street and Castro Street Fairs, as well as several news reports on Mario Viera’s wrongful circumcision in Florida and the heartening news of the campaign to protect baby boys that has ensued in the wake of that sad event. Intact America Executive Director and ARC Secretary Georganne Chapin updates us on the AAP conference. Two superlative blogs and several news items are also packed into our newsletter. One important news item from December: A Swedish court, for the first time ever in the now ten-year history of their circumcision law, has sentenced a person to prison for performing illegal circumcisions.

Death is of course a part of life and we must sadly hold our hats and acknowledge the astonishing achievements of Dr. John Taylor, who passed away earlier this year. Harry Meislahn, who knew him and his wife well, has kindly contributed the remembrance you can read in these pages. I never met the man but greatly benefited from his scholarship over the years, had some engaging and insightful telephone and email exchanges with him, and was treated to Marilyn Milos’s reading of what was probably his final paper at the Berkeley Symposium this past July.

The Centers for Disease Control and Prevention (CDC), despite some imperfect and incomplete data, has announced that newborn circumcision rates have plunged to about one in three babies. While a small additional number are presumably being cut after hospital discharge, still this is astonishingly good news. There is not a person reading these words who should not rightly take some credit for this astonishing success, which is certainly attributable in substantial work to all the labors of all intactivists over the years, including of course NOCIRC, Intact America (IA), Doctors Opposing Circumcision, and Attorneys for the Rights of the Child.

As we discussed at length in our previous last newsletter, the American Academy of Pediatrics saw fit to issue its Committee on Bioethics an astonishingly wrongheaded position statement condoning certain forms of female genital cutting (FGC), then was forced to retract the statement within a month, lamely claiming it didn’t mean what it had said and incidentally also bringing to global attention the issue of male genital cutting.

The Dutch Medical Association proactively contacted us to announce that it had issued what is likely the most robustly and uniformly pro-intact position statement ever crafted. The Royal Australian College of Physicians (RACP) issued a position statement in September that while unfortunately taking a couple steps back from the truly excellent one they issued eight years ago, still clearly rejects the necessity of neonatal circumcision.

We still happily have nothing at all to report regarding new position statements from either the AAP or the Centers for Disease Control and Prevention (CDC). It continues to seem possible that all our hard work is delaying, and perhaps even permanently halting, the anti-intact position statements that once seemed imminent from both of these organizations.

ARC website upgrades continue apace, as does work in conjunction with Georganne Chapin on the “Know Your Rights” legal brochure, due to be unveiled later this year. Social Networking Coordinator Travis Konzelman, the newest addition, has energetically taken on intensive work on expanding our exposure and effectiveness at interfacing with Facebook and similar entities.

We appreciate so much the support each of you offers us, whether it be emotional, financial, logistical, as colleagues, or a combination of these roles. I have said it before and will continue to reiterate that we literally could not do it without you! As has always been the case since we started, 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 94705, or made through paypal at our website (www.arclaw.org/arc_donate) or using the paypal address arc@orel.ws.
Book Review
By J. Steven Svoboda

The Measure of His Grief
Lisa Braver Moss
Oakland, California: Notim Press, November 2010

Berkely, California journalist Lisa Braver Moss, author of two prior books on families, has published her first novel. Moss, perhaps best known in intactivist circles for her several articles on brit milah including a venerable piece in a 1990 issue of Tikkun, has again addressed the circumcision issue, this time in fictional form.

The author deserves congratulations simply for undertaking the daunting task of tackling this heavy issue, all the more so for the funny, thoughtful, provocative manner in which she does so. The Measure of His Grief, in its humorous, accepting examination of the life of a lovable yet demanding and neurotic Jewish man, inevitably calls to mind the books of Philip Roth and (to a lesser extent) the humor of Woody Allen but Moss stakes out a territory all her own.

Her main character, Dr. Sandor (“Sandy”) Waldman, an endocrinologist whose parents were Holocaust survivors, is quite self-absorbed and becomes more so as he embarks on an increasingly obsessive investigation of a seemingly inexplicable sharp groin pain he experiences on the last day of sitting shiva for his father. As he delves deeper and deeper into investigations that eventually focus on circumcision, he ultimately concludes that this procedure may lie behind not only his previously unexplained pain — which may have been a form of reliving his circumcision — but also other symptoms he has been experiencing.

Sandy then embarks into a foreskin restoration process, with the whole path he has chosen inevitably exposing him to what for him at least had previously been an invisible underground of pro-intact doctors, but also anti-Semitic colleagues and — at least for Sandy — flagrantly gay restorers. Currently the Assistant Chief of Medicine, Sandy had hoped to eventually become the Chief and so when the long-anticipated retirement occurs, he finds himself in competition for the job with a younger, more savvy, and less principled competitor. However, his chances for the promotion decline as his single-minded preoccupation grows.

The tone of the book is very realistic. Sandy’s odyssey launches him into extended email exchanges with his colleagues and other confrontations, some of which may endanger his career. His preoccupation also has less than salutary impacts on his sex life and relationship with his wife Ruth, an author of innovative cookbooks. Sandy starts to avoid sex and finds himself unable to confront his grief over his loss of his foreskin. Basically he drives everyone else away with his single-minded pain and focus on the moment of his circumcision.

Sandy and Ruth have an adopted daughter Amy who is nineteen years old at the time of the story and struggling to find her place in the world. Her father and she relate more as equals than as parent and child, partly due to Sandy’s immaturity and Amy’s own struggles to orient herself. Unlike Ruth, Amy does seem to admire Sandy’s investigations and his general comfort level with confronting received truths. Amy’s birth father, who is in jail, sends her a letter that Amy does not reveal to either of her parents for a few months as she struggles with the relationship she wants to have with him. For her part, Ruth elects to enter into an affair for which she seemingly feels little or no guilt.

Moss draws her characters in shades of gray, befitting real people, filled with complex motivations and contradictions.

The book starts a bit slowly and ends a bit abruptly, but in between treats the reader to a truly unique and fascinating story. She maintains a light but serious tone and crafts a book that may bring many readers who have not previously thought about the issue to investigate and perhaps ultimately — like the novel’s main character-to question male circumcision. That may be Lisa Braver Moss’ greatest achievement of all.

U.S. Circumcision Rates on the Decline
By Tara Parker-Pope
New York Times
August 17, 2010
www.nytimes.com

The rate of circumcision among American baby boys appears to be declining, according to the Centers for Disease Control and Prevention. Roni Caryn Rabin reported for The New York Times that the new numbers were released without fanfare last month at the International AIDS conference in Vienna by Charbel E. El Bachourai, a CDC researcher.

The presentation was not covered by any mainstream news media, but a report by the news service Elsevier Global Medical News, along with a photograph of a slide from the presentation, quickly made the rounds of the blogosphere.

The slide portrays a precipitous drop in circumcision, to just 32.5 percent in 2009 from 56 percent in 2006. The numbers are based on calculations made by SDI Health, a company in Plymouth Meeting, Pa., that analyzes health care data; they do not include procedures outside hospitals (like most Jewish ritual circumcisions) or not reimbursed by insurance.

To learn more, read the full article, “Steep Drop Seen in Circumcisions in U.S.,” then please join the discussion below.

U.S. Newborn Male Circumcision Rate Dropped Sharp
By Mitchel L. Zoler
August 18, 2010
Elsevier Global Medical News
www.imng.com

Vienna (EGMN) — Circumcision rates for newborn boys in the United States dropped steadily and markedly over the past 4 years, based on the largest review of U.S. rates ever done.

Circumcision rates fell from 56% in 2006 to 33% in 2009.

The review, which included more than 6.5 million U.S. newborn boys
during the period, also showed that adverse event rates following newborn male circumcision were “extremely low,” and that the most common adverse events were “mild and easily corrected,” Charbel El Beheraoui, Ph.D., said at the 18th International AIDS Conference.

“Severe male circumcision-related adverse events are extremely rare,” said Dr. El Beheraoui, an epidemic intelligence service officer in the division of HIV/AIDS prevention at the Centers for Disease Control and Prevention.

The dramatic decline in circumcision rates during 2006-2009 continued a trend that began in the United States earlier in the decade, although the fall appeared to accelerate recently, he said. He attributed the drop to a 1999 statement by the American Academy of Pediatrics that said existing data were not sufficient to recommend routine newborn male circumcision (Pediatrics 1999;103:686-93).

Another factor may be that following the AAP statement, several states withdrew Medicaid coverage of newborn male circumcision, Dr. El Beheraoui said. An earlier report by him and his CDC associates documented that during 1979-2006, the U.S. newborn male circumcision rate was relatively stable, with an average rate of 61%.

The recent fall in U.S. circumcision rates coincided with reports from three African-based randomized controlled trials in 2005-2007 that showed circumcised men had a 50%-70% reduced risk for acquiring HIV infection, compared with uncircumcised men. These findings led the World Health Organization and the Joint United Nations Programme on HIV/AIDS to recommend male circumcision as an important intervention to reduce the risk for heterosexually acquired HIV infection in 2007. The CDC and AAP are now independently interpreting the application of these recent findings on HIV transmission to the United States based on U.S. prevalence rates of HIV and circumcision, he said.

The new study also analyzed 90-day outcome data on 258,189 boys and men aged 1 or older who underwent circumcision during 2006-2009, and found that adverse events occurred much more frequently in this age group, “an important new finding,” Dr. El Beheraoui said.

His study used data from the largest U.S. consolidator of electronic health care reimbursement claims, which included data on 117 million unique U.S. patients annually undergoing short hospital stays, and data from more than 800,000 unique U.S. health care providers. In this database, 6,571,500 newborn boys underwent circumcision during 2006-2009. To estimate the incidence of circumcision-associated adverse events, the researchers tallied the rate of any of 41 different ICD-9 and CPT codes that could be such events during the 90 days following circumcision. They also compared these rates in 18,330 infants circumcised within the first month of life with a matched set of uncircumcised infants.

The data showed that the rates for a range of adverse events, such as mishaps, correctional procedures, and infections were substantially lower in boys less than 1 year old, compared with boys aged 1-9 years, and with boys and men aged 10 years or older. For example, mishaps occurred in none of the boys aged less than 1 year or aged 1-9 years, but in 158/100,000 boys and men aged 10 years or older. The rate of correctional procedures was 58/100,000; 2,544/100,000; 1,709/100,000 in the three age groups, respectively. Infections occurred at a rate of 154/100,000; 5,664/100,000; and 4,527/100,000 in the three age groups.

The case-control analysis identified only two types of adverse events that were more common in circumcised newborn boys, compared with matched uncircumcised infants: repair for incomplete circumcision, and lysis or excision of penile adhesions. All other adverse events tallied either similar rates among the cases and controls, or were significantly more common among the controls.

“This is the largest study to examine the incidence of male circumcision adverse events to date. It is highly representative [for the United States], with a large data set” and with a large number of potential adverse events tracked, Dr. El Beheraoui said. One of the strengths of the study was its longitudinal design, which followed subjects for 90 days following circumcision.

Dr. El Beheraoui and his associates said they had no disclosures.

**Circumcision Is On the Decline**

*By Anonymous*

*Cosmopolitan*  
*August 18, 2010*  
*www.cosmopolitan.com*

Just a few generations ago, pretty much every baby boy in the U.S. was circumcised — aka, had the foreskin of his penis removed.

Now, new statistics presented at the International AIDS Conference in Vienna last month suggest a steep drop in the number of males getting this, uh, unkind cut. Last year, 33 percent of infant males were circumcised, a big drop compared to 2006, when 56 percent underwent this surgical procedure, according to stats reported in the New York Times today.

If the trend continues, uncut guys will soon outnumber circumcised ones, and a dude with a foreskin won’t seem weird or odd at all. And really, why should it? Sex feels just as good for a man with a foreskin as it does for one without. Same goes for the woman hooking up with him. And condoms work equally well on both types of penises.

It’s also important to note that the United States and Israel are the only two countries where baby boys are routinely circumcised. And while many urologists recommend it because it can cut down on STD transmission risk, the American Academy of Pediatrics does not recommend it. Part of the reason why: it causes a whole hell of a lot of pain to newborn baby boys.

Are most of your guy friends circumcised or uncircumcised? Have you noticed a difference between having sex with a cut versus uncut man?

**Ban-Happy SF Targets Male Circumcision**

*By Joshua Sabatini*  
*San Francisco Examiner*  
*November 9, 2010*  
*www.sfexaminer.com*

The Board of Supervisors just banned toys in Happy Meals, which drew worldwide attention. Now the latest ban being proposed in San Francisco is on male circumcision.
A proposed ballot measure for the November 2011 ballot — when voters will be electing the San Francisco’s next mayor — would amend The City’s police code “to make it a misdemeanor to circumcise, excise, cut or mutilate the foreskin, testicle or penis of another person who has not attained the age of 18.”

Doing so would result in a fine of up to $1,000 and up to one year in jail, according to the proposed measure submitted to the Department of Elections.

The measure was submitted by San Francisco resident Lloyd Schofield, who has spoken up on this issue in the past.

He was not immediately available for comment.

For the ordinance to make it on to the November ballot, it would require the collection of 7,168 valid signatures by April 26, 2011.

It’s unknown if Schofield approached members of the Board of Supervisors asking them to vote on such a measure before deciding to take it to the voters.

Intactivists’ to San Francisco: Ban Circumcision
By Madison Park
CNN
November 19, 2010
www.cnn.com

In the California city that banned Happy Meal toys, outlawed sitting on sidewalks during daylight hours and fined residents for not sorting garbage into recycling, compost and trash, Lloyd Schofield wants to add a new law to the books in San Francisco: A ban on all male circumcisions.

Those who violate the ban could be jailed (not more than one year) or fined (not more than $1,000), under his proposal. Circumcisions even for religious reasons would not be allowed. At this point, Schofield’s proposal is an idea that would have to clear several hurdles to be considered.

Schofield and like-minded advocates who call themselves “intactivists” seek to make it “unlawful to circumcise, excise, cut, or mutilate the whole or any part of the foreskin, testicles, or penis” of anyone 17 or younger in San Francisco. The circumcision debate has passionate advocates on each side.

In some families, it’s a cultural or religious tradition, or parents want sons to look like their fathers. Other parents decry it as mutilation. Medical evidence has shown mixed risks and benefits. Apart from the San Francisco proposal, circumcisions are under scientific scrutiny.

While widespread in the United States, circumcision rates could be falling, according to recent surveys. About 65 percent of American male infants born in hospitals were circumcised in 1999, according to latest data available from the Centers for Disease Control and Prevention.

While nationally the circumcision rate has remained steady, the most dramatic decline occurred in the West, where it fell from 64 percent in 1974 to 37 percent in 1999. Earlier this year, there were unconfirmed estimates that the circumcision rate had fallen to fewer than half for boys born in U.S. hospitals, The New York Times reported last summer, citing a federal report at the International AIDS Conference.

The American Academy of Pediatrics task force on circumcision has been reviewing recent research before it issues an official new position on the issue, probably next year, one panel member said.

The Controversy over Circumcision

“In the past, we’ve said newborn circumcision has benefits and risks,” said Dr. Douglas Diekema, a professor of pediatrics at the University of Washington. “Given the fact that neither the risks nor benefits are particularly compelling, this is a decision to be made by parents.”

The American Academy of Pediatrics currently holds that there is evidence of circumcision’s potential benefits, but not enough to recommend routine newborn circumcisions.

Both anti- and pro-circumcision forces have pushed their positions based on medical and quasi-health claims. Fifty years ago, people advocated circumcisions because of the false notion that it reduced masturbation, Diekema said.

“There have always been people opposed to it,” he said. “One of the differences between today and 50 years ago is two primary things: Advocacy groups are better organized. They are much more vocal and the internet has allowed that expression in that way.”

In San Francisco, Schofield’s proposal is not a lone effort. He is part of the Bay Area intactivist group, which calls the procedure “male genital mutilation” and likens it to cutting female genitals.

Schofield’s proposal has a long way to go, requiring 7,168 signatures by April next year to appear on the November 2011 ballot. Throughout the country, there have been similar measures, including a failed effort in Massachusetts earlier this year.

“It’s up to the choice of the individual — not the parents, society or religion,” Schofield said. “This is a choice for body integrity. Just as females are protected from having a drop of blood drawn from their genitals, baby boys deserve the same protection.”

Intactivists also say:

• Circumcisions are not medically necessary and violate the child’s body.
• It requires a medical procedure, which carries risk of complications and pain.
• Foreskins are part of the natural body to help protect the penis.

Proponents say:

• Circumcision can reduce the risk of penile cancer, a rare disease.
• It is part of traditional, religious practices in Jewish and Muslim faiths.
• Men who are circumcised are less likely to get sexually transmitted infections such as genital herpes and human papillomavirus, according to a study of adult African men published 2009 in the New England Journal of Medicine.

Public health efforts have sought to increase circumcision rates in Africa to reduce STIs such as HIV/AIDS. It’s unclear how circumcision lowers infection rates, but researchers speculate that the foreskin could foster a more favorable environment for viruses.
It’s also possible to develop swelling and tenderness if the foreskin is not properly cared for.

“There are numbers of patients who had no clue what had to be done, because they didn’t handle their foreskin correctly and they ended up getting adhesion,” said Dr. Michael Brady, a professor of pediatrics at the Nationwide Children’s Hospital in Columbus, Ohio. “That can happen; it’s not a myth.”

But Brady added, “That by itself, is not reason to circumcise an infant.”

Dr. Emily Blake, an obstetrician-gynecologist and mohel in New York, said a ban would limit the rights of doctors and patients, cause an undue burden on families with newborns and stand in the way of religious freedom.

“It is part of our commitment to God. We believe we do it in a very humane, loving, supportive way,” said Blake, who performs religious and non-religious circumcisions for boys, as well as naming ceremonies for girls. “There are certainly many places in the world where a ban on circumcision is one of the prongs of an anti-Semitic movement — anti-Jewish and also anti-Muslim.”

A circumcision ceremony might involve just a few people, or a few hundred, along with food, readings and prayers. Babies are comforted with sugar, topical anesthetic and pain relievers, and many sleep through the circumcision, Blake said.

Removing the foreskin from a male is not an equivalent to removing the clitoris from a female, Blake said, in terms of pain or long-term effects.

“I think it’s harder on the parents. We make this into a very scary, terrifying thing. Most babies do incredibly well,” Blake said. “I’ve done a great job if the parents cry more than the baby does.”

Most parents come to the doctor’s office having already decided whether to circumcise, Diekema said. Only a small percentage of parents are undecided.

Amy Jo Jones of Milwaukee, Wisconsin, made the decision to have her two sons circumcised and it “wasn’t about vanity.”

After reading into the topic, Jones, writer and blogger who contributes to The Stir said: “The deciding factor for us was I wanted my son to be like his father. I didn’t want him grow up and feel his body was different. It’s not about how it looks or doesn’t look. I knew there were some medical advantages, although it’s not considered medically necessary. The deciding factor was for him feeling comfortable with body and like that of his dad.”

Jesse Sterling of Albany, California, decided to not to have his 10-month-old son circumcised.

Despite his Jewish background, he said the surgery would have “put my baby through a painful situation because of some beliefs. At this point, people do it because it’s a habit.”

Sterling, who was not circumcised, said he was teased as a kid in school for how it looked. “Ever since then, I was like, ‘Whatever. I don’t care.’ Don’t try to sway me, other than informing me more thoroughly,” he said. CNN’s Miriam Falco contributed to this report

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**Should Circumcision Be Banned?**

*By Anonymous*

*The Week*

*November 16, 2010*

*http://theweek.com*

**A San Francisco man wants parents who circumcise their babies to be fined, or even imprisoned — reigniting a debate over “genital mutilation”**

A San Francisco man, Lloyd Schofield, is trying to get his city to ban circumcision. If he can somehow gather about 7,100 signatures, San Franciscans will vote next November on whether parents who “circumcise, excise, cut, or mutilate the foreskin, testicle, or penis of another person who has not attained the age of 18” should face a $1,000 fine and/or a year in jail. Is Schofield — who contends that circumcision is a cosmetic-surgery decision a man should make for himself — justified in fighting “genital mutilation,” or is his proposal just another government intrusion into parenting, like San Francisco’s (vetoed) Happy Meal ban?

Has San Francisco gone mad? Seriously, San Francisco, “WTF”? says Julie Ryan Evans in The Stir. “Circumcision is a hot parenting topic,” but that’s because it’s a parent’s “deeply personal decision,” not the government’s. Happy Meal toys, circumcision — what’s next in the city’s “ridiculous extremist approach” to parental oversight? Criminalizing little girls’ ear piercings? “How about braces”?

The idea isn’t so crazy: The Happy Meal ban is one thing, but “a circumcision is not like a cheap plastic toy,” says Sierra Black in Strollerderby. It’s a permanent surgical procedure, with no real medical purpose. Besides, the government meddles in “traditional” parenting decisions all the time: Just try to “pull your daughter out of school to work in a factory at age 6,” arrange her marriage, or, more to the point, submit her to “the ritual bloodletting of girl’s genitals.”

The ban wouldn’t survive in the courts: It doesn’t really matter how, or if, San Franciscans vote on the measure, says Joe Eskenazi in SF Weekly. Circumcision is a religious obligation for Jews and some other religions. Schofield may not care about banning religious practices, but the courts will: “San Francisco can have its proposed circumcision ban, or it can have the First Amendment. But it can’t have both.”

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**Man Jailed for Illegally Circumcising Young Boys**

*By Anonymous*

*The Local [Sweden]*

*December 14, 2010*

*www.thelocal.se*

A Swedish court has sentenced a man to prison for performing illegal circumcisions, the first-ever conviction under the country’s laws on the circumcision of boys.

A 50-year-old Egyptian citizen was sentenced by Södertorn District Court on Monday to two months in prison for illegally removing the foreskin from small boys.

The man was on trial for having circumcised nine boys without a licence to do so issued by the National Board of Health and Welfare (Socialstyrelsen).

The case marked the first time that Sweden’s law on circumcising boys had been tested in court since coming into force nine years ago.
Botched Circumcision Leaves Three-Month-Old Portland Boy in Critical Condition

By Michael Russell
The Oregonian
October 25, 2010
www.oregonlive.com

A three-month-old boy was taken to a hospital in critical condition after his mother tried to circumcise him at her Portland home Sunday, the Portland Police Bureau reported.

Officers were asked to respond on a medical call at a home near East Burnside Street and 127th Avenue after 2 a.m. Sunday, said Sgt. Pete Simpson, a bureau spokesman.

A woman at the home told investigators that she tried to perform a circumcision on her son, then, when she realized the boy was in trouble, called 9-1-1. The boy is expected to survive.

Child abuse detectives were called to the scene to investigate. No arrests have been made, and no other children are thought to be in danger, Simpson said.

Indiana Baby Dies after Circumcision Surgery, Blood Loss and Heart Failure

By Anonymous
Peaceful Parenting
October 6, 2010
www.DrMomma.org

I am utterly broken to learn that we have lost yet another baby, Joshua, after the perils of circumcision surgery. There is so much I’d like to say at this moment, and yet my grieving heart needs time to be still, my head time to refocus. I’ve cried often for Joshua during his struggle. He was born with a severe congenital heart defect and I cannot imagine the pain he endured in his last day of life on earth as his fragile heart worked so very hard to try and keep up through circumcision surgery and seven hours of post-op hemorrhage. It truly is more than any seven week old baby deserves.

I am devastated that somehow, someone could not have reached Joshua’s parents a mere 24 hours ago with accurate and complete information about the risks of putting a baby through circumcision surgery when he is not otherwise in perfectly healthy and stable condition. Physicians should have been the ones to follow the American Academy of Pediatrics (AAP) protocol which clearly states there is no medical indication for circumcision surgery, and that it is never to be performed upon a baby who is not in the utmost healthy and stable condition.

Botched Circumcision Leaves Three-Month-Old Portland Boy in Critical Condition

By Michael Russell
The Oregonian
October 25, 2010
www.oregonlive.com

He was also convicted for assault for having circumcised a boy from Tierp in eastern Sweden without sufficient anaesthesia and two counts of causing bodily harm involving two brothers from the Stockholm suburb of Botkyrka who suffered tissue damage, pain and loss of circulation from a bandage that was used as a tourniquet.

During the trial, a film was shown to support allegations that the boy from Tierp wasn’t sufficiently anesthetized during the procedure.

In addition to serving time in prison, the man must also pay 14,600 kronor ($2,140) in compensation to a boy from Tierp, as well as 4,600 kronor to the two other boys, the local Arbetarbladet newspaper reported on Tuesday.

According to the Swedish law, which came into force in 2001, only people with a special licence issued by the health board can perform circumcisions for non-medical reasons and only on children younger than two months old.

Doctors can also carry out the procedure, including on older children.

The 50-year-old previously had a licence to perform circumcisions, but the health board revoked it because of doubts about his abilities.

The health board doesn’t think Sweden’s law works, estimating that only one-third of the roughly 3,000 boys circumcised for religious reasons in Sweden each year have the procedure performed by people with authorisation.

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I am, in fact, appalled that any physician with letters behind his/her name would needlessly slice into the body of an already struggling baby — knowing the risk of cardiac arrest skyrockets during the horrors of genital cutting even for healthy babies (cortisol and other stress hormones spike to incredibly high levels which is very trying on the human heart). Knowing also, of the real risk of hemorrhage, even for healthy babies. Losing just 1 ounce of blood results in hemorrhage, and a loss of merely 2.3 ounces is enough to put a heart-healthy baby into cardiac arrest from blood loss. Knowing, very well, that no medical or health organization in the world recommends circumcision. Again, knowing the AAP has declared since 1999 that there are no medically justified reasons for infant circumcision, and that if the prepuce is amputated for cosmetic reasons, it should never be upon a baby who is not otherwise healthy and strong enough to endure the surgical procedure (one which is commonly done without anesthesia). How did a physician manage to ignore all these things, not give full detailed information to Joshua’s parents, and needlessly cut anyway on a baby struggling with a congenital heart defect?

Please, I beg you, review the real risks of circumcision surgery, and the real benefits of keeping our children whole and intact as they come into this world — perfect. The prepuce is not a genital defect — it is a natural, normal, vital (dare I say God-given) organ that plays many important roles in both men and women. Please, become fully informed on the prepuce, intact care, and circumcision surgery. If you’ve already lost one baby to circumcision, or have made choices at times when you weren’t well equipped with information, know that many of the most life-changing mothers and fathers today are those who were once victims of a myth-filled society along with their son.

The reality is that today more baby boys die from circumcision surgery each year in the United States than from choking, from auto accidents, from suffocation, from SIDS, from (recalled) sleep positioners and from (the newly banned) drop-side cribs. Do not allow your child to suffer or be taken from you for senseless cosmetic amputation surgery upon his perfectly formed penis.