Circumcision: Identity, Gender, and Power
Miriam Pollack
Monday, June 27, 2011

Circumcision is seen as the central mitzvah (or commandment) of Judaism. Even for nonreligious Jews, circumcision continues to be perceived as the sine qua non of Jewish identity. And yet, unlike any other controversial topic that we Jews address, the subject of circumcision is not to be challenged. We can calmly discuss whether there is a G-d or no G-d, if G-d is masculine, feminine, or neuter, or whether homosexuals should become rabbis. Yet, questioning circumcision has been out of bounds. This taboo, in and of itself, is indicative of how strong the feelings are that surround this ancient rite, and how much es below the surface, in the dark silence, where powerful forces have coalesced for thousands of years.

In order to attempt to understand the role of circumcision in Judaism, we need to explore not simply the Biblical injunction found in Genesis 17:10-12. We are also obliged to focus on the functions that male genital cutting serves — socially, politically, psychologically, and individually — in order to see what and whose invisible needs are being fulfilled. Some of this information comes to us from scholarship; some an only be derived by examining the more subtle ramifications that

Bringing Foreskins Back to the Forefront of Medicine
Daniel Strandjord

Even though circumcision had been an issue for me ever since I can remember, I’ve only been openly intactivist since 1999. I participated in several group protests at AAP, ACOG, and G.I.A.W. events and became comfortable protesting with other like minded people.

Van Lewis told me of being arrested for protesting at a local hospital and I admired him having the courage of his convictions.

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Beyond the Bris: Rounding Out its First Year
Rebecca Wald

This December will mark the one-year anniversary of the launch of Beyond the Bris, a web-based project that is giving voice to the modern Jewish movement opposing male infant circumcision. The site has no political or religious agenda; it is simply a forum for Jewish people of all backgrounds who question the age-old practice of berit mila (covenant of

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Executive Director's Message
J. Steven Svoboda

What an exciting, surprising year this has been. You hold in your hands or have on your screen a landmark event—our 25th newsletter issue and the first issue of the newsletter in its new online incarnation. New webmaster Jonathan Friedman and I have been working very hard to continually improve the website and he has proven truly a great team member.

The good news this year includes a sort of double victory from national medical associations. The Royal Dutch Medical Association (KNGM) deciding to urge an end to male circumcision and starts a campaign to bring this about.

ARC Secretary and Intact America Director Georganne Chapin. Although we are naturally never happy when surgical mishaps occur, it is positive news that this year has seen two successful circumcision-related lawsuits including a $4.6 million settlement in a Los Angeles botch case. (News reports on both cases appear in this newsletter issue.) On the negative side, two deaths occurred, and we also report on both of these sad events in this issue.

We are very happy that since the last issue, we have added three important new collaborators—ARC-UK Director Anthony Levin, Legal Strategist David Wilton, and Gender Equity Strategist Marc Angelucci. Anthony is an outstanding scholar and a truly committed activist who although born in Australia currently works as a barrister in the United Kingdom. He has several exciting ideas on which we are collaborating. David is a Bay Area attorney, a longtime intactivist, and creator of the Circumcision and HIV website. Marc is a Los Angeles lawyer who has achieved some truly amazing things using the courtroom to safeguard genuine gender equity. He has been a committed intactivist for a longtime and in fact this newsletter includes a reprint of his recent op-ed piece in the Los Angeles and San Francisco Daily Journals. I have... Continued on page 3

Colorado becoming the 18th American state not to provide Medicaid funding for circumcision effective July 1, 2011. (This issue includes reports on both of these important developments.) I was fortunate enough to meet Gert van Dijk, one of the principals in this development, at the conference I attended in Keele, UK in August-September 2011. Secondly, South African Medical Association denounced infant male circumcision.

Also, ARC is proud to announce the release of our “Know Your Rights” brochure, now available on our website thanks to the active collaboration of J. Steven Svoboda with his kids Sarita (age 6.5), Elie (age 9.5)

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Your comments regarding the ARC Newsletter and its contents are welcomed. arc@post.harvard.edu

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known both David and Marc for a long time. Marc has been a good friend and colleague for many years and David and I have held two very productive face-to-face meetings in recent months to strategize and brainstorm about possible future directions for the movement. Welcome, Anthony, David and Marc!

This completes ARC’s 15th year, another key event, as well as my 17th full year of intactivism.

This issue is packed with almost more good material than I can list: 1) Exclusive to the ARC Newsletter, Attorney and Eminent Blogger Rebecca Wald contributes her excellent article, “Beyond the Bris: Rounding Out Its First year”; 2) Miriam Pollack’s superlative, heartfelt article originally presented at the 2010 Berkeley Symposium, “Circumcision: Gender, Identity, and Power”; 3) Longtime activist Dan Strandjord gives us an ARC exclusive—a bird’s eye view of his unique brand of activism; 4) An intriguing piece by maverick Carl Augustsson on intactivism and political conservatism; 5) A story and photo montage from the August-September 2011 Genital Autonomy conference held at England’s University of Keele at which I presented my paper, “Protecting all from genital cutting - law, human rights and medicalization;” 6) Analysis by ARC Legal Analyst Peter Adler of the San Francisco ballot initiative and subsequent events including the new California law; 7) Robert O’Connor reports on Boston’s American Academy of Pediatrics conference; 8) our own Jonathan Friedman explains why “Circumcision is No Cure for HIV”; 9) A photo report on a recent conference organized at the University of Nevada at Las Vegas by youthful scholar and intactivist Travis Wisdom; 10) Carl Augustsson strikes again with a story and photos pertaining to Genital Integrity Awareness Week 2011; 11) a reprint of supporter Julie Van Orden’s excellent Salt Lake City Tribune Op-Ed piece, “Abolish the ‘Unkind Cut’;” 12) An announcement of the passing of Canadian activist John Sawkey, a close collaborator of mine in my early years in the movement; 13) News reports on Colorado’s cessation of Medicaid funding for circumcision; 14) ARC’s Legal Strategist Peter Adler on why Medicaid coverage of circumcision is illegal; 15) Two book reviews including a review of longtime anti-FGC activist Soraya Mire’s remarkable new memoir; 16) Blog reprints including one on “Why Circumcision is a Feminist Issue”; and 17) News reports.

Finally, the newsletter also includes an extensive tribute to the late, great activist Van Lewis, including remembrances of Van by a host of eminent activists, the text of the memorial speech I delivered at the memorial service held in Tallahassee in June 2011, photographs dating back to his first action with brother Ben Lewis in 1970, and more.

Social Networking Coordinator Travis Konzelman, a Registered Nurse based in Georgia, continues his energetic, skillful work to expand our effectiveness at interfacing with Facebook and other social networks. Our other efforts include a media appearance on Parenting Unplugged and another one coming up soon on the Cut Podcast.

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 94707, or made through PayPal at our website (www.arclaw.org/arc_donate) or using the PayPal address arc@orel.ws.

I wish everyone the best in the New Year.

J. Steven Svoboda
Executive Director
Attorneys for the Rights of the Child
I’ve just started my 8th year of protesting almost every week day when the weather is decent and I’m in town. My protest is usually between 1 and 2 hours (on my way home from swimming every day at the U. pool) and I’ve talked to thousands of people. Most people who talk to me already agree with me, but those who don’t stop to talk or take a brochure still end up being constantly confronted by the issue. My sign says “The FOREFRONT of Medicine Should Know FORESKIN is NOT a Birth Defect”. This is my way of trying to remind the U of Chicago Hospital that they are not living up to their motto: “At the Forefront of Medicine”.

In the fall of 2009, I was finally invited inside to talk to a class on “The Biology of Gender”. The professor is an expert on human development and physiology who admits that he was told to ignore the foreskin in his classes on anatomy when he was in school. He was willing to listen to me and take my information and invited me to speak to his students each year when he teaches this particular class. He has also taken my information to the Anatomy professor who teaches medical students. I’m told that the Anatomy professor has agreed to start teaching U of Chicago medical students about the anatomy, development, and functions of a foreskin.

I hope that I will never have another 4th year U. of Chicago medical student come up to me and say: “I’ve never been taught anything about foreskin in my classes and there is nothing about foreskin in my textbooks. I’ve never even seen a foreskin in my entire life!” There is no excuse for such ignorance in American medical schools.

While I know I have saved some children with my protest, my real goal is to influence others to take action. One of the best things that my protest helped inspire is Elyahu Ungar-Sargon’s film “CUT: Slicing thru the Myths of Circumcision” which had it’s premiere at the Hillel Center at the U of Chicago.

I must thank Van Lewis for helping me find the courage to speak out and protest by myself at my local hospital.

“Beyond the Bris: Rounding Out its First Year,” continued from page 1

circumcision) to share their thoughts and feelings, as well as information, with Jews and non-Jews alike. Ronald Goldman, Ph.D. first expressed the sentiment that questioning Jewish circumcision is best done within the Jewish community. This has been a guiding principle of Beyond the Bris.

What an exciting first year it’s shaping up to be! Beyond the Bris has featured original submissions from Jewish mothers who have opted to hold the brt but skip the mila, with an increasingly popular non-cutting covenantal welcoming ceremony called brit shalom (covenant of peace). Several young Jewish men have bravely shared their stories about the devastating effects of their circumcisions. The project has also published enlightening original interviews with Jewish circumcision opponents who are leaders in the movement, including The Barefoot Intactivist, Miriam Pollack, and Lisa Braver Moss. There is even an entertaining on-camera interview with Blood, Sweat and Tears lead singer Jason Paige, who has written and performed an anti-circumcision parody song about his botched bris. There’s a wealth of information on the site about all aspects of the Jewish movement questioning circumcision. New material and links are always being added.

California politics have brought tremendous attention to the anti-circumcision movement this year. The media has been especially interested in Jews who are opposed. Beyond the Bris has been approached for information by the Wall Street Journal and has been mentioned in The Huffington Post, the National Post, the Florida Sun-Sentinel, the Jewish Journal of Greater L.A., the Jewish Reporter, Sexis Magazine, and The Jewish Week--just to name a few!

Even more exciting than the press attention, Beyond the Bris is now being contacted regularly by Jewish parents-to-be seeking advice and information on leaving their sons intact. There is no question the alternative ritual of brit shalom, widely promoted by Mark Reiss, M.D., is becoming well known and more
widely practiced.

The inauguration of Beyond the Bris comes at a time when the Jewish movement against circumcision is truly beginning to flourish. The group Jews for the Rights of the Child, founded by activists Tina Kimmel and Brian Levitt, was also started this year and favors outlawing the non-medically necessary circumcision of minor boys. Also, Jonathan Friedman launched Intact News, the first-ever news site dedicated to providing news and information relevant to the genital integrity movement. Intact News is a wonderful project and Beyond the Bris is pleased to say it’s our official news source.

Beyond the Bris would not be possible without the support of a vibrant community of Jewish circumcision opponents who have been willing to lend their thinking, experience, and voices to this new project. Beyond the Bris is only as strong as its contributors. Anyone, regardless of religion, who has the time and desire is encouraged to stop by the project and get involved. There are many ways to help. Information about this is available on the site: http://beyondthebris.com.

“Circumcision: Identity, Gender, and Power,” continued from page 1

result from the permanent alteration female sexual organs.

Circumcision is hardly unique to Judaism. However, two elements distinguish the Jewish version of male genital cutting. First, in Judaism circumcision is expressed as the divine mandate, which seals and perpetuates the covenant, G-d’s contractual and eternal relationship, with the Jewish people. Second, it is commanded to occur on the eighth day of the baby boy’s life. Other than these unique identifiers, circumcision in Judaism shares much with rites of circumcision in other societies.

What I intend to do here is to show that cutting out a portion of a child’s genitalia is fundamentally about gender and power. This is true whether the mandate is divine, tribal, secular, or pseudo-medical, and it pertains to little girls as well as little boys.

For those of us who have grown up with the normalcy of newborn male circumcision, this may seem like a bold, perhaps even outrageous statement. As Karen Ericksen Paige and Jeffrey M. Paige state in their book, The Politics of Reproductive Ritual, of the many theories advanced that attempt to explain the function of reproductive ritual, all agree that “the purposes of ritual are seldom if ever the object of conscious knowledge.”

In each and every circumcision society, circumcision fulfills multiple unspoken social, political-tribal, and sexual needs. Paige and Paige claim that male circumcision originally functioned as a vehicle for attempting to achieve by means of ritual what could not be accomplished by means of political arrangement: that is, the defusing of possible competitive claims by male progeny for the same limited resources. In pre-industrial societies, where clan and tribal loyalties formed the basis of economic and military security, the father’s willingness to expose, sacrifice, and risk the tender organ of his son’s procreative potential and the promise of his own male progeny to the knife was a dramatic demonstration to the elders (read that as male elders) of the father’s allegiance to his tribe, a point noted by Leonard B. Glick in Marked In Your Flesh: Circumcision from Ancient Judea to Modern America. For this reason, circumcision is rarely a private surgical event. Rather, it is most commonly a communal ceremony accompanied by feast and celebration. Circumcision is, typically, a public declaration of alignment and thus not simply a social event, but a political statement as well. Without a whisper of the true hierarchical intentions of this ceremony, the outcome was always, and continues to be, a reassertion and institutionalization of a power structure based on gender.

The timing of male circumcision furthers the political/social relationships in less obvious ways. Even though the age for circumcision ranges widely across all circumcising societies, what is most universally constant is the requirement that circumcision occur before marriage. This rule not only establishes the father’s status in the male-dominant community, but it also works to achieve another salient objective: marriageable girls are entrained to view any uncircumcised man as undesirable, thereby ensuring the ethnic stability of the tribe. Girls know from an early age that they would risk social ostracism by mating with an uncircumcised male. By encouraging all group members to the necessity, normalcy, and moral superiority of circumcision, circumcising children not only reaffirms the political and social structure of the tribe, but also deepens the identity formation of the group. In this way, circumcision functions as a primary and potent entrainment for group bonding.

At a more muted level, circumcision does more than restructure identity based on contemporary and historical alliances of gender and power. On a meta-historical and biological level, circumcision acts to rename, remap, and invert our fundamental and primal relationship to the feminine. It is not coincidental that this ritual of tribal belonging necessitates the cutting, blood-letting, and altering — in a public ceremony — of the male child’s sexual organ. As Glick points out, “Female blood contaminates, male blood sanctifies.” Thus, he explains, “the shedding of male blood is an act of consecration.” By creating historical and social linkage through this sacrificial ritual, circumcision functions to supersed and transcend our most primary maternal and biological system of relationship making patrilineal and patriarchal hierarchy appear “natural and inevitable,” as Nancy Jay notes in her brilliant book, Throughout Your Generations Forever. Karen E. Fields, in the foreword to this same book, comments as follows:

In no other major religious institution is gender dichotomy more consistently important, across unrelated traditions, than it is in sacrifice. This is true not only of ancient and so-called primitive religions. Even among contemporary Christians, the more vividly the Eucharist is understood to be itself a real sacrifice, the greater the opposition to ordaining
women. ... Consequently, a study of sacrifices focusing on gender leads to a new understanding: sacrifice as remedy for having been born of woman.

Similarly, in both the Hebrew Scriptures (Samuel 1:1) and the New Testament (Matthew 1:1-16 and Luke 3:23-38), by citing and repeating the lineage of male progenitors, legitimacy is established. The names of the mothers are usually unmentioned, irrelevant in a male-dominant culture.

Circumcision subverts the community's relationship to the life-giving principle of the feminine, not only by obliterating the woman's rightful identity in structuring the historical social network of her tribe, but also by trivializing and implicitly forbidding her to acknowledge, much less act upon, her deepest mammalian instincts to protect her newly birthed child. She knows, long before she has even conceived, that in order for her male child to be bonded to the male community — past, present and future — and to a male-imaged god, she must surrender him to the men with a knife to cut, wound and cause great pain to the very vulnerable sexual organ of this newly birthed child. Typically, a mother's feelings are dismissed or ridiculed. Her voice is silenced, even to herself.

Can it be a coincidence that we have language for the primary disempowerment for men, but not for women? When men are wounded in their primal potency of manhood, we say they have been "emasculated." When women are wounded in their primary potency of womanhood, we rarely notice. We have no language, no conceptual structure, no word to claim, much less attempt to heal the experience of core female disempowerment.

The wounding of circumcision irreversibly alters both mother and child: the mother is fractured at the base of her deepest womb-wisdom, which knows that she must protect her child no matter what; and the baby, shocked and traumatized, is fractured in his ability to absolutely trust the protective arms of the mother he has biologically and innately turned to as his primordial source of safety. From the beginning, masculinity is now defined as that which must be cut off from the mother and all that is female, nurturing, and essential for human survival. In this way women are made complicit in this masculine-defined model of motherhood. Nancy Jay states, "Gender is therefore unequaled as a cornerstone of domination."

Circumcision is the weapon that not only destroys a boy's foreskin but also deftly excises maternal authority over the ultimate well-being of her child. For if a woman is forbidden to feel entitled to her instinctive need to protect her newborn child, what feelings of her own can she ever trust?

In all circumcising societies, the sacrifice endured by the child is considered incidental to the social, political, and/or religious forces that require it. Typically, the extremity of the baby's pain is denied, ignored, or made the object of countless jokes. Because we Jews circumcise at eight days of age, when a child is easily overpowered and will not consciously recall this event, we deem those who circumcise children at later ages barbaric.

Many of us Jews are capable of witnessing a bris, that is, a ritual circumcision, looking into the eyes of the shocked, terrified, and shrieking baby, his head flailing and chin quivering, as his foreskin is severed from the delicate surface of the glans, cut, and crushed, and many of us conclude that this is no different from a routine infant protest of having a wet diaper changed.

We ignore or choose to be ignorant not only of what our hearts and wombs are telling us, but of the abundance of scientific data, replicated numerous times in the past several decades, that leave little question about the reality of the baby's experience. Heart and respiratory rates, as well as cortisol levels of babies undergoing circumcision point to the unambiguous conclusion that circumcision is excruciatingly painful to any baby. And, as is the case in other severe trauma at the neonatal level of development, the implications of lasting sequelae in the nervous system are serious (for the data behind this, check out Male and Female Circumcision: Medical, Legal and Ethical Considerations in Pediatric Practice). Science has not yet turned its attention to identifying what these sequelae may be. Nevertheless, a modicum of psychological awareness is sufficient to suggest that issues of trust, fear, intimacy, sexuality, and gender relationships would be reasonable places for scholarly investigation. While traumatizing an infant is neither the stated nor the conscious intention of circumcision, it is an inevitable corollary of cutting a child's genital organs with possibly unspecified but hardly neutral alterations in the nervous system.

Although the fact is vigorously denied by the proponents of circumcision, the forcible removal of the foreskin also has profound and long-lasting effects for a male's sexual experience. Even during ancient times, when circumcision was less radical than it is today, the unique quality of the foreskin was understood. In biblical Judaism, circumcision consisted of cutting the foreskin that extended beyond the glans, leaving most of it intact. The full reaming and ablating of the entire foreskin, known as priapah, was only innovated by rabbinic decree during Hellenic times in response to the practice of some Jewish men who were trying to avoid ridicule of their fellow Greek athletes by attempting to tie and stretch their foreskins so as not to look circumcised.

Both the Hellenic Jew Philo, in the first century CE, and Moses Maimonides, also known in the Jewish tradition as the Great Rambam in the twelfth century, wrote of the consequences of violently removing the most sensuous part of a man's sexual organ before he is old enough to understand or consent to this loss. Philo wrote in Special Laws that the "excision of pleasure [caused by circumcision]... is most necessary to our well-being." Many centuries later C.J. Cold and J.R. Taylor would confirm in the British Journal of Urology that the effects of circumcision on sexuality were, indeed, significant, when they discovered that there are over 20,000 specialized fine touch receptive cells in the human foreskin, which function to allow far greater nuanced sensation and control than any other penile tissue.
Additionally, the removal of the foreskin creates a secondary loss of sensitivity: not only has the most erogenous tissue of the male sexual organ been removed, but, as the man ages, the glans loses its mucosal covering, becomes dried out, and keratinizes over time. Typically by middle age the glans of the circumcised penis has lost much of its receptive potential and the man requires more abrasive stimulation to achieve orgasm. Often this is just as a woman is becoming peri-menopausal and experiencing decreasing vaginal lubrication. Typically, the problem is identified as the woman’s entry into menopause; the contribution of the circumcised partner is rarely acknowledged. In subtle but profound ways, circumcision functions to diminish a man’s pleasure potential, allowing his bond to his partner to be subordinated to his bond to his tribal male peers. Both Philo and Maimonides knew beyond a doubt that, as in all other aspects of biology, altering form alters function. Here is what Maimonides, the great philosopher, physician, and Talmudist, had to say in his famous book, The Guide of the Perplexed, written in 1160:

The fact that circumcision weakens the faculty of sexual excitement and sometimes perhaps diminishes the pleasure is indubitable. For if at birth this member has been made to bleed and has had its covering taken away from it, it must indubitably be weakened. The Sages, may their memory be blessed, have explicitly stated: It is hard for a woman with whom an uncircumcised man has had sexual intercourse to separate from him (Genesis Rabbah LXXX). In my opinion this is the strongest of reasons for circumcision.

There they are, the twin patriarchal fears: the fear of woman and the fear of pleasure. Circumcision is both the vehicle and the product, the menace and the antidote, which simultaneously assuages and perpetuates these ancient terrors. This is the achievement and true function of circumcision. Circumcision achieves this by violently breaching the maternal-infant bond shortly after birth; by amputating and marking the baby’s sexual organ before he knows what he has lost; by disempowering, “taming,” the mother at the height of her instinctual need to protect her infant; by bonding the baby to the community of men past, present, and future and to a male-imaged G-d; by restructuring the family and the society in terms of male dominance; and by psycho-sexually wounding the manhood still asleep in the unsuspecting baby boy. In all of these ways — socially, politically, religiously, ethnically, sexually, tribally, and interpersonally — the cutting of our baby boys’ sexual organs is the fulcrum around which patriarchy exerts its power. Circumcision is a rite of male domination — domination and the entitlement of domination over other men, women, and children, both institutionally and personally. It is the essence of patriarchy.

Nevertheless, it would be grossly oversimplifying to characterize Judaism as a purely patriarchal religion, nor would it be accurate to view Judaism as the source of patriarchy in Western religions. The emphatic and elaborate emphasis on this life, on the sanctity of all life as a primary organizing value throughout both biblical and talmudic texts is in complete contradiction to the practice of circumcision. Removing functional sexual tissue is harmful: it is harmful to the infant, to the pleasure potential and sexual bonding of the mature man, and to the mother who is entrained to surrender her sacred bond with her infant in order for his masculinity to be redefined in terms of his community.

The rabbis explain that, because women are closer to the divine due to our ability to give birth and sustain life, men are in need of other ways to access spirituality — circumcision being the primary one. However, the notion that trauma can be a bona fide path, much less an ethical avenue, to greater spiritual awareness would be vociferously challenged by contemporary neonatologists as well as epigeneticists. What is unethical cannot be spiritual. The dichotomy and hierarchy assumed and taught for millennia in multiple religions between sexual aliveness and spirituality is false and has led to ages of human suffering. Spiritual sexism is still sexism and needs to be discarded.

I remember when I first learned about the phenomenon of female genital cutting. I was appalled. How could they? How could anyone? It took years before I could hear their voices: “It’s who we are, who we’ve been for thousands of years.” “No one will marry us if we’re not cut.” “Intact genitalia are ugly.” “They are unhygienic.” Then, I realized... we say the same things.

Yes, there are significant differences between female and male cutting, but it is not honest to claim that one is physically and sexually insignificant and the other barbaric; that one is enlightened, the other primitive. Holding a child down and forcibly removing genitalia is sexual abuse. We would not hesitate to use that label for an individual or culture that countenanced sexual fondling of children. Why do we think slicing off genitals is acceptable? Circumcision is not holy, it does not transmit the Jewish spiritual heritage, nor does it secure Jewish continuity.

For religious as well as tribal and secular reasons, many Jews believe that “circumcision ensures our survival.” Without circumcision, we tell each other, the Jewish people will disappear, a very frightening prediction to a people for whom annihilation is a perpetual possibility. Again, the transparent sexism of such a contention is only too apparent. Are males the only ones who count as Jews? Is the contribution of Jewish women irrelevant, invisible, and insignificant? More fundamentally, why is it that Jewish women can carry on our spiritual legacy and remain whole, but Jewish men cannot? How, indeed, did circumcision further our survival during the desperate epochs of Jewish purges when the enemy had only to pull down pants in order to eliminate Jewish males?

In the United States, where most men over thirty have been circumcised, or in the Middle East, where circumcision is normative for Muslims, are naked Jewish men distinguishable from their non-Jewish counterparts? And if circumcision is the quintessential protector of Jewish identity, why do we have tens of thousands of Jewish men in the United States who have had their genitalia radically and permanently altered but are ignorant of Judaism and completely
unaffiliated with Jewish communities? The question of how we are to secure and sustain Jewish survival is extremely serious, but the answer is not circumcision.

An orthodox rabbi interviewed by Eliyahu Unger-Sargon in his brilliant movie Cut: Slicing through the Myths of Circumcision stated unequivocally that circumcision was tantamount to sexual abuse. Yet this thoughtful man went on to justify the practice of circumcision for religious reasons, saying that this is where “the rubber hits the road” if you are a Jew. It is a commandment. We have no choice.

Indeed, we do have a choice. What is sacred is our obligation to protect the integrity and privacy of all of our children’s genitals. They are not the province of family, community, or anyone else. Spiritualizing the wounding of circumcision does not change the damage, nor make it ethical. As Deuteronomy 30:6 teaches, what is truly required of us in order to contact the divine has to do with the architecture of the heart, not the alteration of male genitals. Creating a joyful and loving Jewish home, and providing our children with meaningful and in-depth Jewish education, are the only authentic means we have to ensure our survival. Cutting our babies’ penises will not do it. Without compromising either our children’s identity or the survival of our people, we can invite all of our Jewish children, our baby girls and our baby boys, into a brit b’lee milah, a covenant without circumcision, and school them in the wisdom, love, and beauty of the Jewish tradition. Unlike Christianity, which teaches that a child is born into original sin and must be redeemed, Judaism teaches that the soul is pure — only the penis needs “redemption.” The truth is that the whole baby is pure, body and soul, including his tender genitals, and it is both a mitzvah and our most sacred duty to protect him.

For the past twenty years, Miriam Pollack, member of a Conservative Synagogue, has been advocating, locally and internationally, for intactivism. She is founder/director of the Literacy & Language Center in Boulder, Colorado. Source Citation Pollack, Miriam. 2011. Circumcision: Identity, Gender, and Power. Tikkun 26(3).

**In Memoriam: Van Lewis**

This section of our newsletter is dedicated to the life of intactivist Van Lewis, who passed away Monday, June 6, 2011. You’ll find a collection of articles and photos of Van Lewis.

A leaflet they carried said that an average of 60 male babies per month were circumcised in Tallahassee despite "scientific research which has shown infant circumcision to be physically, bio-energetically, sexually, emotionally, and physically damaging."
County Prosecutor John Rudd signed the affidavit with the charges.

Circumcision Protest Arrest of Van and Ben Lewis
Tallahassee Democrat
Van Lewis
Friday, December 18, 1970

Showing Ben's face; my ass. The other side of my sign read, "Infant Circumcision is a Sex Crime. Abolish It."

The article contains two errors. First, we were not 'shouting at motorists', they were shouting at us. I remember two; A man driving by in a pick-up truck, first raised & shakin', yellin', smilin', "YOU TELL 'EM, SONNY!"; and a woman in a station wagon filled with screamin' kids, shriekin' at us, "YOU ASSHOLES!" You got the feelin' she thought we should a been burnin' babies in Vietnam, not fightin' for 'em in America.

The second error is in the article's misquote of our leaflet. We didn't say "physically ... and physically damaging", we said "physically, ... and psychologically damaging". A new word for the Democrat then, I guess.

Tallahassee Icon Van Lewis is Facing the End
Tallahassee Democrat
Gerald Ensley
Friday, September 30, 2011

Tallahassee soon won't have Van Lewis to call wacko anymore. Or maybe not.

Lewis ran twice unsuccessfully for City Commission in the 1990s, citing his experience as a centuries old Apalachee Indian warrior, Ahunahana, who had been reincarnated in "my clever Caucasian disguise." So you can't rule out an encore.

But the curtain is dropping on this act. Lewis, 68, has advanced pancreatic cancer, a notoriously fatal cancer, which usually claims its victims within six to nine months of diagnosis. Lewis was diagnosed in February.

Yet as is the wont of a man who has been called quixotic, offbeat and, yes, even crazy, Lewis sees his plight as an opportunity.

"Here's the important question: How well can I live while I'm alive? How well can I love the people around me and show them I love them?" Lewis said last week.

"(Since his diagnosis), I feel I have grown. I'm not saying I wasn't a loving person before. But this is an intensification."

Lewis is a Tallahassee icon — in a Southern Gothic sort of way: the eccentric son of an eccentric mother.

Clifton Van Brunt was a pretty Tallahassee May Queen, who married a fifth-generation Tallahassee banker, George Lewis. They had four children, famously commissioned Frank Lloyd Wright to design their home near Lake Jackson and did all the dutiful Southern things for a while. But in the 1950s, when blacks began to advocate for civil rights, the Lewises joined the movement.

At some peril to their standing among Tallahassee's white aristocracy, Clifton and George Lewis spent decades protesting racism, injustice, unfairness and assaults on the less fortunate.

Clifton Lewis, who has retired from the public scene, earned indulgent eye-rolling for her odd tunics, caps and stream-of-consciousness rhetoric. And her second child, christened with his mother's maiden name, William Van Brunt Lewis, has proved equally iconoclastic. He abandoned Harvard after a year, "because I didn't want to lose my fresh mind," and pursued his passions: organic farming, boat-building, seafood selling, solar energy, composting toilets, clam farming, religion, political office — and medical activism.

For more than 40 years, he has been an implacable foe of male circumcision. In 1970, he was arrested for picketing Tallahassee Memorial Hospital, carrying a sign that called physicians who perform circumcisions "Sex Criminals for Hire." He has harangued city, county and state lawmakers. He has written letters to the editor.

Talking about circumcision sends him into spittle-flying, lectern-pounding, top-of-the-lungs fury. His vehemence sometimes scares people — especially on a seemingly arcane topic few ever ponder. Hence, the crazy tag.

But those who know him say it's an unfair perception that ignores his reality away from the soapbox.

It ignores that he's adored by his wife of 38 years, longtime administrator Mary Balthrop, two high-achieving adult daughters and two grandchildren. It ignores that he's been a hard-working businessman, whose family, he says, was never as wealthy as supposed. It ignores that he is a warm-hearted, generous man, beloved by friends. It ignores that his social fervor is born of an extraordinary intelligence and curiosity.

"People see Van out holding a sign about circumcision or whatever that strikes them the wrong way and they draw their opinion from there. But they don't know Van Lewis," said Tallahassee attorney Tommy Warren, a friend for 40 years.

"He is brilliant, and the reason he is different is because he's brilliant. Otherwise, he'd be like the rest of us."

Lewis is living out his final days at Camp Ildo, the open-air, "wooden tent" of a beach house built by his grandfather in 1908 at St. Teresa Beach. A once-sinewy 6-foot, 160 pounds, he is down to 120 pounds and subsisting on juices, broths and mother's milk donated by friends.

In a four-hour visit last week, he was more engaging than odd. He regaled a visitor with stories about clam farming, insights on nutrition, his adventures abroad as a young man and his belief, despite being a lifelong Episcopalian, the universe is ruled by, "I don't know that I'd call it God; I call it love."

Of course, duty required one offer him a chance to explain his crusade against circumcision — which led to a few rants. Lewis considers circumcision to be genital mutilation, which causes trauma that prevents men from bonding with their mothers and leaves them forever psychologically scarred. He ascribes
"being a madman" in his mid-20s to his own circumcision. He asserts hundreds of babies are killed every year by infection caused by circumcision. And he has done everything he can to rid the world of the practice, from attending annual rallies in Washington, D.C., to helping persuade Florida legislators in 2003 to stop state Medicaid funding for circumcision.

"It's personal with me," Lewis said. "There is no competent medical claim that it is medically necessary. It is a fundamental violation of human rights. Nobody has the right to cut off your nose because they think you'll look better. The only reason physicians get away with it is because medicine is a business, not a profession."

It is a crusade for which he will be remembered in Tallahassee. And maybe not warmly. But his wife praises him for fighting for what he believes.

"Van is a person who cares deeply about babies, and to take a knife to a baby bothered him on a scientific level and a human level," she said. "The more he learned, the more compelled he felt to have people look at the issue, even if it caused him embarrassment, harassment or discomfort."

"Just because someone thinks you're crazy doesn't mean you are. And you shouldn't let it stop you from doing what you do."

Maybe his crusade is not over. Lewis' interest in reincarnation traces to his teenage days roaming the Lake Jackson Indian Mounds, pondering the fate of the Apalachee Indians who once lived there and thinking, "Maybe I'm here because I was one of those people."

"That an organic, peaceful culture — at least among themselves — would vanish, didn't compute with me," he said. "What did compute is that our bodies stop, but we go on."

And Ahunahana shall return.

Activist Van Lewis Dies at Age 68
Tallahassee Democrat
Gerald Enslay
Tuesday, June 7, 2011

Unable to speak Monday morning because of his illness, Van Lewis took a marker and wrote a message on a white board. It was a few sentences about his impending death. It concluded: "Maybe God's main work with me is done. My body stops. I don't. I'll try to do my job. I'll let God take care of God's."

Apparently, that was the signal God needed. Lewis died Monday afternoon — looking out at the ocean from his house at St. Teresa — four months after he was diagnosed with pancreatic cancer.

Lewis, who was the subject of a column in Sunday's Tallahassee Democrat, was 68. He is survived by his wife of 38 years, Mary Baithrop, and their two adult daughters, plus his mother, two brothers and a sister.

"He was a very unique person and he'll be missed," said Tallahassee attorney Tommy Warren, a longtime friend. "He created his own special energy that had a very positive impact on the community."

Lewis was renowned for his sometimes-quixotic social activism. Since 1970, he had led a tireless crusade against male circumcision, picketing hospitals, attending rallies and writing letters to the editor. He called circumcision genital mutilation and said circumcision of infants was a "violation of human rights."

He ran twice unsuccessfully for the Tallahassee City Commission (1993, 1994), calling for that board to be expanded from five members to nine members, railing against historic preservation restrictions and criticizing the "tyranny" of local government on several issues.

"Van was willing to say things the way he saw them even when people had a hard time understanding, because he thought it was so important," said David Maloney, a state administrative law judge and a Lewis friend of more than 40 years. "Certainly, he was unconventional. But I admired his conviction."

Lewis was a fifth-generation Tallahasseean; his great, great grandfather founded the Lewis State Bank in 1856, which the family ran until it was sold to a banking corporation in 1974. Lewis attended Harvard for one year before dropping out to pursue a range of passions.

He lived for a few years in Boston and London, and spent one summer on a ship in the Mediterranean Sea working for Scientology founder L. Ron Hubbard. When he returned to Tallahassee in the late 1960s, he spent time as a boatbuilder, crab harvester and organic farmer. For nearly 15 years, he operated a seafood store on Thomasville Road. He started a solar energy company and a company that made composting toilets. For the past decade, he was a clam farmer in St. Teresa, gaining renown for raising a succulent form of clam that won raves from area restaurateurs and national seafood shows.

He came by his activism naturally: His parents, Clifton and George Lewis, were among Tallahassee's earliest white supporters of the local civil rights movement. His now-retired mother marched in rallies and spoke out on numerous causes; his late father was the first area banker to give loans to black residents.

"(The Lewis family) are a bunch of people who tried to do good in the world," said Tallahassee author Diane Roberts, a longtime family friend. "They're thinkers, they're not content to just go along. Van learned that from his mother and daddy."

Lewis had a strong concern for the environment. In 1975, Lewis expended his savings to buy a lake and surrounding 20 acres of forest in Wakulla County to save it from development. He later sold the property to the federal St. Marks Wildlife Refuge. He spent last summer as an independent contractor, helping to clean up the Gulf of Mexico after the BP oil spill (writing his last indignant letter to the editor on the subject in May 2010).

His wife spent many years as director of
Florida State University's London Center, and joked she could never get her husband to move to London because "he has a taproot at the bottom of his feet that keeps him rooted to Florida sand." "Van was very interested in sustainability, whether it was seafood or forestry or building," said David Avant III, a Lewis cousin. "He was just a first-class guy, who was misunderstood by some."

A memorial service is expected to be held in a couple of weeks at St. Johns Episcopal Church.

"It is so sad," Roberts said. "Van was lots of fun and the most gentle person I have ever known. He was sweetness personified."

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**Van Lewis Obituary**

Tallahassee Democrat  
Anonymous  
Sunday, June 12, 2011

William "Van" Brunt Lewis, 68, died at home at St. Teresa on Monday, June 6th of pancreatic cancer. Born in Tallahassee on May 17, 1943 to Clifton Van Brun and George Lewis II, he was raised in Tallahassee and spent summers at St. Teresa.

He is survived by a very large and beloved family: his wife of 38 years, Mary Alda Balthrop, their children, Amara Teresa Hastings, Alda Balthrop-Lewis, son-in-law Al Hastings, and grandchildren, Sarah "Sadie" Teresa and William "Tate" Hastings; his adored mother, Clifton Van Brun Lewis, and siblings, George Edward Lewis II and wife Mary Ann, Clifton Byrd Lewis Mashburn, and Benjamin Bridges Lewis; aunts and uncles Betty Lewis, Frank and Jean Lewis, Betty Harrison, Bill Lewis, Jenn Van Brun, and Bunny Van Brun; 7 sisters-in-law, 7 brothers-in-law, 48 nieces and nephews, 19 grand-nieces and nephews, and many beloved cousins and friends.

He attended Sealey and Cobb, and graduated from Leon High School class of 1961. He attended Harvard College for one year with the class of 1965, and played the conch shell with the Harvard Band. He was granted a leave of absence by Harvard College that welcomed him to return whenever he chose. He remained on leave for the rest of his life, and maintained a great enthusiasm for Harvard and his classmates and attended many reunions with great interest and joy. He had a life-long friendship with his much-loved Harvard Biology professor and mentor George Wald. He learned from George that "the really difficult but exciting and important part of life is sensing what questions are important to ask and determining how to ask them intelligently so that the correct answers come out as a matter of course."

In 1973 and 1974 he worked in East Point as a boat builder's apprentice to Mr. Joseph Lolley, whom he described as a fisherman, boat builder, and saint. He credited Mr. Lolley with teaching him how to live and love and die.

In 1975 he began Lewis Seafoods, a seafood business with operations on Thomasville Road in Tallahassee and in Apalachicola which he ran for 15 years with the help of dedicated partners and employees. In 2001 he started a clam farm in Alligator Harbor near his home, providing clams to local restaurants and farmers' markets. His passion for clams was contagious and he relished every opportunity to share his clams and trips to his clam farm. He was an enthusiastic and key participant in recent research and market development of the local Sun Ray Venus clam. His work as a clam farmer continued until the start of his illness in late 2010.

In early adulthood, he began to question the violence of both female and male circumcision and reached the conclusion that these acts, whether practiced as cultural rituals or medical procedure, were harmful to both individuals and the culture. As he studied and learned more, he became aware of general ignorance about the harm of these practices, specifically the trauma of male infant circumcision. As a result, he felt called to become an outspoken opponent of male infant circumcision. He was grateful to his many friends in Jews Against Circumcision (http://www.jewsagainstcircumcision.org) for educating him about how to live faithfully within a tradition while changing it for the better. Determined to remain focused on love even in the face of ignorance and ridicule, he taught passionately in every way he could that male infant circumcision is a medically unnecessary and harmful trauma that violates the rights of the child. For the innocent, vulnerable, and voiceless, he remained a tireless voice until the end of his life.

He was an environmentalist who cared deeply about the health of our planet. He became interested in organic farming in the late 1960s, taught bio-intensive agriculture as a FAVACA volunteer in multiple Caribbean nations, and was president of the Florida Organic Growers 1993 to 1995. He was a visionary protector of natural areas. He and his wife purchased 20 acres around Silver Lake in Wakulla County with the intention of saving it from development. They later sold the land for inclusion in the St. Marks National Wildlife Refuge.

A dual citizen of both the United States and the Republic of Ireland, he loved to travel and experience other countries and cultures. But his primary loves were St. Teresa, the Gulf of Mexico, Franklin County, and spending time roaming Alligator Harbor and the Dog Island Reef with his much-loved wife Mary, Amara and Al, Alda and David, his grandchildren Sadie and Tate, nieces and nephews, and any other friends or relations he could safely fit on his boat Wild Thing. He was a playful man who loved to share stories, dance, and especially to sing. He said he was "basically just a family man."

His family would like to express their appreciation to the many caring professionals, friends and family who assisted them during his illness by sharing expertise, donating mother's milk, growing organic vegetables and wheat grass, cooking and cleaning, and most of all expressing your love to him.

A memorial service will be held at St John's Episcopal Church, 211 North Monroe, on Monday, June 20th at 3 p.m. His remains will be buried in a private burial at his home at St. Teresa.

Van Lewis Eulogy
J. Steven Svoboda

Full text of the eulogy delivered by J. Steven Svoboda, founder and executive director of ARC Law, at Van Lewis’ memorial service on Monday, June 20, 2011 in Tallahassee, FL.

I want to thank my dear friend Mary Alda Balthrop [Van’s widow] for doing me the great honor of allowing me to honor the memory of Van Lewis today. If we can write a man’s memory with a special pen capable of recording his feelings for others and theirs for him, a pen able to inscribe the immeasurable value he added to our lives, Van Lewis left a legacy of love that would stretch around the world and back again. I saw that love all around him—his wonderful wife, his many colleagues, and now, today, in his innumerable beloved relatives and his legion of close friends. I also saw it in his honorary status as the beloved grandfather of a large group of people around the world devoted to an issue that was close to his heart for 41 years.

With just days left to live, Van remained focused—as he always was—on love. He said at that time: “Here’s the important question: How well can I live while I’m alive? How well can I love the people around me and show them I love them? Since my diagnosis, I feel I have grown. I’m not saying I wasn’t a loving person before. But this is an intensification.” Van knew himself well; he was always a profoundly and deeply loving person. Even near the end, at first he was going to decline to be interviewed about his life for the article recently published in the Tallahassee Democrat, but then he changed his mind when the thought occurred to him that some readers might read about his work and some babies might be saved from circumcision. Always thinking of others.

Sometimes in a very specific way, as there were other activists who modeled themselves after Van and started similar campaigns in other places, learning from his trailblazing work. Often the lessons and inspiration were more general. Van led all of us in teaching us about living an inspired life, tenaciously and relentlessly fighting for what you believe in, fashionable or not. And about having a good belly laugh as often as possible.

Van said, “If laughing is healthy, then I will live to be 100 years old.” Well, he didn’t make it to the century mark, but that irrepressible, frequent, hearty laugh of his is still resonating in my ears. As I know it must be in many of your ears as well.

Nobel Laureate George Wald was Van’s mentor at Harvard. In fact, Van introduced Wald to the issue. Great leaders create great followers! After Wald gave a talk at Florida State in February 1975, Van offered at the reception to drive him to the airport. During the drive, Van asked him if he had ever thought about the circumcision issue, and he said he had not but would do so. Six months later, Wald sent Van a typewritten manuscript entitled, “Circumcision.”

That would have made a great story if it stopped there, but of course we all know that the words “stop” and “Van” cannot be grammatically used in the same sentence. Van did painstaking work extending over a number of years with Wald’s widow until the paper was finally presented by Van in 2004, 39 years after it was written, and was finally published in 2010. Van first saw the piece last October while at his 45th Harvard reunion and he was over the moon to see the article by his admired mentor finally in print.

Van painstakingly collected the names of boys who died after circumcision. For forty-one tireless, astonishing years, Van was a leading crusader on the behalf of all children. So he wasn’t just a man who loved like there was no tomorrow and who inspired the same in the world. He was also a man of stunning accomplishment.
Fellow activist Patricia Robinett said, “We lost a valiant warrior. Van was the best... he could taunt & scold & tear apart an argument... and then soothe the defeated with a smile and his soft southern drawl.”

At the mention of Van Lewis’ name, activist Ron Low weeps, even if he happens to be speaking on a radio show. Now, I’ve known Ron Low for a number of years. He is a well-grounded businessman, not one particularly prone to excesses of emotionality. Until Van’s name comes up, that is.

Van had that effect on many of us. He was the greatest of men, the sort of man who called up the very best each of us had to offer, and saw us for the best we had to offer too.

I know I was decades behind many of you, but I first met Van in April 1999 in Chicago. Somehow we quickly became friends and when I saw him and his wife Mary in Washington, DC in 2001, we spent some time together that will live in my heart forever. Of course, both Van and Mary did things the hard way and pulled it off. Mary flew over from London and Van drove up in his beloved truck from Florida. It was as if time stood still. Can life be this wonderful, I asked myself. Can such amazing people really exist? And why am I lucky enough to know them, even to be friends with them? Van inspired these kind of thoughts, this kind of love.

Van didn’t do things the easy way. Let me tell you another of his exploits, this one a recent one. Last December 17 was the fortieth anniversary of his first demonstration against circumcision, when he was arrested and held in jail for several hours. In Mary’s words, “On this day, Van went by himself to the exact spot at the hospital where he demonstrated in 1970. His signs in 2010 had the exact same messages as in 1970. It was raining and cold that day and Van began to have the nausea that he later learned was associated with his cancer. But he went anyway. He was so cold and tired that night but he was also so very happy that he had been able to do his demonstration on the exact 40-year anniversary.”

Van and I in some ways were oil and water. A lawyer more or less forced by my position with Attorneys for the Rights of the Child to represent serious, establishment thoughts could have clashed with a let-it-all-hang-out, religiously observant clam farmer from Florida. But Van always was able to see the real person underneath my seemingly solid disguise. (It always amused both me and Van that we two fringe characters in our movement and he certainly wasn’t going to keep his mouth shut!” But in the end Van Lewis did the impossible and ended Medicaid payments for circumcision in a Southern state, sometimes banging on tables to get there, and in the process saving Florida $2.7 million per year, no chump change.

At the Berkeley symposium last year, Van led the signature collection drive for a petition to the government. Van also webmastered a different [Ashley Montagu] petition drive. Both the signature collection and the webmastering of the petitions were such appropriate things for him to do, given his ability to reach and touch the hearts of so many.

Leonard Glick is a distinguished anthropology professor, a man of careful, nuanced language not given to overstatement. Len said, “Saying that someone’s eyes twinkled is a cliche, but that comes first to mind when I remember Van. He would look at me with that soft gentle gaze and deliver an impossibly optimistic proposal for what I might do next to end circumcision. But I knew that nothing seemed impossible to Van - not if it might save a few more infants. He was one of a kind. I wrote and sent a card. He responded when there was little time remaining, speaking about the importance of love.”

Van wrote a long article about Christianity and circumcision, filled with Bible quotations and his thoughtful meditations on the subject as he concluded that the Bible and Jesus call for Christian action to struggle against a practice he found abhorrent.

Along those lines, activist Michael Steffe may have some insight into what Van is currently up to, in case any of you were wondering: “As much as I know Van, instead of resting in peace he is now up there waking up God from a long afternoon nap to ask Him if he could use His power to send lightning bolts (of enlightenment) to strike those that have the nerve to mess with Mother Nature and to change His perfect Creation.”
Great lovers create great lovers. When I saw Van at the Berkeley symposium a little under a year ago, I had no idea that was the last time I would see him. I guess I assumed Van Lewis, beloved friend and colleague to so many of us, a force of nature, could no more pass on than the sky could die or the wind could go away forever. Van didn’t seem subject to ordinary rules and limitations. And his greatest gift may have been that he taught us, by word but more importantly by example, to love beyond what we might have thought possible and to shine gloriously and bravely in our lives, as William Van Brun Lewis shined in his unique, wonderful, miraculous life.

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Van Lewis Memorial Service, Tallahassee, Florida
George Hill

An Episcopal memorial service was held for William Van Brun Lewis (Van Lewis) at St. John’s Episcopal Church on Monday afternoon, June 20, 2011.

St. John’s Episcopal Church, which was constructed in 1888, is a large, beautifully-appointed brick church in downtown Tallahassee, Florida. It is flanked by live oak trees festooned with Spanish moss.

The Lewis family is a prominent family in Tallahassee and they have many friends. The sanctuary was absolutely packed for this service.

The service included the Eucharist or Communion. J. Steven Svoboda of Attorneys for the Rights of the Child delivered a splendid eulogy.

A reception was held in the parish hall after the memorial service.

J. Steven Svoboda, David Wilson of Cocoa Beach, Florida, Randall Delaware, and I were the activists present at the memorial service.

Van’s human remains had been cremated. His family had chosen to inter his ashes the previous day, Father’s Day, June 19, 2011, at St. Teresa Beach, an unincorperated community on U. S. Highway 98 in Franklin County about 30 miles south of Tallahassee, where Van had a home and where he was a clam farmer and which he loved.

Van worked very hard on getting the Florida legislature to remove Medicaid funding from circumcision. He was successful. By his work, he must have saved many thousands of Florida boys from circumcision.

Florida is one of few states east of the Mississippi where only a minority of boys are circumcised.

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A Message from the Founder of Doctors Opposing Circumcision
George Denniston

Van, as many now know, motivated one of the greatest biology researchers and teachers the world has ever known, the beloved Harvard biologist George Wald, to examine circumcision in the light of his vast knowledge of almost everything. Professor Wald did so, and wrote about it in 1975. We just got it published in the 10th International Symposium proceedings, some 35 years later. What a committed Jewish male, who is also a great teacher, philosopher, and humanitarian, not to mention Nobel Prize winner, thinks about the act of removing the foreskin should be of interest to everyone who has the least interest in this procedure, whether for or against it. Read it with care, and tell others about it. It is all right to copy it for your personal use.

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Van Lewis
Gloria Lemay

Crying here in Vancouver, what a wonderful man. He ran such a good race. A life well lived.

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In Memory of Van Lewis
Daniel Strandjord

I met Van at some of the protests outside AAP and/or ACOG meetings and his tale of being arrested protesting outside a hospital had a lot to do with my being cautious starting my protest outside the U of Chicago Hospital. (7 years now - began June 15th, 2004).

Of course, not wanting to get arrested, I first went to the U of Chicago Police to tell them about my intentions. I was told I was welcome to exercise my 1st Amendment right to protest. I wouldn’t mind going to jail for this cause if I could get fed, housed, and laid at taxpayer expense. However, I’m not good looking enough to go to jail. So, all I’d get is fed and housed.

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Remembering Van Lewis
James Loewen

Van Lewis made a powerful first and last impression on me! At a NOCIRC conference, at Georgetown University in Washington, Van strode into the room with an enormous bright red sign, carefully hand painted, which read, INFANT CIRCUMCISION IS A SEX CRIME, ABOLISH IT.
Van told his story, explained that this sign was a replica of the original that the Tallahassee police had destroyed, when they arrested Van and his brother Ben, for protesting infant circumcision outside hospital in 1970.

Despite the grim subject matter at the core of his presentation, Van brought warmth, wisdom and humor to the issue. Around the room people listened intently, we were all spellbound. He finished to thunderous applause.

I imagined photographing Van with his vivid sign up against some classic Washington monuments, ideally in front of the Lincoln Memorial or the Supreme Court, if that were possible. That busy afternoon we were too far from the mall and time wouldn’t permit so we went outside and we made some photos in front of the University buildings.

Last year I had the opportunity to see Van again and we taped a video interview. You can see what a marvelous storyteller his was, and how passionately he dedicated himself to the issue of human rights to genital integrity.

Van Lewis was a great human being. He inspired me and I will miss him greatly.

In Remembrance of Our Dear Friend Van
Michael Steffe

It was our beloved Intactivist friend Van Lewis who convinced Florida Medicaid not to pay for cutting up baby boys’ genitals anymore. He actually slammed his fist onto their table to wake them all up. We are all blessed that we had him as one of the smart, fearless and outspoken leaders in this movement and I was lucky enough to meet this extraordinary gentle man and yet fierce fighter for children’s human rights a few times in my life. He was one of the first people I met through the Internet after I woke up and thought I was all alone with my disgust against those that strap or hold children down with force to attack them in the genitals. He always gave me compliments for the strong words I chose to defend the children and he always encouraged me to express myself the way I do; to show my anger and my sadness and to speak explicitly the language that I am speaking. He was my mentor. He once replied to something I sarcastically wrote about circumcisers. “If laughing is healthy then I will get a hundred years old.” He made me laugh too and he made my day.

As much as I know Van, instead of resting in peace he is now up there waking up God from a long afternoon nap to tell him what’s happening to his children here on earth and to his creation; he will ask him if he could use his power to send lightning bolts (of enlightenment) to hit those blatant liars and evil demons that stick knives into children’s genitals or Centers of Love; to bring to justice those that have no compassion and no respect for the other; those that have the nerve to mess with Mother Nature and to change his perfect Creation. (If it was me I would just ask for lightning bolts to evaporate them.)

He came to visit me in California and we made up signs and slogans for a demo at the SF Pride Parade. He marched with us in crotches even though he still had a hurting and unhealed wound from the tail of a dead Stingray that penetrated all the way through his boot and food some weeks before he travelled.

We all miss you Van. You are a hero.

You will now have wings to see this barbaric atrocity of child genital torture and mutilation coming to an end. Something you always hoped to see in your life time. I think we are very close to that goal. You are now our ally from heavenly realms and you may still want to telepathically inspire us with your wisdom, love and knowledge.

You will live in our hearts forever.

All the baby boys and children in this world and the adults they are becoming will thank you once all people realize what they have done to children and this dark part of human history is history forever; when the world will be filled with the light that once sparked in your heart and that you carefully nourished with your love for children and all people.

Thank you for the actions you took when you realized what had been done to you as a small defenseless child that grew into a strong man that announced the resistance against those that do this most deplorable sex crime on helpless children. You almost killed your circumciser but you decided to carry a sign instead. It was a sign so clear and full of truth that the penis butchers inside this hospital called their mutilated slaves and still blinded victims to get you arrested. The movement would not be where it is today if you would not have been among us to wake up the blinded and to say NO to the oppressed oppressors.

Thanks for all you have done. You will never be forgotten. Once you told God what some misguided souls do to his children – rest in peace in the Kingdom of no more pain. I am sure God reserved a very special place for you.

We all love you.
Your friend Michael Steffe

Memorial for Van Lewis
Harry Meislahn

Van brought to the movement against infant circumcision a level of energy and authenticity
that we who heard him could never forget. He had the fire of the truth about him. Reason, humanity, and passion were there in all that he said and did.

The college we both attended has always had a one-word motto, veritas, that Van honored every day of his great life’s work.

Harry Meislahn
NOCIRC-IL
Harvard Class of 1962

Van Lewis is Gone, But His Crusade Endures
Tallahassee Democrat
Gerald Ensley
Wednesday, December 14, 2011

The Tallahassee Democrat has published a long story by reporter Gerald Ensley on Van Lewis’ activism and life. The article was published on December 14, 2011 to coincide with the 41st anniversary on December 17, 2011 of Van’s first protest on behalf of children’s right to genital integrity.

I was interviewed for the article, the text of which appears below. I was deeply honored to be asked by Van’s family to deliver a memorial speech in honor of Van at his service in June, incorporating the input of many activists who knew Van and admired his work.

Our best wishes go with everyone in this holiday season and especially with the memory of this great man and phenomenal activist.

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

Saturday was the 41st anniversary of his first protest. Last year, on the 40th anniversary, he re-enacted the event. But while Van Lewis won’t make this year’s anniversary, it seems a good time to remember his favorite issue: male circumcision.

For four decades, Lewis waged war on the practice of cutting off the foreskin of male children, whether shortly after birth or as part of a pre-adulthood ritual. Lewis staged protests, published papers and harangued city, state and national officials.

He launched his campaign on Dec. 17, 1970, when he and his younger brother, Ben, marched in front of Tallahassee Memorial Healthcare carrying signs and talking to motorists. They were arrested and charged with disturbing the peace. This newspaper headlined the protest “Men’s Lib Picketers Arrested.”

Many of us — especially men circumcised as infants who have never given the matter a second thought — never understood Lewis’ passion about circumcision. But golly, you couldn’t deny he had it.

“Van helped start the movement (against male circumcision) with that protest in 1970; he was one of the top figures in the U.S.,” said Steve Svoboda, founder of the California-based Attorneys for the Rights of the Child, an anti-circumcision organization. “He got Florida to discontinue Medicaid (payments for circumcision). Others helped. But it was his personality, his persistence and his refusal to say no, that did that.”

Lewis, the scion of one of Tallahassee’s pioneer families, died in June of pancreatic cancer. Some 500 people packed St. John’s Episcopal Church to say goodbye to Lewis, 68. He was beloved by those who knew him for his intelligence, his charm, his loyalty to friends and his wide-ranging interests.

Son of two of Tallahassee’s most famous white civil rights protesters, he had grown up in a house designed by Frank Lloyd Wright, attended Harvard and worked for Scientology founder L. Ron Hubbard. He ran twice unsuccessfully for the Tallahassee City Commission. He was a seafood merchant and clam farmer, whose passion for the benefits of the Sunray Venus clam nearly rivaled his passion about circumcision.

But his public image was that of an odd duck — because of his fervent opposition against circumcision. Whether speaking at public hearings of the City Commission or protesting the 2000 presidential election at the Capitol, he could turn almost any discussion into a harangue against circumcision. And he did it with a volatility that could be scary.

A week before he died, I spent several hours with Lewis and his wife of 38 years, Mary Balthrop. The already slim Lewis had dropped 40 pounds to his disease and spent most of the visit lying in a hospital bed.

But whenever the topic of circumcision was broached, he sat bolt upright — and argued his points ferociously. The topic was, as he emphasized, “personal to me.”

“It’s a fundamental violation of human rights,” Lewis shouted that day — and then began quoting the Declaration of Independence. “Nobody has the right to chop off your nose because they think you’ll look better.”

Svoboda is a graduate of Harvard law school — where he was in the same 1991 class with President Barack Obama, “who I knew pretty well back then.” A patent attorney in Berkeley, he and his organization seek to raise awareness in the legal community and public about “the harm caused by genital cutting.”

Svoboda said circumcision became popular in the U.S. in the 1800s when it was considered to “stop every disease under the sun.” But he argues the evidence shows circumcision affects a man’s sexuality and takes away the immunological protections of the foreskin. Most of all, he seconds Lewis’ point, saying circumcising a boy is a violation of human rights.

“It takes away a boy’s right to decide what to do with his body before he reaches adulthood,” Svoboda said. “It’s an elective procedure by parents, and that’s where the violation of human rights occurs.”

Circumcision opponents fight an uphill battle to end the practice. They are accused of being anti-Semitic and anti-Muslim, because circumcision is a practice of both religions. They encounter apathy because most see circumcision as “something that’s already happened and you can’t do
anything about,” Svoboda said. A petition to put an anti-circumcision measure on last year’s California ballot was deemed illegal before it went on the ballot — which “I’m not sure is legal,” Svoboda said. “Usually you vote on a petition then decide if it’s legal.”

Svoboda notes some countries (Sweden and South Africa) have passed laws against circumcision. He said male circumcision is often caught up in the debates over female circumcision, also called female genital mutilation, which is practiced in many African countries though banned in the U.S.

“One (male circumcision) seems natural to us and the other (female circumcision) doesn’t,” Svoboda said. “But I don’t think it’s natural. We don’t have female murder and male murder. We just have murder.”

Svoboda gave the eulogy at Lewis’ funeral. He had known Lewis since 2001, when they met at the annual Genital Integrity Awareness Week in Washington D.C. Svoboda allowed Lewis could be “difficult to work with.”

“Van was not one of those guys you could say, ‘I agree with 99 percent of what you say, but not this 1 percent,’ and have him say ‘Yes, that’s OK.’ He was going to focus on that 1 percent (and keep arguing),” Svoboda said. “There aren’t too many people in the movement who didn’t sometimes feel frustrated and say, ‘Come on, Van, we’re all in this together.’ ”

But Svoboda said that didn’t diminish people’s affections for Lewis.

“(Lewis’ contentiousness) wasn’t one of those things you had to put up with to get to the good parts: His personality was Van; it’s what enabled him to do so much,” Svoboda said. “He was a true individual.”

Indeed, he was one of the indelible characters of Tallahassee — no matter how you felt about his favorite topic.

### The Conservative Case in Favor of Intactivism

**Carl Augustsson**

San Francisco can be a pretty nutty place. With a ban on Happy Meals, purposely refusing to enforce federal immigration laws, and constantly sending Nancy Pelosi back to Congress, it is easy to see why people would think that anything that comes out of San Francisco must be crazy. However, when this Tea Party Patriot first heard about San Francisco’s proposed ban on male circumcision, I found myself saying something I thought I never would: BRAVO SAN FRANCISCO!!!

However, I soon read online comments by some of my fellow Conservatives denigrating this ballot initiative as being more lunacy from San Francisco. I found this quite unfortunate, as the Intactivist movement—like the Men’s Movement in general—is actually nonpartisan and has supporters from the Left, the Right and everything in between. It is for this reason that I decided to write an article to my fellow Conservatives (I actually consider myself to be a Conservative/Libertarian hybrid) in support of San Francisco’s ballot initiative and Intactivism in general.

First, let me begin with a brief history of circumcision in the US. I truly believe that if everyone simply knew the history of circumcision in the US, that alone might be enough to bring this barbaric procedure to an end in this otherwise civilized country. Circumcision began in the US and other countries of the Anglosphere during the sexually oppressive Victorian Era towards the end of the 19th century as a way to prevent or “cure” masturbation, which was wrongfully believed to be sinful at the time. Prior to that time, circumcision was quite rare in the US. Unfortunately, by the time that most of society got beyond this absurd fear of masturbation, the practice had sadly become institutionalized. It was at this point, that all kinds of myths about it being cleaner and healthier began to set in, myths which sadly continue to the present day.

There is nothing dirty or unhealthy about intact penises, and I for one highly resent being called dirty and unhealthy. Quite the contrary, the foreskin plays an important function in the health of the penis. The glans is supposed to remain moist and the foreskin helps to keep it that way, making the foreskin roughly analogous to the eyelid. It also protects the glans. Likewise, far from being dirty, smegma acts as a natural lubricant and actually contains anti-viral and anti-bacterial properties. Besides, smegma is only occasionally present and women have smegma as well. Therefore, it is intact penises which are healthier. In the end, if intact penises are dirty, than vaginas must be filthy. I, however, think that both intact penises and vaginas are perfectly clean.

At this point, though, I wish to begin the main point of this article: why Intactivism should be of high appeal to Conservatives.

1) It’s American

This point may seem strange at first glance. After all, the majority of American men are circumcised. However, as I just pointed out, circumcision did not begin in the US until the last few decades of the 19th century. That means that the original settlers in places like Jamestown and Plymouth, along with the Founding Fathers, the Revolutionary War veterans, the pioneers moving westward, the Civil War veterans, and the cowboys of the Old West were almost all intact. I challenge anyone to tell me that these men weren’t real Americans. More recently, a number of prominent American men from different of walks of life are intact. These include baseball players like Hank Aaron, football players like Joe Namath, NASCAR drivers such as Richard Petty (source: www.circumstitions.com). What could be more American than baseball, football, and NASCAR? Moreover, there are numerous good Conservative men who are intact, including Ronald Reagan and Marco Rubio (source: www.circumstitions.com). Finally, the American public is increasingly becoming more informed about this and it is estimated that the circumcision rate amongst newborns in the US has fallen to 33%. As circumstitions.com points
out: “The role of infant circumcision in the United States of America is mysterious. The US is the only country in the world where the majority [perhaps it has recently become the minority!] of baby boys have part of their penises cut off for non-religious reasons. Yet this extraordinary custom is very much taken for granted. If it were being introduced today, it would certainly be rejected as barbaric and un-American.”
http://www.circumstitions.com/US_A.html. Therefore, being intact is what is actually American.

2) It’s Certainly Western
In addition to having a strong sense of national pride, we on the Right are also proud of the Western Civilization heritage of the US. Indeed, while we realize that other civilizations have contributed to humanity as well (and we also realize that the West has had some unsavory moments in history), we are often rightly proud of the many contributions that the United States of America has made to this fabulous civilization. As a citizen of three Western countries—to all three of which I feel I have strong sense of national pride—I am especially proud of Western Civilization and the many contributions that it has made towards humanity, from the city-states of Ancient Greece to the present day. With the exception of the US and other English speaking countries since the late 19th century, circumcision has never been practiced within Western Civilization. As for the other Anglosphere countries, they have all either dropped circumcision altogether (such as the UK and New Zealand) or have rates that have now fallen below 20% of male newborns today (such as Australia and Canada). I am therefore confident that the US and the other countries of the Anglosphere will once again be like the rest of civilized Western Civilization where this barbaric procedure is almost unheard of.

3) It’s Christian
Many people mistakenly think that circumcision is a part of the Christian faith. While it is true that circumcision is mentioned in the Old Testament and that Our Lord and Savior Jesus Christ was circumcised, it is not true that it is a part of the Christian faith. After all, many things that are mentioned in the Old Testament, such as the Passover meal and kosher food laws, are also not a part of the Christian faith. Indeed, there are numerous passages in the New Testament which mention that circumcision is not necessary for Christians. There are other New Testament passages which even condemn it. “For whether or not a man is circumcised means nothing; what matters is to obey God’s commandments” (I Corinthians 17:19). “Watch out for those who do evil things, those dogs, like cutting the body. It is we, not they, who have received the true circumcision, for we worship God by means of his Spirit and rejoice in our life in union with Christ Jesus. We do not put any trust in external ceremonies” (Philippians 3:2-3). There are numerous other examples of such quotes throughout the New Testament. For Christians, baptism replaced circumcision.

With the notable exception of parts of Africa, the United States is one of the few countries in the world in which Christian men are circumcised. Indeed, to many people in other parts of the world, it is shocking that Christian men in the US are circumcised. In many parts of the world (such as the Balkans, Caucasus, and parts of Asia) where Christianity meets Islam, being intact, along with eating pork and drinking alcohol, is one of the characteristics which distinguishes the Christian men from the Muslim ones. Here in the

Caucasus, the Christian Georgian, Armenian, and Russian men are intact, whereas the Muslim Turks, Azeri, Kurdish, Iranian, Chechen, and Dagestani men are cut. Therefore, most Christian men (except for certain parts of Africa) in other parts of the world are intact. In fact, the Catholic Church actually forbid circumcision in 1442 (source: http://www.historycircumcision.net). Therefore, it is being intact that is a part of the Christian identity. I myself strongly value my Christian faith.

4) It’s Pro Individual
We on the Right have always valued the individual and his/her right to make his/her own decisions. Therefore, shouldn’t males be allowed to decide for themselves whether they wish to be circumcised? I hasten to emphasize that the proposed ban in San Francisco only applies to those under 18 and therefore does not affect adult men who wish to be circumcised. I recently attended an Intactivist rally in Washington where I held a sign which stated the strongest argument we Intactivists have: “his penis, his choice, let your son decide”.

5) It’s Not Government Interference
We on the Right have always rightfully been concerned about government interference in our lives. Indeed, it often upsets us when we see how many other people fail to recognize the dangers of excessive government interference. However, banning male circumcision is not an example of government interference in the lives of private citizens. After all, parents are not allowed to beat their children or to have any other form of cosmetic surgery or body modification (such as tattooing) done to their children. Circumcision is purely elective cosmetic surgery, as the health claims are dubious at best and have to be weighed against stronger health and sexual reasons for leaving the penis intact. Therefore, it is not big brother government intrusion to ban male circumcision on minors.

6) It’s Pro Equality
We on the Right are often accused of being anti-equality, even in favor of
discrimination. However, the truth is that we Conservatives are the ones who actually believe in equality. After all, the Left’s concept of equality is basically, “the absence of discrimination against any group that we feel has historically been oppressed”. The Left is best indifferent about reverse discrimination, or examples of discrimination against a group that they believe to have always been privileged. By contrast, we on the Right believe that two wrongs don’t make a right. As a result, we believe that racial discrimination against White people is just as wrong as racial discrimination against Blacks and other non-white peoples. Likewise, discrimination against men is just as wrong as discrimination against women. The law rightfully forbids all forms of genital cutting of girls. This includes a variant in which only the clitoral hood is removed. In fact, the law even forbids a symbolic pinprick of the labia in order to draw one drop of ceremonial blood, regardless of the religious or cultural heritage of the parents. Clearly male circumcision is more intrusive and more damaging than either of these two above-mentioned examples. For one thing, it certainly isn’t any less intrusive or damaging. Therefore, if those two examples of female genital cutting are both illegal, than shouldn’t male circumcision also be illegal? If girls are entitled to genital integrity—and they certainly are!—than why are boys, in the spirit of equality, not also entitled to genital integrity?

7) It Leads to Increased Sexual Pleasure
We on the Right are often wrongly thought of as being uptight with human sexuality. While there are certainly uptight prudes on our side, it is we Conservatives who are actually the ones who are more open with sexuality, as the Left has been infected with the anti-sexual views of Feminists. That being said, if we Conservatives are the ones who are pro-sexuality, than we should oppose circumcision since it leads to decreased sexual pleasure in both men and their female partners. Let’s not forget that the only reason circumcision began in the US was to prevent or “cure” masturbation, which was wrongfully seen as being sinful at the time. It was therefore designed to reduce sexual pleasure. While there is no question that circumcised men do indeed enjoy sex, it is clearly not as pleasurable for them as it is for intact men. One man who was circumcised as an adult describes the difference as going from color television to black and white.

Some proponents of circumcision have made the ridiculous argument that American women would reject intact men. This argument is both ridiculous and insulting to American women. Millions of American women are happily married to intact men, both foreign born and domestic born. Millions of American women have fallen in love with and end up dating or even marrying European and Latin American men who are mainly intact. After all, think of all the college coeds who do study abroad every year, hoping to date a local guy (who, depending on the country, would almost certainly be intact) while overseas. Likewise, millions of intact men—myself included—have been intimate with at least one American woman in our lifetimes. Many American women, after having experienced an intact man for the first time, find that they prefer it. Indeed, a number of studies of women who have been with both cut and intact men clearly show that women prefer intact penises. This is not surprising, as the gliding motion of the foreskin during sex offers additional pleasure to both the male and his female partner. As a result, many American women who are married to cut men wished that their husbands had been left intact. Therefore leave your son intact, not just for his pleasure, but also for the enjoyment of his future girlfriend/wife.

8) It’s Cost Effective
Every year, hundreds of millions of dollars (perhaps even billions) are wasted on circumcisions in the US, much of that at taxpayers’ expense through medicaid. We on the Right are against such needless wastes of money. How outrageous to be wasting such a huge amount of money on brutal cosmetic surgery with health claims that are dubious at best.

9) It’s anti-Junk Science
We on the right are often accused of being anti-science. However, skepticism against junk science is actually what is pro-science. Claims that circumcision reduces the risk of AIDS infection are based on highly flawed studies carried out in Africa by people who were in favor of circumcision before the studies even began. These studies were designed to reach the conclusion that circumcision is beneficial, and not to find out whether it is beneficial. Besides, note the obvious piece of evidence against this conclusion: the US has the highest rate of circumcision in the developed world and one of the highest rates of AIDS in the developed world. So much for that hypothesis! In short, this is the same junk science that gave us the hoax of global warming which we on the Right are now fighting so hard against.

There is so much more to say about this topic, but I have probably gone on too long already. I suggest that all of you log on to some great websites were you will find the truth about circumcision: www.nocric.org, www.circumstitions.com, www.intactamerica.org, www.cipr.org, www.nohamm.org, and www.doctorsopposingcircumcision.org, amongst other great sites. If only everybody in the US would log on to these sites, this needless, destructive cruelty would come to an immediate end.

To my fellow Conservatives: just because this initiative is from San Francisco does not automatically mean that it is an example of left-wing lunacy. After all, a broken clock is right twice a day. Besides, this effort was initiated by the good people of San Francisco, unlike the ban on Happy Meals which was passed by their nutty city council. Intactivism is actually nonpartisan and, as I have pointed out, is what is most logical from a Conservative point of view. Since Intactivism is nonpartisan, perhaps a fellow Intactivist who is left-leaning should write a companion article to this one.

To San Franciscans: the next time you go out and do something crazy like banning Happy Meals—and I’m sure you will (I actually say that affectionately in this context)—realize that I will always have a soft spot in my heart for you after this. I promise to try to erase “San Fransicko”
from my vocabulary. I will also state for the record that I had the pleasure of visiting your beautiful city back in 2003 and I enjoyed it.

To Rush Limbaugh personally: whenever I am in the US, I often listen to your radio show. Indeed, I first started listening to you at the age of 14 back in 1991. While I usually agree with what you say, you have on occasion made fun of the fabulous Intactivist group NOCIRC. I find this unfortunate. I have spoken with the leadership of NOCIRC and they tell me that they would love to talk to you. I know for myself personally it would be a huge honor to talk to you.

I am myself proud to be an intact Conservative/Libertarian Republican Christian American/Western happily married man. There is absolutely nothing contradictory about any of that. In fact, that is what is actually most logical.

Carl Augustsson was born in the US to a mother originally from the US and a father originally from Sweden. His wife is from the Republic of Georgia. He is a citizen of all three countries. He currently teaches English and Political Science at Caucasus University in Tbilisi, Republic of Georgia.

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**Genital Autonomy Keele Conference Report**

Steven Svoboda

I participated in a conference organized by the UK-based Genital Autonomy organization and by the University of Keele. The conference, entitled "Law, Human Rights, and Non-Therapeutic Interventions on Children," was held on August 31-September 1, 2011 at the University of Keele in Keele, UK.

Genital autonomy refers to the principle that all minors—male, female, and intersex alike—should be protected from genital cutting that is not medically necessary. The conference organizers, including David Smith of Genital Autonomy and Michael Thomson of the University of Keele, used a very creative approach to the conference, bringing together a mix of, on the one hand, intactivists, and on the other hand, academics and officials whose interests and inclinations align somewhat with ours but who are mostly not associated with intactivism.

The conference was devoted to considering all aspects of genital autonomy, though it concentrated primarily on intactivism and secondarily on female genital cutting (FGC). Some famous, long-standing activists against FGC spoke, including Efua Dorkenoo of Equality Now on "FGM and Human Rights" and Comfort Momoh of the University of London and FORWARD on "FGM—An Overview."


Two authors of recent influential papers on intactivist-related issues participated, and both their papers and the opportunity to interact with them were highlights of the conference. Drake University Politics

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Professor Debra DeLaet addressed "Genital Autonomy and Children's Rights in International Law" while Matthew Johnson discussed "Dealing with Invasive Religious Rights: Should the NHS Offer Circumcision to Diminish Harm?" Former Tasmanian Children's Commissioner Paul Mason traveled all the way from his homeland to deliver a talk entitled, "So You Think Medically Unnecessary Circumcision Breaches Human Rights Law: The Other Side of the Coin."

Several presenters appeared for the first time at an intactivism-related conference, offering fresh perspectives. Youthful Travis Wisdom fought off illness to brilliantly analyze intactivism using a feminist analytical framework. Gert Van Dijk, one of the main movers behind the Royal Dutch Medical Association's recent forceful anti-circumcision position statement and ensuing anti-circumcision programme, examined the relationship of the right to bodily integrity and religious freedom. Anthony Lempert of the Secular Medical Forum, who was recently interviewed to stunning effect in a video available online, discussed "Conscience and Foreskins: A Medical Paradox." UK Professors Michael Thomson and Marie Fox delivered well-prepared and thoroughly researched meditations on health law and genital integrity.

The organizers even managed to get the Metropolitan Police to attend the entire conference and to present a film they prepared on the FGC topic.
Unfortunately Sarah Graham was unable to be present to discuss her experiences with intersex activism. Instead the delegates were shown an interview with Hida Viloria who is a spokesperson for OII that promoted a lively discussion, and John Geisheker of Doctors Opposing Circumcision did double duty, discussing last year's flip flop by the American Academy of Pediatrics on the acceptability of less severe forms of FGC, and also examining recent events regarding the San Francisco ballot initiative and the ensuing court case.

I presented a well-received paper that examined common concerns of the three branches of genital autonomy, entitled, "Protecting All from Genital Cutting - Law, Human Rights, and Demedicalization." The process of preparing this paper was itself very valuable and I found fascinating and instructive the opportunity to present a paper for the first time on the interrelationship between intactivism and
activism against other forms of genital cutting.

The cross-fertilization was extremely beneficial and enlightening. Also the high quality of the presentations and the intimate, relaxed setting of the conference allowed us all to connect, share ideas, and get to know each other over the two days. To use a British word, the conference was no less than a smashing success.

"Autonomy, Consent, and Harm" Panel: (l to r) Chair J. Steven Svoboda, Panelist Matthew Johnson of the University of York, Panelist Paul Mason (Former Children’s Commissioner of Tasmania) and Panelist Travis Wisdom of the University of Nevada at Las Vegas, Sept 1, Genital Autonomy Conference, "Law, human rights, and non-therapeutic interventions on children," Aug 31-Sept 1, 2011.


Richard Duncker and Steven Svoboda, stuck on the British highway the M1 at a dead stop for four hours in the wake of a lorry (truck) fire on their way back to London from Keele, the evening of Sept 1, Genital Autonomy Conference, "Law, human rights, and non-therapeutic interventions on children," Aug 31-Sept 1, 2011.


vote in November that would have allowed male circumcision only when medically necessary. The proposed bill was identical to federal and California law protecting girls from non-therapeutic genital cutting. Ordinarily, citizens’ initiatives in California sail through to a vote, whatever the outcome.

In this case, however, Jewish associations brought suit in San Francisco Superior Court to enjoin the vote as anti-Semitic, a violation of the religious and parental right to circumcise, and of the state’s right to regulate medicine. The San Francisco Medical Society, the City of San Francisco, and the ACLU, likewise represented by major law firms, “piled on” with last minute briefs. In addition, during the litigation, a California legislator introduced Assembly Bill 768, endorsed by the California Medical Association, stating that male circumcision has a wide array of health benefits, and that no law can restrict a parent’s right to have a (male) child circumcised. Circumcision advocates also have introduced a similar federal bill in Congress. In short, all out war between David and Goliath broke out in California over whether parents have the right to circumcise their sons.

I regret to report that the California Superior Court judge removed the citizen’s petition from the ballot, and that Governor Jerry Brown signed the “parental right to circumcise” bill into law this October. Both results are contrary to the law, and were a miscarriage of justice.

The Legislation

The claim by the California legislature that “[m]ale circumcision has a wide array of health ... benefits”, and by the California Medical Association that “newborn circumcision [is] an effective public health measure” is simply false. Circumcision does not benefit most boys or men at all. (For example, it has a 1 in 100,000 chance of preventing penile cancer, which can be prevented by washing and not smoking, and we do not amputate girls’ breasts despite a very high risk of breast cancer. Circumcision also does not prevent HIV or AIDS, as proven by the prevalence of those
Attorneys Lloyd Schofield and Michael Kinane volunteered to represent the petitioners, but under tremendous time pressure obtained assistance writing the briefs from Doctors Opposing Circumcision and the writer. As stated, ordinarily, California courts allow citizens’ initiatives to proceed to a vote, reasoning that citizens have a “precious” constitutional right to petition the state; that laws involving health and safety fall squarely within a city's police power; and that opponents of ballot initiatives cannot show any harm, let alone irreparable harm, before laws have passed. They reason further that the burden is on opponents to prove that a proposed law would be invalid or preempted by other laws, and usually decide such questions after the vote, if it passes, after full briefing and argument rather than in haste.

As DOC wrote in its brief, the proposed law was clearly valid under federal and state statutory and constitutional law, for the reasons given above. DOC argued further that the freedom of religion clause does not give parents the right to make medical decisions for their children: parents can only consent to medical treatment of their children, not to unnecessary surgery.

Judge Loretta Giorgi rejected DOC’s brief and supporting documents as late, and thus did not read them, even though she accepted the San Francisco Medical Society’s brief filed just one day earlier. She also issued a highly unusual preliminary ruling even before hearing. Thus, her decision was a fait accompli. Although Michael Kinane argued eloquently, the hearing was, as Attorney George Geisbeker of DOC put it, “pure theater.”

The judge ordered the proposed initiative removed from the ballot on the grounds that it was preempted by California’s Business and Professions Code §460(b). That statute provides, “(b) No city ... shall prohibit a healing arts professional [from] performing any procedure that falls within the professionally recognized scope of practice of that licensee.” The only fact she noted was that circumcision is a common medical procedure.

The decision that the initiative was preempted by the business code was erroneous. First, Section 460(b)(2) of the business code expressly allows ordinances involving health and safety. Second, cutting healthy boys' genitals does not fall within the scope of medicine under California law, which defines it as the diagnosis and treatment of medical conditions. Third, the presumption in California is against preemption, especially as here where it would "overthrow long-established principles of law." Fourth, the purpose of preemption is to prevent a patchwork of laws. The proposed law was necessary to enforce the many federal and state laws protecting children. Section §460(b) by contrast – drafted by doctors and veterinarians to protect their turf, specifically unnecessary but lucrative procedures on adults or minors – violates many well established laws and is invalid. Fifth, the judge ignored a California Court of Appeals decision holding that §460(b) did not preempt an ordinance banning the declawing of healthy animals, which requires amputating healthy bone, ligaments, and tissue. The Court of Appeals in that decision reasoned that the "ordinance targeted animal cruelty not [the] regulation of veterinary medicine." By extension, the California ordinance targeted cruelty and injury to children, not the regulation of medicine.

The Litigation

diseases in the United States.) At best, circumcision has “potential benefits” for very few men, while any benefits can be achieved easily and inexpensively without it. The fact is that circumcision is extremely painful, kills more than 100 boys per year, seriously injures many boys and men, and harms all men, such as by removing the most sensitive part of the penis and destroying its normal function.

Moreover, there is no religious or parental right to circumcise boys or girls. In banning non-therapeutic female genital cutting, Congress found that such cutting was already illegal under federal and state statutory and constitutional law. That is to say, children have a right to bodily and genital integrity. Male circumcision violates the plain wording of California’s criminal child abuse and sexual abuse laws, which expressly apply to female genital cutting. As to constitutional law, circumcising for religious reasons violates the right of every individual – including children – to choose his or her own religion. The Supreme Court also settled in Prince v. Massachusetts in 1948 that while parents can martyr themselves, they cannot risk harming their children, let alone actually harm them and possibly kill them, for religious reasons. Individuals also have a constitutional right to life and liberty, including freedom from unwarranted interference with one’s body, and to autonomy, or the right to pursue happiness however one chooses. Individuals have a further constitutional right to privacy, including the right to make important decisions about one’s own body, such as the constitutional right of girls to an abortion (even though it kills a living organism). The right to privacy surely extends to one’s most “private parts.” Moreover, boys have a right under the United States and California constitutions to equal protection of the law. In short, the California legislation is invalid as factually erroneous, contrary to California laws protecting children, and unconstitutional.
To summarize, the judge decided this important case in haste, before hearing, without reading the proponent’s principal brief or any supporting documents, including Dr. Van Howe’s powerful affidavit, with virtually no legal analysis, and contrary to longstanding precedent. She disregarded the right of citizens to be heard, the fact that circumcision is harmful, and the constitutional right of boys to equal protection of the law. She accepted without question the self-serving “poison pill” physicians wrote into law, allowing them to continue any common medical practice, even painful, risky, harmful, non-therapeutic invasive surgery on healthy boys that no medical association in the world recommends.

By the judge’s reasoning, citizens and cities could not stop physicians from injuring and killing children by drilling holes in their brains — depicted in cave paintings, like circumcision — if that too had remained a common procedure. In short, the California decision ignored children’s rights, and ascribed rights to physicians and parents that they do not possess.

Implications

The legal battle in California makes clear that physicians who make money from circumcision (and their trade associations), and parents who consider circumcision to be a sacred rite commanded by their god, will band together, hire the finest attorneys, and do whatever is necessary to perpetuate the practice throughout the country. This includes claiming that circumcision is beneficial when it is harmful, and that parents have the right to circumcise their boys when they don’t.

As a practical matter, intactivist attorneys did not have the time or resources to mount a proper appeal of the Superior Court decision (which fortunately has no precedential effect), or to attack the California legislation at this time on constitutional grounds. Certainly it would be useful to hire a prominent law firm and constitutional scholar to help fight these important legal battles. But although the California decision and new legislation are certainly a setback, and the pending federal legislation is cause for concern, the law is on our side. One day a judge will bother to read our briefs and supporting affidavits. Instead of starting with the fact that circumcision is commonplace — really? — he or she will start by noting that both female and male genital cutting are risky and harmful, and that adults rarely choose genital cutting for themselves. Ultimately, inevitably, courts will conclude that boy’s private parts are entitled to the same protection as girls’.

**AAP Annual Conference in Boston**

Robert O’Connor

The American Academy of Pediatrics held its 2011 conference at the Boston Convention & Exhibition Center in South Boston over the weekend of October 15th. That Saturday, Elizabeth Noble, Jed Stamas, Alex Foygel and I gathered in front of the BCEC to protest infant circumcision and to hand out information. Many of the conference attendees walked to or from the World Trade Center stop on the MBTA’s Silver Line. So we lined up with our Intactivist placards where their path crossed the sidewalk in front of the BCEC. I updated the Conference Flyer that we distributed in 2008 (currently titled “Non-Therapeutic Circumcision: Whose Responsibility Is It To End This Unnecessary Surgery?”) and handed these out to whoever would take them.

Foreign doctors are of course more receptive to our message than most American ones. I started out holding the "Do your hands heal or harm?" placard. Two doctors from Panama stopped and took pictures. They told me that circumcision isn't generally practiced in Panama except in Military families. The thinking is that sons of Military men will also be in the Military and might get sand under their foreskins if they serve in the desert. This notion is due to American influence in the Military. They agreed with us that circumcision is not medically necessary.

When Elizabeth arrived we switched to using the "10 out of 10 Babies Oppose Circumcision - You should too" placard and the "You Wanna Cut Off WHAT?" placard. Minutes later a woman came out of the conference hall looking for the "Do your hands heal or harm?" placard. “That's an Anne Geddes
picture. Do you have permission to use that?” she demanded to know. I didn't know what to say, but fortunately I had already put it away. We think that she didn't agree with our message, but couldn't come up with a good argument, so she decided to direct her outrage at our use of the image.

There were a few very negative comments. One doctor swore at us. One yelled "You Need Help" as he quickly hurried by. I yelled "You Need Information".

One man was there with his wife (I'm not sure if she was a doctor or an exhibitor). He said that they didn't circumcise their son (although I believe he himself was circumcised), but he still wanted to know why I would choose circumcision as a cause and stand there protesting it. I find this type of comment makes me feel very defensive (which is probably what he intended).

A far greater number of responses were positive. Many of the doctors gave us the thumbs up sign and said "we're with you", but they declined to take one of the flyers. One doctor said that she only did circumcisions because the parents requested it. I pointed out the section in the flyer that lists what doctors need to do to educate parents and she then took the flyer and promised to read it. I started to think that many of the doctors might be like her - so they really need useful information that they can convey to parents.

We all debated on what the best way was to approach people. I went with "Would you like some information?", Elizabeth used "Please take a brochure!", and Jed's line was (I think) "Here is some educational information". Maybe "Please Educate Parents" would be a good line. This would combine Elizabeth's and Jed's approaches.

We also discussed updating the conference flyer. Elizabeth said that she shouldn't use the term "non-therapeutic" in the title, because this will put the word "therapeutic" in their minds. Elizabeth suggested using the term "Needless Circumcision" instead. Alex suggested incorporating the "10 out of 10 babies say NO to circumcision" into the title of the flyer. This would be a less confrontational title and would draw attention to the suffering of the babies. He also thought it would be a good idea to include more testimonials from men who have undergone a non-therapeutic circumcision, as well as parents who regret their decision.

As always, the placards generated a lot of interest. Many people stopped to take pictures of us holding the placards and these pictures will definitely generate discussion.

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**Circumcision is No Cure for HIV**

ThinkAfrica Press
Jonathan Friedman
Tuesday, September 20, 2011

In 2008, Ban Ki-moon, Secretary General of the UN, stated of the Millennium Development Goals: "Halting the spread of AIDS is not only a goal within itself; it is a prerequisite for reaching almost all the others."

This view is beginning to be challenged. Dr Michael Grimm and Deena Class, authors of a policy brief criticising the reliance of global HIV/AIDS policy on poorly interpreted data, object. "Today more and more experts accuse [leading world health organisations] of a biased presentation of the facts to distort priorities in favour of the treatment and prevention of AIDS compared to other disease and global health issues... Experts estimate that [HIV aid] receives 25% of international healthcare aid... In some countries HIV aid clearly exceeds total domestic health budgets." Distortion of economic impact

The authors emphasise the distortion of the economic impact of HIV/AIDS on sub-Saharan countries. Effects such as the decrease in economic growth rates and an increase in unemployment probability have little meaning without comparison to the effects of other chronic diseases: "Infant mortality due to acute respiratory infections, diarrhoea, measles, malaria and malnutrition in general causes more than twice as many deaths as AIDS... Despite these facts, UNAIDS is still calling for a drastic budget increase."

Grimm and Class also note that many "sloppily written reports" on the effects of HIV/AIDS on household income rely on "anecdotal evidence". The assumption that the deceased are always primary income earners further exaggerates the economic impact of the HIV/AIDS crisis. Ignorance of transmission modes

Another argument in the report is that medical transmission of HIV has been underestimated at below 2% of all infections. The prevailing belief that sexual transmission and being born to HIV-infected mothers are the primary modes of transmission do not hold up in the light of real-world data. An HIV outbreak investigation "linking" infections has never been performed. Without a comparison of HIV strains between sexual partners, beliefs of the predominance of sexual transmission modes of HIV can have little basis in reality.

UNAIDS estimates that 90% of HIV infections in children are due to mother-to-child transmissions. This estimate contradicts real-world data. Only 25-35% of children born to HIV positive mothers are born with HIV in the absence of antiretroviral drugs. Furthermore, a significant number of children born to non-infected mothers have HIV.

Some have tried to explain away this unacceptably high number of HIV infections in children by "casually" suggesting that these HIV infections are due to sexual transmissions, implying, without any supporting evidence, that children experience rape and other forms of sexual violence in an astonishingly high number of unreported cases.

The reality is that the significant number of HIV infections in children is due to blood exposure in poor health settings. The authors cite a study by the Health Ministry of Mozambique, which found a "positive and significant" correlation between medical injections and HIV positivity in children.

Furthermore, "blood exposures in high prevalence settings occur for adults as
well, but due to the overwhelming focus on sexual transmission, these exposures in adults are systematically ignored in health policy”. A 2009 study in Mozambique found that only 69.5% of donated blood units were screened for HIV in a “quality assured manner”. Mass circumcision campaigns

The over-emphasis on sexual transmission modes of HIV infection has fostered the implementation of unsafe and unethical mass circumcision programs in Africa in order to "prevent" HIV. Tens of thousands of men have already lined up to get circumcised, after three studies purportedly showed a 60% protection benefit.

These mass circumcision campaigns continue to receive millions in funding from leading organisations, including WHO and UNICEF. These health aid organisations have received strong criticism from human rights organisations and experts who question the ethics and the purported health benefits of male circumcision.

Organisations such as Attorneys for the Rights of the Child, Doctors Opposing Circumcision, and Jews for the Rights of the Child have worked tirelessly to stop the practice of child circumcision in the US and around the world. These organisations have repeatedly called upon the UN to recognise the practice of male circumcision as a form of genital mutilation.

Opposition to “Voluntary Male Medical Circumcision” programmes

While these organisations are not opposed to adult circumcision, there are at least three grounds for opposition to the current mass circumcision campaigns in Africa. First, mass circumcision campaigns are based on misinformation, as men are not being informed of the functions of the foreskin.

Second, many countries are being pressured to draft plans for routine infant circumcision. Earlier this year, the South African Medical Association called these plans to circumcise infants for HIV prevention "unethical" and "illegal". In addition to the dangers of circumcision, cells from "donated" foreskins are used to manufacture a wide range of biomedical products, ranging from skin grafts to facial beauty creams. (Oprah featured SkinMedica's TNS Recovery Complex on her show, a product which contains foreskin fibroblasts.)

Third, the three studies which purportedly show that male circumcision protects against HIV by up to 60% have several flaws. According to a UNAIDS demographic survey, 10 out 18 countries have higher HIV prevalence amongst circumcised males. Furthermore, the reported 60% protection benefit is for male acquisition only: studies show that male circumcision increases female acquisition of HIV by up to 50%.

Explanations for HIV exceptionalism

The exaggeration of the effects of HIV, along with the preference for using anecdotal evidence over empirical evidence, might simply be a case of wide-spread cognitive dissonance, i.e. people “seeing what they want to see”. While there are clear financial incentives for over-exaggerating data, the relationship between a distortion of the facts and the motives needs further examination.

In a private communication, the authors stated that there are at least four reasons for HIV Exceptionalism:

"First, due to a lack of data and problematic methods... prevalence rates of HIV/AIDS were systematically overestimated in the late 80s and in the 90s. Second, the belief - without... empirical evidence - that a disease that affects so many people in the age of activity must have tremendous economic consequences. Third, a very strong lobby of popular rock stars and alike that backed the fight against AIDS and put strong pressure on donor countries to do something. This was reinforced by the set-up of a special UN agency to fight AIDS (UNAIDS). Fourth, at least in the beginning... the fear that the epidemic could spread from Africa to Europe and the US and lead to similar prevalence rates there. As always, once such dynamics have started it is very difficult to stop and reverse them. Who from UNAIDS would admit today that many things went wrong?"

UNAIDS is slowly beginning to listen to an increasing number of outspoken experts, such as Grimm and Class, who are re-examining the evidence. Recent studies have shown that the UN numbers over-estimate by 25-40%. In response, the UN has scaled down its estimate of 37 million worldwide HIV infections to 33 million.

The Bittersweet Successes of ‘Cutting Culture,’ Las Vegas

Travis Wisdom
Saturday, November 12, 2011

After several weeks of preparation, and following my work in the United Kingdom, I am pleased to report the successes and misfortunes of Cutting Culture: A Closer Look at Male Circumcision. This event fulfilled the final requirement for my internship program as well as concluded the national Cut Tour, with film producer and director Eliyahu Ungar-Sargon. The five days leading up to the event were intense. We attempted to secure the logistical requirements for the conference in a timely manner, and succeeded with various mishaps. After spending a grueling seven hours editing, finalizing, and printing of the “Program and Syllabus of Abstracts” at the Jean Nidetch Women’s Center (JNWC), I expedited their final printing and binding for the following day. Upon collecting the programs, I was devastated to find various typos, grammatical errors, and a duplication of a sub-title on two pages. Mais, c’est la vie!

We are pleased to have had seventeen event co-sponsors – a notable success, especially for a largely student-run event. In terms of a breakdown, only five were intactivist organisations, including the UK-based charity Genital Autonomy. The Australian feminist publication, The Whole Woman also co-sponsored, leaving eleven others, the vast majority of which were feminist, reproductive rights advocates, and anti-rape and sexual violence organizations.

Aya Louisa McDonald, Ph.D., Department Chair of Art and Art History, invited me to speak at the department meeting to discuss this event and how to
offer it to their students. While Danielle Roth- Johnson, Ph.D., Professor of Women’s Studies, could not attend the event, she invited me to speak to each of her classes about the conference. Dr. Roth-Johnson had this to say about circumcision: “Throughout history, feminist thinkers and activists have been vitally concerned with ensuring inalienable and fundamental rights, not simply for women alone, but for all sentient beings. In this light, a man’s right to bodily integrity and freedom from physical harm should also be a major concern for all feminists and activists concerned with social justice.”

We were also pleased and grateful for the amount of donated items we received to help compile the attendee information packets. NOCIRC provided three pamphlets and an instructional DVD for each packet and the University of Nevada Las Vegas (UNLV) Women’s Center offered complimentary printing, nametags, folders, and other office supplies. Amy Callan of Intact America expedited writing pens, Lauren Jenks of The Whole Network donated informational postcards, and The Whole Woman offered a discount for subscriptions to the magazine for those who attended. Kathya Delaguila of Kathya’s Midwifery extended additional support of this event by printing a variety of information for each attendee packet.

Cutting Culture was held at the Marjorie Barrick Museum, UNLV on Saturday, November 12. On the morning of the event, the organizing team, friends, and family arrived between 7:45-8:00 AM to begin the preparation of the conference, which was to commence three-quarters past the hour. Unfortunately, we were unable to enter the museum until fifty minutes past the hour. This caused a great delay in our program and the duration of the events planned. However, all who arrived helped empathetically prepare the lecture hall and auditorium as quickly as possible – remarkably, in less than fifteen minutes. After a variety of additional technical problems, the conference finally began by 10:00 AM. Of the 50 people who had confirmed their attendance (excluding the party faithful and family members), and after three weeks of diligent advertising within the Las Vegas communities, hospitals, and academies, less than eight people attended. There were various unexpected arrivals, softening the disheartenment of such low attendance.

I provided the opening statement and later, Karoline Khamis welcomed the attendees. Khamis is the Program Coordinator of the UNLV Campus Advocacy and Resource Empowerment (CARE) Line, a twenty-four hour hotline for “information and resources around the crimes of sexual assault, domestic or dating violence, and stalking.” Khamis and Christina Hernandez chaired the morning sessions. Hernandez is the Outreach and Awareness Coordinator of the JNWC at UNLV who also established a peer advocacy and education program regarding sexual and domestic violence prevention.

The program was broken into six sessions. The first three were “Basic Issues:” Marilyn Fayre Milos, RN of NOCIRC, John V. Geisheker, JD, LLM of DOC, and Gillian E. Longley, RN, BSN, MSS of Colorado NOCIRC all provided insightful and compelling presentations about the history and medicalization of circumcision, the functions of the foreskin, the effects of circumcision on the body, the AIDS crisis of Africa, medical ethics, and informed consent. While surveying the audience during these presentations, I noticed unanimous attention to each speaker. Following each presentation was compelling dialogue that offered deeper analyses of circumcision and the ways in which this practice affects everyone, transcending social locations (e.g. race, class, gender, etc.).

Geisheker and Dolores Sanguliano, RN, BSN of Colorado NOCIRC chaired the afternoon panel. Unfortunately, one of the panelists was unable to attend, offering a discussion of two women and only one male. However, the discussion was well received. Many of the attendees enjoyed listening to “The Impacts of Circumcision” because it offered a powerful analysis of the complexities of circumcision.

The session on “Genital Autonomy, Human Rights, and Empowerment” allowed for a discussion of social justice and activism.
After a mishap of losing a speaker, Dr. Anita Tijerina Revilla, Director of the UNLV Women’s Studies program, gave a short, unexpected discussion of Women’s Studies and its role in the conference. Dr. Revilla was complimentary and supportive, and helped attendees draw parallels between social justice and the Cutting Culture event. Jorina Hortizuela, an undergraduate student of Women’s Studies, presented on “Intactivism 101.” She discussed activism and what constitutes social justice activism, and provided examples for audience members.

Justin Ponkow, a UNLV alumna of the department of Political Science, welcomed and introduced Elyahu Ungar-Sargon for the film screening of “Cut: Slicing through the Myths of Circumcision.” Sargon has traveled to thirty US cities for a viewing of his documentary that examines medical, cultural, and religious inquiries about circumcision. Las Vegas was the final screening in the tour, sponsored by The Whole Network. Sargon offered commentary and dialogue with attendees after the film.

While few in numbers, the value of the discussion and dialogue, as well as the complete filming of the event alleviated any sentiments of discouragement. Dennis Morgan of Morgan Photography also donated his time and skills to photograph the event and speakers.

I could not have successfully executed this conference without my team of organizers: Karoline Khamis, Dolores Sangiuliano, and Marilyn Fayre Milos all tirelessly helped in the planning and finalizing of this event and made it possible. It was also equally pleasing to have such a large support system among my family and friends. My aunt and uncle made a special long-distance trip for the event and promise to have an in-person discussion with their adult male children, one of whom was recently married.

My father, mother, and sister all have expressed gratitude for attending. Prior to this event, I had received support for my work and academic successes—however, after family members attended the conference and viewed the film screening, their support evolved from familial admiration to a complete and sound understanding of the ramifications of male circumcision, medical ethics, and human rights.

It was my pleasure to offer the Las Vegas communities Cutting Culture. I look forward to helping with the organizing and execution of the 12th Symposium on Circumcision, Genital Integrity, and Human Rights, which will be held at Keele University, UK.

The complete audio recordings of Cutting Culture can be retrieved by visiting the Cut Tour podcast website at: http://itunes.apple.com/us/podcast/the-cut-podcast/id452165277

Travis Wisdom
Conference Chair
Department of Women’s Studies
NOCIRC of Las Vegas

The 18th Annual Genital Integrity Awareness Rally
Carl Augustsson

This past Saturday, April 2nd, 2011, I attended the 18th Annual Genital Integrity Awareness Rally in Washington D.C. April 2nd was actually the culmination of a half-week of activities which began on the previous Wednesday, the 30th of March. The reason this date was chosen is because the 30th of March is the anniversary of the passage of the law in 1997 which bans female genital mutilation. While this law is to be applauded for protecting girls from brutal mutilation, it also needs to be criticized for its sexist double standard. After all, don’t boys deserve the same protection under the law? Raising awareness in general about the harmful and totally unnecessary effects of male genital mutilation was the purpose of the rally.

The main part of the rally—a march from the West Lawn of the US Capitol Building to the White House—was scheduled to begin at 4PM. Prior to that, participants stood on the West Lawn of the Capitol Building with signs, talking to any passers-by who approached. I joined the participants on the West Lawn at around 2PM. I had been concerned about the weather, as it had rained a little earlier in the day. And while the weather was pleasant right as I arrived, it soon became windy and even began to briefly hail. However, as soon as we had put the signs away, the weather improved again and would remain pleasant for the rest of the rally. We soon took the signs back out.

The signs themselves contained a number of powerful messages. Some graphically showed the horrendous pain that is being inflicted on helpless, innocent newborns. Others made logical arguments, such as “It’s his penis, his choice. Let your son decide”. Another one depicted a young couple kissing, while explaining in writing that the foreskin plays a huge function in sexual pleasure for both men and women. I had to, however, point out to Mr. David Wilson, the organizer, a mistake on the sign that showed a map of the world depicting the prevalence of circumcision around the world. The map colored in the Republic of Georgia and
Armenia as countries were Islamic circumcision is commonly practiced. As a naturalized citizen of the Republic of Georgia, I explained that both countries are mostly Christian and that the Christian men in these two countries are mostly intact. Nonetheless, the map was a powerful reminder that in a large majority of the world’s countries, most men remain intact.

In addition to signs we also passed out information. One thing we passed out was an index card, as that is the amount of skin that a circumcised adult man is missing. Another piece of information we passed out pointed out that not only does Christianity not require circumcision, it actually condemns it, and we showed numerous relevant Bible passages to make that point.

The participants themselves came from different backgrounds. Some of the men were happy to be intact, while others regretted having been cut. One young woman mentioned that her husband is currently undergoing foreskin restoration. Another woman mentioned that she was amazed how much better the sex was the first time she had it with an intact man. However, what amazed me the most was the number of young families with their small children.

We received a number of different reactions from the passers-by. Naturally, some were negative. One man merely shook his head. Another asked us why we were wasting our time with this and suggested other political causes which we should instead be protesting. The majority of passers-by, however, were curious. Some asked if they could take pictures with us. Others asked us for information. One young man mentioned that he wished he hadn’t been cut and we gave him information on foreskin restoration. I feel we reached a lot people with our message.

The march to the White House began at 4:30 PM. Prior to that point, there were a maximum of about a dozen or so people at any one given time on the West Lawn, with some people coming and going. By the time the march began, there were about 100 people. With police escort, we slowly made our way to the White House. As was the case earlier, we received different reactions from those who observed us. A few people showed disgust, including one nasty woman who told us, “be a man, snip, snip”. Such sexist bigoted comments remind us all just way this march is so necessary. However, one couple said to us “we didn’t butcher our son”. We cheered in response. Upon reaching the North Side of the White House, we stood for a while again. I left shortly after that.

I must say that the mood throughout this whole process was quite upbeat. It makes me feel good to speak up on behalf of those who don’t have a voice and on behalf of gender equality and the basic human right of having one’s body the way God made it: unharmed.

Abolish the ‘Unkind Cut’
The Salt Lake Tribune
Julie Van Orden
Friday, July 1, 2011

In Loudon Wainwright III’s song “Men,” he says that men are treated as if they were expendable, fodder for wars and drowning ships. Women, in general, stay out of direct combat and join the children on the lifeboats.

It is true that our culture expects men to sacrifice, fight, protect. We are not in the habit of reflecting upon where men — and boys — need help, concern, change. Our cultural blinders allow us to inflict upon men what would be considered atrocities if they were inflicted upon women. Nowhere is this more clearly evident than in the practice of circumcision.

American girls are protected by federal law from the cutting and removal of even the slightest bit of their genitalia. Even a ceremonial “nick,” desired by some immigrant cultures, is outlawed.

Of course, this is as it should be. Every girl, of every culture, should be able to keep her whole body intact. Yet, as the
mother of both a daughter and a son, I
have to ask: Why do we treat our boys
differently? Why are boys’ bodies less
valued in this way? Why is it OK to
separate, slice, and sell off part of a boy’s
body, often without anesthesia? (The
selling of foreskins in America to
biomedical companies is a million-dollar
industry.)

Is it inherent sexism? Is it because, as
Wainwright suggests, we are just going
to send them off to war anyway?

Fortunately, many parents are realizing
just how insane this practice is, and are
leaving their sons intact, whole, and just
the way that God and/or Mother Nature
made them. They are saying “no,” loudly
and clearly, to this barbaric cosmetic
surgery. They are valuing their newborn
sons just as they would their newborn
daugthers.

The circumcision rate is plummeting.
Informed parents realize that the risks of
circumcision include shock, infection and
death. Losing just 2 ounces of blood can
be fatal for a newborn. Moreover, 18
states (including Utah) no longer use
Medicaid dollars to pay for circumcision.

Thus, I fully support the San Francisco
ballot measure that would ban the sexist,
outdated and harmful practice of routine
infant circumcision. My son’s body is as
valuable as my daughter’s. Codifying
this into law is a civil rights movement of
our time.

Julie Van Orden teaches English in
Ogden.

Rest in Peace, John Sawkey
Steven Svoboda

I
just learned that longtime intactivist
John Sawkey of Saskatchewan
passed away on July 21 at the
Yorkton Regional Health Centre. He was
73 years old.

John’s passing comes the month after we
lost Van Lewis and less than a year after
we lost another Canadian stalwart, Dr.
John Taylor.

Although we never met in person, John
and I worked intensively together over
many years, particularly in the nineties.
Before the Internet had really become
much of a force in the world, John
regularly mailed me clippings, articles,
thoughts, etc. relating to intactivism. Not
a month went without an envelope or two
from John arriving in my mail. We also
talked regularly on the phone. He was
one of the most important people to me
in the early years of this work and always
helped keep my spirits up and inspire me
through his own determined, constant,
perceptive efforts.

John was a longtime passionate lover of
nature and particularly of birding. I knew
he had his health challenges but he was a
great fighter to the end. Memorials may
be made to the Yellowhead Flyway
Birding Trail Association, Nature Sask or
Ducks Unlimited.

Unkindest Cut: Medicaid Won’t
Cover Circumcision in Colorado
Health Policy Solutions
Diane Carman
Tuesday, June 21, 2011

Colorado has defunded Medicaid
circumcisions, effective July 1,
2011. Colorado will thereby
become the 16th state to not tax
payeer dollars on medically
unnecessary circumcisions.

Effective July 1, Colorado will join 17
other states in dropping coverage for
routine circumcisions under Medicaid.
The move was part of a series of budget
cuts approved by lawmakers during the
recent legislative session.

The decision will save the state’s general
fund an estimated $186,500 annually, but
it also will nudge Colorado closer toward
da debate that has been growing in
intensity across the country. In
Massachusetts, a bill banning routine
circumcision was introduced in the state
legislature last year. Bans also have been
proposed in Santa Monica, Calif., and
San Francisco, where voters will decide
in November whether to make the
procedure a crime.

Gillian Longley, a registered nurse in
Louisville, looks at the change in
Medicaid policy as a critical moment for
public education surrounding the issue. A
member of the National Organization of
Circumcision Information Resource
Centers (NOCIRC), Longley said that
until recently, new parents were
remarkably ill-informed of the pros and
cons of circumcision.

“Doctors were not giving them the
information they needed to make a
decision,” she said. “The usual ethical
requirements for informed consent were
overlooked. Circumcision was a cultural
habit that was accepted as normal.”

Circumcision is the most common
medical procedure performed on children
in the United States, but is far less
common around the world. According to
data from the World Health Organization,
75 percent of men in the U.S. have been
circumcised compared to 30 percent in
Canada and 6 percent in the United
Kingdom.

As states have dropped coverage for the
procedure under Medicaid, circumcision
rates have dropped. Researchers from
UCLA studied 16 states where
circumcision is not covered and found
that the rate dropped 24 percent below
rates in states where Medicaid covers the
cost. The researchers said if Medicaid
covered circumcision in all 50 states, the
rate for newborns being circumcised
would increase to 62.6 percent. If all
states dropped the coverage, the rate
would decline to 38.5 percent.

No medical justification

Colorado lawmakers had to cut hundreds
of millions from state spending to
balance the budget this year. Halting
Medicaid coverage for circumcision is
increasingly common across the country
and is a relatively easy choice because
there is no medical justification for the
procedure.

“The medical reasons are not convincing
either way,” said Dr. Susan Pharo,
director of Medicaid and External
Pediatric Care for Kaiser Permanente.

Research has found a “tiny” benefit in
terms of circumcision reducing the
frequency of urinary tract infections in
the first year of life, Pharo said, “but the numbers are so low it’s not significant.”

Some research has found a slight decrease in the transmission of HIV and sexually transmitted diseases among circumcised men in sub-Saharan Africa, “but that’s not really applicable here,” Pharo said, “and the evidence is not strong either way.”

The risks of the procedure include relatively rare incidence of complications such as bleeding and infection and, more commonly, “poor cosmetic effect,” said Dr. Sarah Pilarowski, pediatrician at Cherry Creek Pediatrics.

“We do have a lot of baby boys going in later for revisions,” she said.

The No. 1 risk is pain. “We try to minimize it,” Pilarowski said, but penile nerve blocks don’t always work and numbing creams “are not 100 percent.”

Since 1999, the American Academy of Pediatrics has not recommended routine circumcision. A task force convened on the issue concluded that the “potential medical benefits … are not sufficient to recommend” it.

Cultural factors still important

The AAP defers the decision to parents, saying that it is “legitimate” to consider “cultural, religious and ethnic traditions, in addition to the medical factors, when making this decision.”

Acceptance of the procedure varies widely across different religious and ethnic populations. It is a culturally important tradition in the Jewish and Muslim communities, but is rare in Europe, most Asian countries and in Hispanic culture. In states with large Hispanic populations, circumcision rates are markedly lower than the national average.

“When asked by a family whether a circumcision should be done, most pediatricians say unless there is some special reason in the family, they don’t recommend it as a general policy,” said Dr. Donald Schiff, professor emeritus of pediatrics at the University of Colorado School of Medicine.

For some families, however, the procedure is a cherished tradition.

Scott Levin, director of the Mountain States Region Anti-Defamation League, said that circumcision is “among the most sacred of obligations that Jews have” and proposed bans are an extreme affront.

“This is really about the free exercise of religion, something that is guaranteed to everyone in the United States under the First Amendment,” Levin said.

An effort to place a circumcision ban on the ballot in Santa Monica resulted in charges of anti-Semitism from Jewish groups. The author of the measure, Matthew Hess, refers to circumcision as “male genital mutilation” and ridicules the procedure in his online comic “Foreskin Man.”

The ADL issued a statement criticizing Hess’ tactics.

“This is an advocacy campaign taken to a new low,” it said in a written statement. “This is a sensitive, serious issue where good people can disagree and which the Jewish community feels is an assault on its values and traditions going back thousands of years and centered in the Hebrew Bible. ... ‘Foreskin Man,’ with its grotesque anti-Semitic imagery and themes, reaches a new low and is disrespectful and deeply offensive.”

Hess, who is founder and president of MGMBill.org, said the ADL is “just trying to redirect the argument.

“Any time you challenge a tradition that is thousands of years old and this entrenched, you’re going to stir up fierce opposition,” he said. “Rather than address the human rights abuse of forced circumcision, they have attacked me. It's pretty standard tactics.”

Ban written for Colorado

Hess said a bill outlawing circumcision in Colorado has been written and is awaiting a legislative sponsor. The measure would amend the existing law outlawing female genital mutilation, extending the same protections to males.

Longley said Colorado’s NOCIRC activists are not associated with Hess.

“One benefit we see in putting these measures on the ballot is that it results in a lot of public discourse about circumcision,” said Longley. “Our culture is ignorant and blind on this issue.”

In arguing against routine circumcision, Longley compared it to laws outlawing female genital mutilation. “Boys need equal protection,” she said. “We consider this a human rights issue.”

She cites the value of the foreskin in its role in male sexual function and female satisfaction. “We’ve lost the knowledge and the value of normalcy in our culture,” she said.

Schiff said evidence on the role of foreskin in sexual function is scarce and “very anecdotal. There’s nothing objective about that kind of research.”

Hess insists that male and female circumcision are exactly the same.

“You can argue about which one is more damaging or traumatizing, but the bottom line is both practices remove healthy functioning sexual tissue from an unconsenting minor.”

While he has no formal polling to cite, Hess said he believes the movement to ban circumcision is growing across the country. “Requests for interviews come in daily,” and he said traffic to his website and relevant Facebook and YouTube sites has increased dramatically.

Dr. Pharo said she has seen no evidence of a decline in support for circumcision in Colorado in her three decades as a pediatrician. “I don’t think as a society our culture has really changed very much.”

That’s not surprising to Dr. Pilarowski. Outside of religious traditions, she said, the overriding factor influencing parents’ decisions about circumcision is whether
the father was circumcised.

"Men want their little boys to look like them. They say, 'I don't know how to care for it. I don't know how to counsel them,'" she said. "There's a comfort level in the father and son being alike."

If it was up to the mothers, the pediatricians said, far fewer newborn boys would be circumcised because the moms would rather not subject their new babies to unnecessary pain and risk.

Real savings questioned

Some pediatricians and family practice physicians are concerned that the Medicaid cut will result in pressure on doctors to perform circumcisions on baby boys later when the procedure is more complicated and costly. Parents who feel strongly that their sons should be circumcised could try to urge physicians to claim that it is a medical necessity at six months in order to have the procedure qualify for Medicaid reimbursement.

If even 30 or 40 such cases occurred in a year, the savings to the state would likely be obliterated.

Another concern is that with every cut in Medicaid reimbursements, more physicians reduce the number of Medicaid patients they will accept into their practices.

Pilarowski speculates that the changes in Medicaid policies will spark changes in private insurance coverage.

"Everyone is looking to cut costs," she said. "It's very possible other insurance companies will follow suit."

That would be considered a victory for the anti-circumcision activists.

"This is a normal body part," said Longley. "We are doing our sons a favor to support them to stay whole."

Sasha Dillavou contributed to this report.

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It Is Unlawful to Use Medicaid for Routine Infant Circumcision
Peter W. Adler

The following article, written by ARC's Legal Advisor, Peter Adler, has been accepted for publication in the Journal of Law and Medicine this December 2011. In 2000, the same journal published "Circumcision of Healthy Boys: Criminal Assault?", co-authored by Steven Svoboda of ARC.

In 1949, a British physician wrote in a landmark article that non-therapeutic circumcision is risky, harmful, and should not be performed. The article led the British National Health Service to end coverage of the surgery in 1950. The circumcision rate in Great Britain fell quickly from 25% to 6%. Thus, most parents say "no" to circumcision when they must pay for it themselves.

In sharp contrast, in 1965, Congress passed the jointly federal and state funded Medicaid act for the poor and their families. American physicians began to offer circumcision as a free Medicaid benefit, helping it to become the most frequently performed procedure in American hospitals. In 2003, more than one million circumcisions were performed in America, 30% of them paid for Medicaid. Thus, the government and taxpayers have financed invasive surgery on between 50 and 100 million healthy boys since 1965, at a cost of billions or tens of billions of dollars, even though American medical associations have not recommended it since 1971, and call it unjustified.

It is very encouraging that since 1982, and especially in the new millennium, seventeen states have ended Medicaid coverage, either through legislation or by administrative action of state Medicaid officials. In those states, circumcision rates have fallen by 34%. North Carolina legislators reasoned that circumcision is unnecessary, and that scarce resources should be reallocated to necessary medical care. The remaining thirty-three states evidently believe that they can decide this issue as a policy or political matter. Eleven of them have written that they are continuing coverage because of American medical policy that the circumcision decision should be left to parents.

The fundamental provision of the federal and state Medicaid acts is that physicians can only use Medicaid to pay for medically necessary services. Many states also expressly exclude coverage of cosmetic surgery. Federal and state Medicaid law also require the diagnosis of a medical condition, and the recommendation of an effective treatment. Even then, surgery is only allowed as a last resort.

Circumcision is obviously unnecessary, insofar as most men who have ever lived have been intact. American medical associations concede that it is usually performed for religious, cultural, personal, and especially cosmetic reasons (to "look like the father"). Moreover, newborns are healthy, do not require any treatment, and any benefits circumcision may have can be achieved without it. Thus, 50 to 100 million boys have been circumcised unlawfully since 1965.

In conclusion, it is not within the discretion of the federal government or the remaining states to continue Medicaid coverage of circumcision if they choose. The law is clear: Medicaid offices, otherwise legislators, are required by law to end the practice.
Review by J. Steven Svoboda


Kathleen Legler has written a short picture book suitable for young children, addressing the functions of the foreskin and what circumcision is. Personally, as a parent of young children, when explaining my intactivist work to them, I have struggled with how to protect them from the cruel truth of the practice while giving them a meaningful answer.

Legler’s solution is positive and straightforward. She leads with the flip side of circumcision, namely, the whole penis. The first half of the book discusses the intact penis, the nature of the foreskin, and explains why forced retraction should not be performed (retraction happens at different ages for different boys). Only then does the author go on to discuss those boys who do not “get to go home from the hospital with their foreskin hoods.” The author goes on to discuss why circumcision should not be performed and then answers the natural question as to why those misguided adults do perform this unnecessary procedure.

Legler’s fullpage cartoons appear on each right-hand page, illustrating the corresponding text appearing on the left-hand pages. Legler does not seem to be as outstanding an illustrator as she is a writer, but nevertheless her pictures generally succeed in getting their points across in an understandable manner, and that is the most important function they need to serve.

I had a couple minor bones to pick with details about the book. A couple of the drawings seem a bit poorly calculated. Particularly, the retraction process drawing on page 6 seems to belong to a different book aimed for adults, as it is text-heavy and also is not going to be intelligible to the book’s evident target audience. Also, the book’s implication that all births happen in hospitals is a bit out of step with contemporary reality.

The book is attractively produced in basic colors with a typeface that will appeal to young readers, whether they are reading the book themselves or having it read to them by adults.

Despite its minor imperfections, Legler’s book serves an important function and should be an indispensable part of the library of any intactivist with young children or with inquisitive young relatives.

Review: The Girl With Three Legs by Soraya Mire
Review by J. Steven Svoboda


Soraya Mire, longtime toiler in the trenches to help educate the world about the harm caused by female genital cutting (FGC), has published her biography. The author, who has also made clear her opposition to male circumcision, has come up with a truly remarkable book, for a number of reasons.

The Girl with Three Legs centrally addresses the author’s pivotal, supremely traumatic experience with FGC and her subsequent dedication of her life to working to help stop it. Mire does a masterful job of avoiding many of the pitfalls that afflicted several previously published memoirs by victims of genital cutting. Her authorial voice is clear, vibrant, and remarkably engaging considering the grimness of many of her life experiences. One of the secrets to the unique success of her memoir is her willingness to show herself in all her imperfections, as a human being worthy of love who nevertheless has suffered cruelly. Moreover, while the book does centrally address her experience with FGC and her subsequent dedication of her life to the goal of educating the world about its evils, it is down to earth and accessible. The author brings us into her world and makes us feel she is engaging us in a personal conversation.

Mire manages this impressive feat by exhibiting a candi
dness in her reflection on her past experiences that further accentuates the trustworthiness and power of her story while at the same time exposing herself as having been a remarkably naïve young woman. Not just once, but several times throughout the book, the author finds herself in close encounters with prostitutes and other characters more worldly than she and fearlessly shows us how utterly she fails to realize with whom she is dealing, in some cases over what in other hands might seem an implausibly long period of time. This motif paradoxically strengthens the book’s impact, allowing the reader to recognize the part of himself or herself that is innocent, and perhaps encouraging us to also re
column on the supreme innocence of the child who suffers genital cutting.

Make no mistake, Soraya Mire has had a remarkable life. She endured a clitoridectomy that was inflicted on her largely due to the malefic influence of her truly horrific mother. (Happily, the author is graced with a kind and wonderful father, who steadfastly protects her until his untimely death.) Subsequently, Mire was forced into a marriage with a cruel man and many years passed before she was able to escape while living in Geneva. Another betrayal occurs later in the book when her mother deceives her into again coming under the control of her husband,
who unsurprisingly rapes her. Later she takes a seemingly kind man Raj into her confidence. He becomes her boyfriend of sorts but in the end turns out to be quite jealous and not very nice. A boyfriend of a friend of hers also rapes her, and this time she became pregnant as a result.

The author's naivete is again evident as she comes into close contact with a peculiar man named Nigel, whom many readers will immediately (and correctly) suspect is gay though this realization takes quite a while to come to the author. Nigel works hard, and movingly, to help her become more confident with her body despite her past traumas, and Nigel's efforts do eventually end up bearing some fruit.

Later in the book, Mire's innocence is channeled into her determined quest to create a movie about FGC. She sees actress Debbie Allen on television, quits her job, and becomes an actress on an infomercial, all in a quixotic quest to seek Allen's support for her planned movie about FGC. The author also drives from Los Angeles to Chicago in an ultimately futile attempt to convince Oprah Winfrey to fund the movie she eventually does succeed in making about FGC, “Fire Eyes.” Yet her very determination is deeply inspirational.

While telling her truly horrific story, Soraya Mire admirably sticks to faithfully describing her own experience, abstaining from the temptation of using this platform to make broader political statements. This restrained approach encourages the reader to draw out the implications of what Mire experienced in terms of our world's continuing addiction to genital cutting. And the book is stronger for the admirable focus the author maintains in her narrative.

Soraya Mire has achieved a rare feat, all the more uncommon in this era of social networks and short attention spans. She has led with her heart and courageously offered herself to the reader, the most generous act possible for an author. Everyone should read this groundbreaking work, even if you are not particularly interested in genital cutting or children's rights, but especially if you are. Highly recommended to all human beings.

Why Circumcision is a Feminist Issue
Eco Child's Play
Cate Nelson
Thursday, July 7, 2011

I am the badass mama of two intact boys. A feminist mama. A gentle, peaceful parenting mama. I know, every day, that I screw up as a parent. I also know, every day, that the choices I make for my sons are the right ones.

Starting with the first. I did not cut them at birth.

Oh, no. Don't get me wrong. As a single woman in America, I thought circumcision was the "normal" thing. And I suppose it was. But that doesn't make it the right thing.

When I was pregnant with my first son, my mom made the (now obvious) statement,

"I hope you're not going to circumcise if it's a boy."

I had barely thought about that. I knew I'd have a peaceful, natural birth, but I hadn't thought much past that. To the gender.

And that's where this issue lies: the gender.

We, as feminists, believe that our cause is based on the sole reasoning that women are equal. Guess what. Our boys, born every day, a million cut every year, also deserve that equality.

If we expect that our baby girls deserve better than genital cutting—simply because of what sex they were born—then why not our boys?

Here is the base: If you would not cut a baby girl, you should not cut a baby boy. Some might argue that FGM is "much worse" than male circumcision. First off, research both. There are many different "levels" of FGM. I don't agree with any of them, but some involve only a nick to the hood or comparable. Would you have that done to your daughter? And you can agree, then, that a "nick" is less damaging than ripping the prepuce away from the infant penis without anesthetic. So some forms of FGM are "worse" than male circumcision. Well, I say that rape is "worse" than sexual assault, but I wouldn't wish either on anyone.

And incidentally, some of the exact same reasons are given for FGM as male circumcision: religion, cleanliness. I answer this simply: We should not push our ideals on someone else's genitalia, period. Ever.

Let's leave the male genitalia alone.

We argue against FGM. But what about the million boys born in America who have no voice? There are 20,000 nerve endings cut off of the penis when circumcised. There are many reasons given, and every single one of them have been debunked.

It decreases the risk of penile cancer. Let me get this out of the way first: Penile cancer is one of the rarest forms, accounting for less than 1 percent of cancer cases in men. There is conflicting data on whether circumcision decreases the risk for penile cancer, but I hardly think that we should cut off a healthy functioning sexual organ over such a minute risk. We wouldn't cut off the breast buds in little girls, now would we?

The risk of phimosis, or a foreskin that won't retract. Just as in the female body, let's learn and know what's normal for the intact male. The foreskin gradually retracts between infancy and adulthood. And guess how. Nope, not by parents or doctors forcing retraction. (That's actually quite harmful and can lead to much bigger problems.) It does so naturally, with the help of gentle stimulation over the years. Now, I think we can agree that boys will often take care of that themselves, yes?
HIV and other STDs. This is in the forefront of the pro-circ movement right now. I could show you a study that says that it's actually the number of sex workers in a given area rather than the circumcision rate for males. I could also point out that most of Europe is intact, and if we're comparing the HIV rates in industrialized countries, the U.S., with its tradition of routine infant circumcision, still wins. It's not a logical argument. It has no basis in reality. And also, it has to make us shake our heads: I would rather teach my sons to respect their own bodies and those of their partners by using protection. Circumcision is hardly a free pass to have unprotected sex, and that argument should be dropped from the dialogue.

There will always be a new study. And it will always be proven wrong. Circumcision is a solution in search of a problem.

Baby boys in America start their lives out with a violence: pinning then down, "cleaning" it away. Who can reconcile that truth? It's not fair. It's not equal.

Finally, this is an issue of bodily autonomy. Every day, we fight for our own. We fight to "Keep your laws off my body." Does that only apply to the uterus, and only when discussing abortion? No. We must understand that it is his body; it must be his choice.

Why, as feminists, as mothers, as general badasses, are we willing to overlook this as a human rights issue? "Because it's always been done" is a horrible answer. We are not those who acquiesce to the status quo. When we do, we are no better than the patriarchs we claim to fight against, perpetuating a harmful practice because it's always been done that way and we can't be troubled to stop it.

Let's let our children come into this world without violence. Let's leave them be, perfect in the way they were made. We were. We are. Don't our sons deserve the same respect?

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**Circumcision Gone Wrong: Lance's Story**

Peaceful Parenting
Becca Granly
Friday, March 25, 2011

A s soon as I found out I was having a boy I started researching circumcision. I did not like what I saw. So much pain for such a little person to deal with for what I found to be no apparent reason. I had totally made up my mind and I was completely against such a barbaric elective surgery.

But as soon as people find out you're having a boy it starts... the questioning. "Your gonna get him cut right?" "Are you circumcising?" "Who's doing his circumcision?" I always answered with, "I won't be getting him circumcised."

Then came the "Ohhhh..." with an eyeroll. I let it go...

His father was all for circumcision, but I put up such a huge fight that he finally just let me have my way. My dad wanted him to be circumcised as well, but I just ignored him the best I could. At the time of Lance's birth there was quite a lot going on in my life. My grandmother was dying of brain cancer and she passed five days after Lance was born. I was extremely close to her - she was like a second mother to me. She was home on hospice in the end, and we took care of her 24/7. So I was beyond stressed at this time.

It was at this point in Lance's young life that someone said something to me that would ultimately cause me to circumcise my baby. Their words hurt so bad, that it made me do it. I don't want to discuss specifically what was said, or who said it, but just know that it still hurts me today.

After my Grandmother passed, we had to travel for her funeral, and while we were out of town I decided I couldn't risk my son hating me in the long run, so I planned to have him circumcised when I got home. I called and made the appointment, and my aunt and I took him to be circumcised.

We arrived around 11am and waited for a few minutes until the nurse called us back. She took Lance from me and told me to go back to the waiting room - she would be back in about twenty minutes. So we sat down and waited. Only minutes later she came out again and called us back. There were two big double doors to get to the back of the office where the rooms for circumcision surgery were. As soon as she opened one of the doors I could hear Lance screaming. I was in shock.

She led us into the room and I almost hit the floor. There lied my beautiful, perfect baby strapped to a board screaming so very hard he was purple and couldn't catch his breath. His hands were so tight his knuckles were white. I rubbed the only place I could, his forehead. I stroked it and told him I loved him and that he would be okay. The nurse just kept saying over and over again, "He's going be fine." She made me feel like what I was doing was wrong - as though I shouldn't be attempting to console my baby.

The doctor was in the room but he didn't say anything to me - he just left the room. The nurse then told me that she couldn't get the bleeding to stop. She asked my aunt to hold pressure while she left the room to get a Styrofoam band to wrap around his penis to try and stop the bleeding. After she applied the band she put his diaper back on and once again told us he was fine, and that we could leave to go home, so we did.

We drove the forty-five minute drive back to our house. When we arrived into town I stopped by my mom's office where she worked as a nurse to tell her about what had just happened. She told us to go on home and she followed to take a look at Lance. When she took his diaper off, it was completely and totally full of blood. She looked at me and said, "We're going back now."

I called to let them know we were on our way, and off we went back to the doctors office. They took us back where they held pressure for what seemed like forever! A doctor came in and looked at Lance and left the room without saying anything to us. Another doctor came in and did the same. Finally, the first doctor came back and told me they nicked a
vein and she was getting a surgeon to come over and cauterize the vein. So there we sat with my bleeding, screaming baby and waited for the surgeon who never came.

After waiting for a very long time my mom went into the hall to ask someone where the surgeon was. They sent us across the street directly to another surgeon's office. He called us back, took off Lance's diaper and said, "Oh no - they've cut all the skin off." He sent us to the emergency department at the hospital where they performed an emergency surgery to stitch the top of Lance's penis to the baby fat around the base to stop the bleeding. The doctor had cut all the skin off the shaft of Lance's penis. He bled for eight hours.

When Lance was eighteen months old he had his second corrective surgery. We waited in a room with Lance, where they had us dress him in a tiny hospital gown and gave him toys to play with while we waited. And then they came to get us. My mom and I walked Lance down a long white hallway following the doctor. We came to a set of big swinging doors and the doctor turned to us and said this is our stop. So I kissed Lance, told him I loved him, and handed him over to a complete stranger. I turned around and walked away, holding onto my mom all the way back down the hallway, sobbing. We waited in a huge waiting room with lots of other people waiting for family who were in surgery also. It seemed like years, and then finally they called for "the mother of Lance." As soon as I saw him, I just wanted to hold on to him forever and never let him go. There he was - drugged and limp, in his tiny hospital gown. They put him in my arms and wheeled us to recovery. He was pitiful. But I thought to myself, "It is over! Thank God! We did it! He's fixed!"

When Lance was two years old we had another appointment with his pediatric urologist who informed us he would indeed need yet another corrective surgery. One week later, there we were in the same boat we had already been in. Only difference this time was that when they came out post-op to call for "the mother of Lance," I went back to my uncontrollable, screaming son. I could do nothing to help him. He just cried, "Owie, owie..." It was horrible. The next few weeks were even worse. Every time he walked he cried owie. His penis was so swollen I thought it was going to pop. Then the night terrors started. He would start screaming with his eyes still closed, and I could not wake him up, and could not do anything to calm him. He just screamed and screamed for months, every single night.

After this, we were finally told there would "most likely" be no more surgery! Lance will have problems in his future because of the circumcision, but there is no way to know just how bad they will be, and there is nothing we can do to fix them. The guilt I feel hurts so bad. Why wasn't I strong enough to stand up for my baby? How am I going to explain this to him when he's older? Nothing in my life has ever hurt this bad. I scarred my baby - my sweet, perfect baby.

Becca is mother of two beautiful boys, and is very much in love with their father. Working as an amateur photographer, Becca is attending cosmetology school in addition to mothering her little ones. Family is most important to her, and while she knows that a huge mistake was made in her son's case, when she knew better, she did better: her second son is intact. Becca hopes that by forgoing a hospital gag order to not speak about what happened to her son, and honestly sharing Lance's story, "zillions of others" will be saved from the same.

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**California Court Rejects Citizen Effort to Restrict Male Circumcision**

John Geisheker

May a local citizens' initiative regulate where a state law has abdicated its responsibility?

On July 28, 2011, a Superior Court judge in San Francisco quashed a local citizens' initiative which proposed to limit non-therapeutic, cosmetic, circumcision to medical necessity in childhood, or consenting adult males. Over 12,000 San Francisco citizens signed the initiative, and the city duly verified and accepted it for the November, 2011, ballot. (Female genital cutting, unless therapeutic, is already illegal in California and in the U.S. and has been so for fourteen years.)

A coalition composed of Jewish, Muslim, and Fundamentalist Christian organizations opposed the citizen's initiative and petitioned for a Writ of Mandamus.

The San Francisco judge granted the Mandamus, a highly disfavored writ, without testimony, and found that a statute in California law which reserves regulation of medical care to the State would have made such a local citizens' initiative unlawful, even if it survived the November election, which she was not apparently willing to risk.

The Judge also found that based on the Lukumi Babalu Aye standard,1 that the initiative had not been tailored carefully enough to accommodate ritual traditions and thus unlawfully targeted minority religious rights. (It is apparently no answer that any religious limitation would affect at most, less than 10% of 3% of the U.S. national population, while ignoring the health and safety needs of the other 99.7%.)

While on its face the Court's analysis seems mandated by the statute, (though there was no factual testimony and plenty of factual issues, certainly much more than could be resolved at a mere motion hearing) there is far more here than meets the eye.

For one thing the California statute reserving the regulation of medical care to the state has a safety and health exception allowing municipalities to regulate the healing arts in the furtherance of local health and safety. Presumptively, if factual testimony had demonstrated that circumcision affected the safety and health of San Francisco infants and children, she could just as easily (with some courage) have allowed the citizens initiative to go forward based on this exception alone— though as we see later, that would not have resolved the Free Exercise challenge.

The California statute reads in relevant
Sec. 460
(b) No city, county, or city and county shall prohibit a healing arts professional licensed with the state ... from engaging in any act or performing any procedure that falls within the professionally recognized scope of practice of that licensee.

... (2) This subdivision shall not be construed to prevent a city, county, or city and county from adopting or enforcing any local ordinance governing zoning, business licensing, or reasonable health and safety requirements for establishments or businesses of a healing arts professional ...

But that preemption statute raises some interesting questions of its own: Do ‘lay circumcisers,’ like the traditional barber of Islam, and non-medically trained ritual circumcisers, qualify as ‘healing arts professionals’? Is an M.D. ‘within the scope’ of medicine when practicing in a potentially septic home setting without professional backup? Are cultural, non-therapeutic, genital reduction surgeries of children, male or female, even part of the ‘healing arts’? For that matter is a parent acting as a ‘healing arts professional’ when circumcising a child in the bathtub when no state law requires any medical training or licensing for circumcision?

Even in the most modern medical setting, male circumcision presents predictable health risks and is completely unregulated, suggesting that in most U.S. states, including Washington, state preemption is a false promise of protection for children, where there is not the slightest inquiry into morbidity.

There is no particular training required of the operator, lay or medical, beyond folklore, and no requirement to study or understand the anatomy of the amputated tissue and none is ever provided. The standard rule, and new medical residents learn it, remains, “Watch one, Do one, Teach one.” Obstetricians with not the slightest training in male urology may proceed, an irony even they, who specialize in female anatomy, have noted. This is practice surgery, often assigned to the least experienced member of the medical team, R-1’s (first-year residents) who typically have a quota to meet, itself a bioethical lapse encouraging hasty or coercive consents.

There is no U.S. state which tracks children injured by circumcision, shepherds their future care, or indemnifies or restrains inept operators who leave a trail of injured infants and toddlers. For this procedure there is never a ‘procedural pause,’ the safety protocol of all modern surgery, like the pre-flight checklist of an airline pilot. There is no universal or agreed protocol for patient safety or antisepsis, or the sun-setting of worn-down surgical tools. There is no legal requirement obliging a doctor who months later sees a botch to report it.

There is no legal requirement of appropriate anesthesia or analgesia whatsoever, though studies show that circumcised boys are easily identified by their overly dramatic reaction to immunization even 6 months later. The authors of one study called the child’s reaction, “an infant analogue of Post Traumatic Stress Disorder (PTSD).”

U.S. law, 7 United States Code 54 Sec 2131, requires effective anesthesia and analgesia for veterinary and laboratory animals. No such law exists to protect infants or children. In the medical setting, only 17% of circumcised boys receive anesthesia, and many of these get a topical ointment, ineffective on highly nerve-supplied and complex tissue. In ritual settings no effective anesthesia is provided, as that would offend the intended religious ‘sacrificial’ element which from ancient times requires pain and spilt blood. In some religious traditions, older children are forced by culture and conformity to be brave and not cry out. Thus effective pain control measures for the child are vanishingly rare in all ritual (non-medical) settings.

There are numerous reasons why only the most egregious both cases reach the attention of legal or medical authorities:

The medical standard of care is merely cosmetic. If the boy’s glans is externalized by any means, that is sufficient proof of success. Collateral neurological, vascular, lymph, muscular, cosmetic and future sexual damage, is never considered.

The resident or obstetrician hands the child off to the parents soon after and never sees the final result of his or her handiwork (and as we’ll see, has little to fear).

Longitudinal studies of morbidity—over months, years, decades—have never been conducted, and millions of American men unwittingly bear the sorry handiwork of some 26-year-old’s first practice, ‘beta’ surgery.

Young parents, especially those with a first son, have no idea what outcome to expect and are unlikely to recognize a botched circumcision.

Their pediatrician will be reluctant to tell the parents their son’s circumcision was sub-standard. There are understandable social barriers against reporting an inept colleague, no legal requirement to do so, and of course the injury, especially if too much or the wrong tissue was amputated and discarded, or key neurological structures severed, is a fait accompli.

My pediatrician acquaintances report seeing circumcision botches on a near weekly basis, but they agree that these are challenging cases and there’s a strong temptation to say nothing to the parents, let alone to the older child or teen—if nothing can be done.

It would be the rare (even foolish?) WSAJ attorney who is willing to file a medical malpractice case in any except the most catastrophic circumcision case. Damages for infants are too paltry to overbalance the risk, and the sexual losses—years in the future—are undetermined and speculative. Claiming pain for a child is useless.

Defense lawyers understand and exploit the Plaintiff’s struggle, and so for any instance of a significant botch they are likely to circle their clients’ wagons and make a paltry and summary offer. The parents, embarrassed by what was likely a whimsical, coin-toss-choice to begin with, are of course, tempted to accept. Such settlements are always sealed, so nothing is learned and no medical
reforms are likely to occur thereby.

Outpatient circumcisions, those performed outside the hospital setting, are the most dangerous of the medical variety, and are even less regulated. The child is handed back immediately to the parents with no overnight period of professional post-op observation. The parents are merely ‘deputized’ as trained nurses, and briefly instructed to watch for bleeding and infection. Without medical training, young parents cannot possibly guess the miniscule amount of bleeding that will kill their child or detect the onset of serious (and epidemic) infections like MRSA or VRSA, vancomycin or methycillin-resistant staph aureus.

One researcher estimates U.S. circumcision deaths at 117 per year but this conservative number was based on medical statistics with no accounting for deaths outside the medical setting, and is likely low. The claimed 117 is 115 infants more than the two statistical deaths American medical authorities will admit to.

There is a simple reason for the discrepancy: circumcision deaths are invariably coded without the word ‘circumcision’ appearing on the death certificate. The child is said to have died of systemic infection, hemorrhage, reaction to anesthesia, heart failure, ruptured intestine, shock, etc. No mention is made of the fact that these secondary causes of death were triggered by an unnecessary and non-therapeutic first cause that not a single medical organization in the world recommends as necessary or even beneficial ‘care.’

Between the understandable reluctance of the plaintiff’s bar and sealed settlements, there is no reliable way to use court records to estimate the morbidity in circumcision cases. And because there is no required reporting of circumcision injuries by anyone at any stage in the lucrative ‘referral chain’ – resident to obstetrician to pediatrician to pediatric urologist – there is also no way to find out the actual morbidity in cases which were NOT litigated.

Moreover, many states have a short statute of limitations for medical malpractice, and even a statute of repose, (as does Washington), which forbids suit for any reason even including fraud, after age 7 or 8, an unlikely time for a child to retain his own counsel if his parents were too embarrassed or inattentive to do so.

Because some of the effects of circumcision injuries don’t appear until late adolescence or sexual debut, the victim of a circumcision botch will have no remedy at law whatsoever. Even the discovery rule tolling the statute of limitations is typically trumped by a statute of repose (and frankly, no one believes that a teen did not notice he was botched. One might wonder though--- how is a child, pre-sexual debut, to know what is ‘normal’ genitalia unless he has been told?)

RITUAL or HOME CIRCUMCISIONS--
As to the health and safety issue, it should be obvious that homemade, front parlor, kitchen table, or bathtub circumcisions, using tools at hand, are totally unregulated. There is no state in the U.S. that requires a medical license or any medical training, even so much as a first-aid course, for someone feeling an urge to circumcise a child. Instructions are available on the Internet, and the medical clamps are available on eBay for under $10. Indeed, the West Coast has seen several recent cases of homemade circumcisions, which usually draw attention only because the parents, typically claiming religious motives, made a sloppy job of it and were ultimately obliged to call 9-1-1.

The actual incidence of children, male or female, circumcised at home by parents or by paid proxies is completely unknown, nationwide, and certainly much higher than the few noteworthy and salacious cases which make the evening news.

In one such Washington case, the Court noted:

“Both corporal punishment and religious practice are grounded in the parents' beliefs as to the best interests of the child, and as parental control over the child's upbringing does not justify cutting the child as punishment, it does not justify cutting the child as a religious exercise.

Cutting a child's genitalia is also disfavored in public policy. Congress and several states have passed legislation outlawing female circumcision, also known as female genital mutilation. Cutting a child's genitalia [in this case, a boy's] is also disfavored in public policy.”

As the full-time pro bono general counsel and director of an international physicians' group, I am consulted in 100 or more cases each year of genital injuries with lifetime health and sexual consequences for the child victim. Our physicians' group reports the injury to state medical licensing authorities and has even referred the worst cases to private counsel. Invariably, attorneys recognizing the pathetic damages available to a child and the crushing start-up costs in medical malpractice cases, express sympathy for the child's plight, but are unwilling to take on the cause. --Who can blame them when medical and legal indifference, coupled with religious interests, are arrayed against the boy whose lifetime wishes are yet unknown?

FREE EXERCISE--The second claim of the San Francisco Superior Court judge, that any restriction on circumcision would be a violation of First Amendment free exercise of religion impinging on and uniquely affecting religious communities, is at first blush even more troublesome than the lack of medical oversight, --but there is an easy reply.

The notion that parents can perform or submit their children to genital cutting of any kind, even religious, is at odds with the holding, never overturned, in the U.S. Supreme Court case of Prince v. Massachusetts whose oft-quoted comment about the limits of parental authority in religious matters reads as follows:

Parents may be free to become martyrs themselves. But it does not follow they are free, in identical circumstances, to make martyrs of their children before they have reached the age of full and legal discretion when they can make that choice for themselves. 5

Which is to say that the long history of
the United States Supreme Court’s careful protection of religious belief is not applicable when it comes to religious practice which would endanger or even create a risk of harm to a child. The commonest cases, of course, include religious opposition to blood transfusions, faith healing, and other inadequate substitutes for modern pediatrics. That principal would apply a fortiori to cases where the child has been subject to completely non-therapeutic, unnecessary, merely cultural, cosmetic genital cutting in the name of religion or culture.

But the sheer ancientness of ritual male circumcision has allowed it to escape modern legal scrutiny, though there is much hand-wringing in the academic literature. Anglo-American law has simply failed to consider the rights of infant boys – even as to their fundamental right to choose their own religion. Curiously, the federal law forbidding even the mildest and symbolic female circumcision expressly disavowed any exception for religious motivation, thus ignoring those Muslim and Animist parents who claim ancient religious requirements for cutting their daughters. There has been no challenge to the U.S. federal anti- FGM law on Free Exercise grounds.

The simple example below, which tests the limits of parental authority to risk children’s health or safety for putative religious reasons, is instructive, if only because it is an unfamiliar fact setting, avoids imbedded ‘memes’ and old assumptions, and is thus a more neutral intellectual challenge for my colleagues at the Bar:

In some strains of Shiite Muslim belief, a child’s forehead must be slashed three times, from temple to temple, to commemorate the death by beheading of their saint Imam ibn Ali Hussein in the year 680. Shiite children, even infants and toddlers, are subject to this annual religious tradition, which causes profuse facial bleeding down to the chest, intended to create symbolic participation in the suffering of Imam Hussein. (Go to Google images and type “Ashura celebration” for an eyeful of bleeding children.) Unlike circumcision, no tissue or anatomical function is lost, but there will be visible scarring.

Would Washington state law permit this practice by parents in the septic setting of a private home? May a licensed Washington state physician, using sterile technique, accommodate the request of a Shiite parent to perform this ritual? In the absence of state regulation, could Seattle citizens forbid cutting of children on the Feast of Ashura within their municipal borders? My international physician members wonder….

Using the standard of Prince v. Massachusetts, in-home circumcisions are particularly troubling. This is true whether they’re motivated by religion, culture, or whim.

Ritual circumcisers are not necessarily, or by law, M.D.’s and it is not clear whether any certification they claim involves a high enough level of medical training to ensure minimal risk to the child. There are, for instance, lay circumcisers who advertise coyly on the Internet that they will circumcise any child, thus using religious cover to avoid being charged with practicing medicine without a license. This alternative is particularly tempting for parents on Medicaid and recent immigrants who cannot afford a procedure Washington State Medicaid has not reimbursed in decades.

Would such an occasion be protected by the Free Exercise clause? It is an interesting question for which Prince v Mass provides an answer. I imagine that the operator and the parent would simply claim an ever-rising level of piety as the heat came on, hoping the law would be as impotent as ever to protect the child when religious belief is invoked.

Another problem is that the home setting – a front parlor, a living room or even a bathtub – is inarguably septic. There is also no opportunity for the operator, whether an M.D. or not, to call for a “code blue” to assist a child who is in deep distress, no hospital ‘crash-cart’ nearby with the tools for resuscitation. Competent medical authorities able to deal with a hemorrhage from a severed frenular artery are unlikely to be close at hand.

Infants have around 12 ounces of total blood volume. The amount of blood loss that will kill an infant by hypovolemic shock and exsanguination is 2.5 ounces, approximately the bottom third of a cup of coffee, easily hidden in a modern diaper without a visible stain. Bleeding to death is quick and painless. The child just slips away, without a sound, in apparent deep sleep.

There are numerous recent cases nationwide of children who have bled to death from circumcision even in medical settings. But these are the tip of a morbidity iceberg.

Perhaps the judge in San Francisco felt her hands were tied by statute, and thought the best course was to quash a citizens’ initiative on the grounds that state authorities are completely up to the task of regulating this dark corner of American medical culture, inherited from our Puritanical pre-germ-theory, British ancestors, and its home-grown doppleganger.

But as California has not seen fit to regulate the non-therapeutic cutting of male children, let alone discourage homemade circumcisions in septic settings, it is hard to see where the state has ‘pre-empted’ local law. May a state preempt, from local regulation, a safety and health situation which the state has manifestly abdicated, when 12,000 citizens of a city within its borders are more alert?

And as someone who has worked on this issue, full-time, for 10 unpaid years, traveling, lecturing, writing, comforting anguished parents and counseling aggrieved young men– I can tell you there is much more here than meets the eye, and many more melancholy and heart-breaking stories of grievously injured children than you might suppose. Where is the law when our children need protection from their own parents as well as unethical practitioners exploiting parental fears?


6. Ross Povenmire. Do Parents Have the Legal Authority to Consent to the Surgical Amputation of Normal, Healthy Tissue From Their Infant Children?: The Practice of Circumcision in the United States.


AB 768 California Senate Judiciary Committee

1. Proponents and opponents of AB 768 were invited to submit, by 5 pm on Friday last week, any briefs, letters, emails, faxes, etc to Ms. Ronak Daylami, an attorney who serves as staff counsel to the committee. Her job was to use the next 3 days to digest the relevant data points and arguments, evaluate and analyze the proposed bill in terms of how it changes existing law, how well it achieves its stated goals, whether it passes the "Lemon test" [using e.g. California Educational Authority v. Priest (1974) 12 Cal.3d 593; and East Bay Asian Local Development Corp. v. State of California (2000) 102 Cal.Rptr.2d 280], and whether it is constitutional. Ms. Daylami was supposed to present both sides of the argument and analyze each. Several parties on each side submitted amicus briefs.

2. The Judiciary Committee consists of 5 members: Chairwoman Noreen Evans (D), Vice Chair Tom Harman (R), Sam Blakeslee (R), Ellen Corbett (D), and Mark Leno (D).

3. Senator Evans called the hearing to order. She explained that proponents and opponents of AB 768 would each get 3 speakers at 3 minutes each. If others in the gallery wished to be recognized, they could later state their name and their support or opposition for the record.

4. First speaker in favor of the bill was Spencer ??? representing the California Medical Association. He spoke for only 2 minutes, and emphasized that the CMA has long considered circumcision an effective public health measure. He also stressed that no local jurisdiction should interfere with the practice of medicine.

Second speaker was Cliff Berg, representing a Jewish Congress. He stated that the bill was necessary to prevent future attempts to curtail religious rights. He spoke less than 2 minutes. Last speaker was Valerie Small-Navarro with the Northern California ACLU. She was the most impassioned of the speakers, and said that there were important civil liberties at stake and that her organization was firmly behind AB 768. She spoke for less than 3 minutes.

5. No one else stepped up to be recognized as being in favor of the bill.

6. Senator Mark Leno made a special request of the representative from the CMA. Leno said he anticipated that opponents of AB 768 were going to liken male circumcision to FGM, and he wanted a clarification that the CMA distinguishes between them. The response he got was probably not what he was looking for; the CMA spokesman merely said that the CMA hadn't studied female circumcision much. He said there were initial indications that male circumcision helped with sexually transmitted diseases like HIV, but he wasn't aware of much research connecting FGM and HIV. (This was actually a great opportunity for us.)

7. First speaker opposed to the bill was Brian Levitt. He spoke for just over 2 minutes about how he felt harmed, how AB 768 was bad law, and the "emergency" nature of the bill was moot. Second speaker was Tina Kimmel. She listed very impressive educational and professional credentials, and spoke passionately about how biased Ronal Daylami's legislative analysis was. She also denounced the culture of circumcision. Third speaker was Lloyd Schofield, party in interest of SFMGM bill. He explained how MGM bill has been mischaracterized as a ban, when it is clarification of circumcision as an emergency medical procedure. Lloyd explained the anatomy of circumcision and touched on the trauma it causes. Both Tina and Lloyd ran a fair bit over the allotted time and were reminded by the Chair to wrap up their points.

8. Several opponents of AB 768 took the opportunity to register their objections at the podium. They were Marilyn Milos, Steve Brown, Kirsten Barquist, Jonathan Conte, Sophia Williams and Frank McGinniss (who spoke a bit on foreskin restoration).

9. Chairwoman Evans noted that circumcision is a controversial issue, and a YES vote by the committee should not necessarily be construed as an endorsement of circumcision. (This was preposterous to even say, because the language of the bill clearly praises circumcision.) She noted that she was once married to a Jewish man and they had a son. She did a lot of soul-searching before they decided it was in their son's best interest that he be circumcised. So she knows how painful this is, or something like that. She said she would be voting YES.

10. Chairwoman Evans called for discussion to close and a vote to be held. It was 5 "a yes", no "nays", in favor of sending AB 768 on to the full California Senate for a vote. Unanimous.

Male Circumcision: It's a Personal Choice

Daily Journal
Marc Angelucci
Thursday, November 17, 2011

A few days ago, the American Medical Association made an announcement that contradicts the position of medical associations worldwide about something that has recently seen an explosion in media coverage - infant male circumcision.
Throughout the world, medical associations have found no medical justification for male circumcision. The British, Canadian, South African, Australian, Dutch, and New Zealand medical associations all found the purported medical benefits to be unfounded, and that the risks and complications outweigh any benefits. The Dutch and South African medical associations even declared infant male circumcision to be harmful, unethical, and a violation of a child's right to bodily integrity.

But on Nov. 15, the American Medical Association announced its vote to oppose recent efforts to ban the practice, and in their announcement they said there is "strong evidence documenting the health benefits of male circumcision."

This announcement won't jolt the views of most Americans, for whom this is conventional wisdom. Although circumcision is declining in the U.S., over half of American men remain circumcised. The U.S. is also the only nation that tries to medically justify the practice.

Incidentally, Americans also consume more Viagra per person than any other country. And given recent medical research, that is not surprising.

In 2008, scientists for the first time used fine-touch medical instruments to measure penile sensitivity of both cut and uncut men in the U.S. and in China, and they found circumcision removes the most sensitive part of the penis. The following year, a report by the British Columbia College of Physicians and Surgeons declared the male foreskin is "rich in specialized sensory nerve endings and erogenous tissue" and declared it is not recommended.

Other studies recently found circumcised men have a higher association with sexual problems than uncircumcised men, and that the difference increases with age. Of course, men who were cut as babies cannot know the difference, just like a person born colorblind. But more and more men in the U.S. are educating themselves about what they lost at birth, and an increasing number of them are seeking restorative surgery.

The bottom line is that the American Medical Association is caving to political and cultural pressure to act contrary to medical ethics. Even the slightest ceremonial incision on an infant girl's genitals is illegal. All forms of infant female circumcision, including those less intrusive than male circumcision, are illegal in the U.S., even though the most common form - removal of the clitoral foreskin - is gynecologically equivalent to male circumcision and has similar (but false) purported health benefits.

Boys deserve the same protection. Religious, cultural, and parental rights end when it comes to someone else's bodily integrity. It's his body, and his choice.

AUTHOR'S COMMENTS:
The AMA completely disregarded what national medical associations worldwide are saying, and based on some of their responses to us on Facebook it appears they didn't even read them. The AMA's announcement on its Facebook page has well over 150 very critical comments from the public about this decision.

Interestingly, two of their members answered by admitting this was somewhat of a quick decision. One of them, name, Sam Mackenzie, said this was made with only "limited debate," and he offered to draft a resolution for reconsideration at their June meeting, and he said this that the AMA's report "stated that there was very limited testimony arguing against the resolution. The limited debate was framed around intrusion of patient choice and physician practice, not on the merits of circumcision. I'm not saying this is appropriate-just that it's what happened. Second, this was submitted as a late resolution; hence, it was not privy to discussion on the online forum before the meeting. A strong case could have been made for referral to a council, for example, the Council on Ethical and Judicial Affairs. In hindsight, this would have been my preferred action, but as a medical student, I was focused on other issues, for example, those centered around Medicaid revisions and cuts to GME funding."

San Francisco Court Hearing on
SF MGMBill
David Lane

David Lane recounts the San Francisco court hearing to remove the SF MGMBill from the ballot.

There was a pretty good showing of Bay Area Intactivists outside the courthouse, which was fantastic, particularly given the media circus (more on that later). I know that at the very least, Lloyd, Jonathon, Tina, and I were interviewed by various outlets. I'll let someone give a more thorough rundown of the protest on the listserv, and I'll focus on the hearing because that's where I was.

Michael Kinane did a fantastic job. He got up there--cast on his right arm and all--and in my estimation actually may have made the judge consider changing her ruling in some way, if not changing her mind completely. I could be wrong about that, but the fact is that in order for her to do what she did (make the tentative ruling final), effectively she had to completely ignore almost everything Michael said during his oral argument. It just was not possible to have heard his argument and not have seen the substantive problems with her ruling, as well as its internal contradictions. Far be it from me, as an officer of the court, to accuse the judge of acting in bad faith, but I'm just telling it like I saw it.

The courtroom was packed past capacity--people were turned away and they had to set up temporary seating in the front because there was so much press (albeit it was a small courtroom). I saw ABC news, CNN, NPR, and the Bay Area Reporter, among others. ABC filmed the proceedings, which is interesting because it suggests that the court allowed them to bypass the rules concerning when media requests must be filed. Too bad she couldn't find the same leniency in her heart for Doctors Opposed to Circumcision.

The judge began the proceeding by stating that the court concedes that there are "legitimate arguments on both sides" of the debate in terms of the merits of infant circumcision. (gee, thanks for that
your Honor). The judge proceeded to refer to Lloyd's brief as "Respondent's" brief, though Lloyd is Real Party In Interest and the City and Director of Elections are Respondents. Overall I got the feeling the judge read virtually nothing. I got the sense that a clerk wrote her a bench memo (summary of the briefs and how she should rule). She seemed caught off guard by Michael's argument (could just be me seeing things).

Michael began his presentation with a very cogent explanation of the fact that the initiative is not a circumcision ban, and so does not contravene 460(b), which prevents cities only from "prohibit[ing]" doctors from performing procedures that fall within the professionally recognized scope of practice. As Michael stated, the initiative would allow doctors to perform circumcisions when medically necessary (and of course on consenting adults). I found his argument concerning the difference between a restriction, or regulation, and a prohibition to be compelling.

Michael also explained, with respect to the argument that the State has preempted the subject area at issue (thus prohibiting cities from legislating in the same area, under the legal doctrine of preemption), that there is currently a federal law that is almost verbatim to the initiative, but protects only girls. This argument made sense legally because it showed that the State does not, in fact, occupy the field when it comes to regulating circumcision--the feds are in on it. And, perhaps as importantly, it gave Michael an opportunity to drive home to the judge and all of the press in the audience that there is a serious equal protection problem here. Michael spoke very eloquently about the fact that little girls currently enjoy protection that is denied to little boys. It was clever for Michael to narrow the area of law in question to that concerning circumcision specifically, as opposed to medicine more generally. The judge ultimately didn't buy it, but that doesn't mean another court won't (sorry for the triple negative).

Michael took the opportunity to bring up another relevant state statute in the context of the preemption argument:

§ 124170. Educational, preventative and outreach activities focusing on new immigrant populations; establishment and implementation

establish and implement appropriate education, preventative, and outreach activities, focusing on the new immigrant populations that traditionally practice female genital mutilation, for the purpose of informing members of those communities of the health risks and emotional trauma inflicted by this practice and informing those communities and the medical community of the prohibition and ramifications of Section 273.4 of the Penal Code.

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Alas, it's too bad the State doesn't give a rat's ass about the "health risks and emotional trauma inflicted by this practice" on men. He also quoted the AAP statement on male circumcision. Finally (and I'm sure I'm missing a lot), during his rebuttal Michael managed to insert into the record that the judge had decided at least one factual issue, though her ruling states she decided the matter on the law. This is all good fodder for an appeal.

Michael Jacobs from Morrison Foerster argued for the other side. He rebutted the preemption argument; went through the reasons the court should not sever the statute to save it (not that we ever suggested it should...); and also argued the 1st Amendment Free Exercise issue (i.e., if the judge does sever the statute so as to allow doctors to continue to cut, then it would apply only to religious folks and so would violate the federal Constitution).

But I have to say, both in terms of substance and style Michael far surpassed the all-powerful law firm partner. Michael's argument was passionate, but reasonable. He was captivating. And there he was with his shattered wrist in a cast, and Lloyd and Rick standing stoically next to him, while on the other side there was Michael Jacobs and Francis Ho, both from MoFo; Nicole Aeschleman (no argument); at least one ACLU lawyer (no argument); and maybe a couple of other lawyers on behalf of the San Francisco "Medical" Society. Good atmospherics, as they say, for the press if nothing else.

I almost forgot -- the City Atty, Mollie
Lee, was at counsel table with Lloyd, Rick, and Michael (after all, she's on 'our side' of the lawsuit...). She said a few words but didn't make an argument because the judge had no questions for her about the Free Exercise issue.

The judge finally spoke and basically disregarded everything Michael said, gave a summary of Petitioner's brief, and rubber stamped her tentative ruling. I was surprised that she went out of her way to mention (1) that she had considered the Free Exercise issue and decided that Petitioners were correct (never mind non-medical doctors cutting in a non-religious context); and (2) she mentioned the fact that San Francisco is a charter city with special home rule privileges. Petitioners brought this issue up in their initial brief, but our side never really made the argument that it was relevant. I'm not sure whether she was sort of broadcasting to us that it might be a viable issue on appeal, or (more likely), mentioned it because she was using the table of contents of petitioners brief as a guide.

After the hearing there was a press gaggle immediately outside the doors of the courtroom. Lloyd went first, and 'showed up' as he always does. Abbey Porth went next and began by referring to male circumcision as a "minor surgical procedure." I suppose it is, in the sense that it's performed on minors, but I don't think that's how she meant it and I felt compelled to let her know how I felt when the press deal was over. So I did.

Frankly, I don't think it could have gone much better. Michael was great both stylistically and in terms of making a good appellate record; Jacobs was mediocre; the City Atty did almost nothing; the ACLU and SF "Medical" Society didn't argue; the judge's ruling makes no sense; the press was plentiful; and the protesters showed up. Good job by all in my opinion, although of course others should feel free to disagree.

Huge thanks to Michael Kinane.

Fighting for the Rights of Children and their Dads
Parenting Unplugged
Anonymous
Wednesday, June 1, 2011

Steven Svboda, the E.D. of Attorneys for the Rights of the Child and PR Director for National Coalition for Men spent 30 minutes with Todd and Laura talking about discrimination toward men.

Times have changed. No longer do all men bring home the bacon and long gone are the days that all women fry it up in a pan. Still there are rights that are not being given to... men?

It may not seem that way, but in many areas where families are concerned, men usually get the short end of the stick. In custody cases, in domestic violence cases, in the case of changing a baby's diaper in a public facility, there is a bias against men.

The National Coalition for Men helped get changing tables in bathrooms so father's could change diapers. It seems natural now, but 15 years ago it wasn’t.

Women led their movement and became empowered and have been doing a great job at creating equality in the workplace. Men want equality in other places and they aren’t getting it easily.

This discussion might rattle your feathers a little bit, but it is one that will make you think twice before you judge a man by the look of him.

Eliyahu Ungar-Sargon on Cut Podcast
Eliyahu Ungar-Sargon

My name is Eliyahu Ungar-Sargon and I’m an independent filmmaker. I grew up as an Orthodox Jew and circumcision has always been a part of the fabric of my reality. As it happens, I also went to Medical School before deciding to become a filmmaker. In 2007, I completed my first feature-length documentary film, Cut: Slicing Through the Myths of Circumcision. Male circumcision is a taboo subject in the United States and when the film was first released, we ran into some cultural resistance. It was very well-received by critics, but finding an audience for it proved to be a challenge. We had a number of high-profile screenings, but the distribution process always felt a little like moving mountains. Four years later, while the cultural taboo still exists, it seems to be losing its grip a little. People seem more willing to discuss circumcision openly and though it’s still a hard sell, the culture seems ready to start reexamining this ubiquitous practice.

Earlier this summer, Rabbi Shmuley Boteach, a celebrity Rabbi and host of TLC’s reality show, "Shalom in the Home," challenged Lloyd Schofield, a San Francisco resident and proponent of a ballot initiative that would have made the non-therapeutic circumcision of minors illegal in his city, to a debate on circumcision. Schofield declined. At the
behest of a childhood friend and being aware of Boteach's challenge, I stepped into the fray and proposed to Boteach that he debate me instead. Much to my surprise, he agreed. To my chagrin, and in violation of a written agreement, after the debate was over, Boteach refused to provide me with a copy of the video that his people had shot of the event. Luckily, I had made my own audio recording and I proceeded to post it on the internet. Upon hearing the debate, my brother, Naftali, echoing a general dissatisfaction with Boteach's performance, exclaimed that I needed to find better opponents. I took this as a worthy challenge and the Cut Podcast was born.

The idea initially was to seek out thoughtful and intelligent people who disagreed with my opposition to circumcision in order to explore our differences. In the first post-debate episode, I had a discussion with my friend Jeff Helmreich, a UCLA graduate student in Philosophy, about a famous paper on circumcision in the bioethics literature. We discussed the merits and shortcomings of the arguments presented and I exposed Jeff to some of the latest research on the functions of the foreskin. Shortly after, the Cut Tour began and the podcast came to serve as documentation of the often lively Q&A sessions. Moreover, as the tour progressed, we started having post-screening panel discussions with experts. In Austin Texas, Janet Heimlich, author of "Breaking Their Wills," a book about religious child abuse, joined me. At the Washington DC screening, Ryan McAllister, a Georgetown researcher and Rabbi Binyamin Biber, a Secular Humanist Rabbi, were on the panel. In Montreal, an Orthodox Rabbi came and the panel discussion evolved into a respectful debate about the religious significance of circumcision in the Jewish tradition.

In addition to these panels, I continued producing special episodes where I discussed a particular aspect of circumcision with an individual guest. In Atlanta, I recorded an episode with Aubrey Taylor about the effects of circumcision on heterosexual sex from the female perspective. I also recorded an episode with David Llewelyn, there, on circumcision and US Law. In Boston, I had a conversation with Ronald Goldman about the psychological consequences of circumcision. And in Chicago, in keeping with the original mission of the podcast, I interviewed Richard Shweder, an anthropologist who teaches at the University of Chicago and is a known defender of both male and female genital cutting practices. By the end of the Tour, the Cut Podcast had grown to over 40 episodes and climbed the iTunes charts to become one of the most popular podcasts on circumcision.

I have every intention to continue producing new episodes of the Cut Podcast, albeit at a somewhat slower pace now that the tour is over. Circumcision is a deep subject and the truth of the matter is that there's still a great deal that we don't know about it. It is my fervent hope that the Cut Podcast will serve both as a resource and an inspiration for further work on this under-discussed and important issue.

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**News**

**Dutch Doctors Urge End to Male Circumcision**

*Reuters*

Roberta Cowan

Friday, September 23, 2011

Dutch doctors want politicians and human rights groups to speak out and discourage the practice of male circumcision in the Netherlands because they say it is a "painful and harmful ritual," and a violation of children's rights. Between 10,000 and 15,000 boys are circumcised in the Netherlands each year, mostly for religious reasons and not always with an anesthetic, according to the Royal Dutch Medical Association (KNMG) which represents surgeons, pediatricians, general practitioners and urologists.

"We want to discourage male circumcision, because it is an unnecessary procedure with complications, which violate the integrity of the child," Lode Wigersma, a spokesman for the association, told Reuters on Friday.

"This is not an innocent procedure, we see complications in about 5 percent of the cases, as well as some long-term and psychological implications," he said.

Male circumcision involves the removal of all or part of the foreskin of the penis. It is a ritual obligation for infant Jewish boys, and is also a common rite among Muslims, who account for the largest share of circumcised men worldwide.

The Dutch medical association has urged religious leaders to find alternative rites of passage that are not irreversible and which are not painful for the child.

The practice of female genital mutation has been prohibited by law in the Netherlands since 1993 for all ages.

Last year the Dutch medical association released a report against the practice of circumcision of male children for non-medical reasons, hoping to initiate a public discussion.

Now it is appealing to Dutch politicians to speak out against the practice to help "gradually change the mentality" in society and among religious groups that circumcise their boys.

The doctors group said that contrary to popular belief, circumcision can cause some minor as well as serious complications including bleeding, infection, urethral stricture as well as panic attacks, which it says are particularly common.

It said there was no medical reason to surgically remove a part of the genitals of healthy babies and young children, who are too young to give their consent to the procedure.

The Dutch doctors are not calling for a
circumcision ban, for fear the practice will be driven underground.

"We also understand that it (circumcision) is a deeply embedded religious habit so we don't expect it to be over in a few years, so our appeal is if you want to do it then have it done by a doctor with anesthesia," said Wigersma.

The majority of male circumcisions in the Netherlands are done in special circumcision clinics by doctors using anesthetic on Muslim boys between 5 and 7 years, according to Wigersma.

Rabbi Binyomin Jacobs, President of the Dutch Association of Rabbis, said only about 50 male Jewish babies are circumcised in the Netherlands each year.

He disputed the 5 percent complication rate, and said there have not been any problems in the Jewish community due to strict rules about how and when circumcision takes place.

"According to Jewish law, you have to do it (circumcision) the Jewish way," Jacobs said.

The doctors' recommendation to end the practice of circumcision is likely to be controversial given that it involves both Jewish and Muslim traditions.

In a rare show of unity in June, the Dutch Muslim and Jewish communities -- numbering about 1 million and 40,000 respectively in a total population of 16 million -- condemned the government's proposed ban on the religious slaughter of animals as a violation of their religious freedom.

California Slaps Down Attempts to Ban Circumcision
Agence France-Presse
Anonymous
Tuesday, October 4, 2011

California has banned local authorities from outlawing male circumcision, striking a final blow to a San Francisco group that had hoped to put the matter to a popular vote.

Religious groups applauded Governor Jerry Brown's signature Sunday of a bill which prevents cities and counties from interfering with parents wishing to circumcise their sons.

The move comes amid renewed debate over the ritual, which is a cornerstone of the Jewish and Muslim faiths.

Earlier this year, a group of San Francisco "intactivists" gathered the 7,000 signatures required to put before voters a ban on young male circumcision.

The activists believe that male circumcision is essentially culturally accepted genital mutilation, and should be a matter of individual, not parental, choice.

Their ballot initiative would have criminalized the circumcision of minors in this western US city except in cases of medical necessity.

But in July, a judge in ruled in favor of a coalition of religious groups, doctors, and families who said the proposed ban violated a state law that prohibits local governments from regulating medical procedures.

California lawmakers also jumped in with a bill outlawing local governments from creating their own "patchwork of regulation" around the procedure.

Brown's signed that bill into law Sunday, effectively imposing a blanket prohibition on anti-circumcision initiatives statewide.

"The law reaffirms that municipalities cannot take away parents' rights to make medical and religious decisions for their own children," said Abby Porth of the Jewish Community Relations Council.

Porth noted that San Francisco families and community leaders mobilized against the ban as soon as it was proposed.

"There was such an enormous coalition that formed rapidly to fight this measure," she said. "I think that was out of a common recognition of the demagoguery behind the anti-circumcision movement."

Proponents of the ban drew widespread criticism this summer with their "Foreskin Man" comic book series, which featured a blond, blue-eyed superhero fighting caricatured Jewish villains.

Despite the backlash, intactivists said Monday that they are undeterred.

"Human rights takes a long time for people to understand," said Lloyd Schofield, the retired hotel worker who has been at the helm of the San Francisco campaign.

"When you have a collusion of religious and politics it's a hard thing to overcome," he said. "There are always roadblocks along the way."

Anti-circumcision advocates say they will continue to lobby with rallies and teach-ins, that another "Foreskin Man" comic book is forthcoming.

Boy's Botched Circumcision Leads to $4.6 Million Award
City News Service
Bill Hetherman
Monday, July 18, 2011

A judge today said he will approve a $4.6 million settlement of a lawsuit brought on behalf of a boy who was the victim of a botched circumcision at a Los Angeles clinic when he was a week old.

The accord to be signed by Los Angeles Superior Court Judge Rex Heeseman brings an end to the case filed by the boy's mother, Melanie Hall, against Miltek Inc. and its parent company, Integra Life Sciences Holding Corp., in February 2007.

The boy and his family lived in Los Angeles at the time and now reside in Austin, Texas. He, his mother and his brother were present in court today.

The family will receive $3.07 million of the settlement total after attorneys' fees and costs are deducted.

According to the lawsuit, Dr. Anthony Pickett performed the circumcision on
the boy, now 8, at the Maternity Center of Vermont on Jan. 3, 2003. Pickett used a Miltex Mogen clamp that removed 85 percent of the top of the boy's penis, according to the suit.

"Because of the defective design of the circumcision clamp, there was no protection for the head of the penis and Dr. Pickett was unable to visualize the (head) when excising the foreskin," according to the plaintiffs' court papers filed regarding the settlement. "For this reason, an amputation to the (head) of plaintiff's penis occurred."

The boy will need yearly visits to a pediatric urologist and will continue to obtain psychiatric care "to deal with the trauma of this incident and resultant surgeries," the plaintiff's court papers state. "In addition, future surgery may be required as he grows older." Pickett was dismissed as a defendant last month and is not involved in the settlement.

Browne Greene, an attorney for the boy and his mother, said in a sworn statement that the case presented unique challenges. Medical malpractice statutes appeared to limit recovery in the case and it also involved an uninsured doctor, according to Greene.

"This case is one of the more extraordinary cases I have participated in during my nearly 50 years of practicing law," Greene said. "Through extraordinary research, diligent work-up, creative lawyering and hundreds of hours of hard work ... if we had not done such a remarkable job it is likely highly likely (the boy) would never have collected upon a judgment that might have been limited to $250,000."

Greene said the lawsuit also has societal benefits.

"In the process of this litigation, we also have exposed a danger to children which we hope to eradicate by the effects of this litigation and settlement," Greene said.

Hall stated in a declaration that she approved the settlement, including the $1.38 million that will go to her attorneys. She said they conducted a mock trial using her and her family to predict how the case would likely be like in front of a jury.

"I hope this case helps prevent this from happening to anyone else and that that warnings will be given people to let them know what could occur," said Hall, a single parent with one other son.

South African Medical Association Denounces Circumcision of Infants

IntactNews

Jonathan Friedman

Sunday, June 26, 2011

In a response letter to NOCIRC-SA, the South African Medical Association denounces the circumcision of male infants for HIV prevention as "unethical" and "illegal."

The South African Medical Association (SAMA) letter was in response to a February letter sent from NOCIRC-SA to the Kwa-Zulu Natal Health Department to try and stop the new mass infant circumcision programs. The NOCIRC-SA letter pointed out the legal and ethical consequences of rolling out mass infant circumcision programs for HIV prevention. According to the Children's Act, children can only be circumcised for "medical reasons" directly related to problems with the foreskin. Circumcision is a serious surgery that is traumatic for the infant, irreversible, and results in a significant loss of sexual sensation and capability. A healthy foreskin is important for normal sexual functioning when the child becomes an adult. Circumcising children for HIV prevention is therefore illegal under the Children's Act. And, children could sue their doctors as adults for the violation of their right to a complete body.

In their February letter to SAMA, NOCIRC-SA highlighted the fact that while there are studies on HIV prevention for circumcised adult males, there are currently no studies in existence on HIV prevention for circumcised infants. NOCIRC-SA holds that it is "unreasonable" and "inhumane" to perform a radical genital surgery on infants 12-14 years before they will become sexually active. These children can be educated on condom use—which provide the best protection against HIV for each time of use, over 99% if used correctly—and in 12-14 years a vaccine for HIV might exist. Any circumcised man having regular unprotected sex over time will ultimately carry the same risk of HIV exposure and increase the risk of his partner, especially if he falls prey to the belief that he is protected from HIV. Already, throughout Africa, men are beginning to believe that they do not need to wear a condom because they are circumcised.

The response letter from the South African Medical Association: CIRCUMCISION OF BABIES FOR PROPOSED HIV PREVENTION

We refer to the above matter and your email correspondence of 16 February 2011.

The matter was discussed by the members of the Human Rights, Law & Ethics Committee at their previous meeting and they agreed with the content of the letter by NOCIRC SA. The Committee stated that it was unethical and illegal to perform circumcision on infant boys in this instance. In particular, the Committee expressed serious concern that not enough scientifically-based evidence was available to confirm that circumcisions prevented HIV contraction and that the public at large was influenced by incorrect and misrepresented information. The Committee reiterated its view that it did not support circumcision to prevent HIV transmission.
New York City Toddler Dies From Circumcision Operation
Jonathan Friedman

On Wednesday, May 4, 2011, Jamaal Coleson Jr. died after his parents brought him in for a circumcision procedure at Beth Israel Hospital in Manhattan. He died one month before his 2nd birthday.

Jamaal’s parents are blaming doctors for using general anesthesia instead of a local anesthetic. His parents were too distraught to speak publicly following the tragic death of their son. They refused to accept the hospital’s offer to pay for Jamaal’s funeral and are still demanding an explanation, according to the New York Post.

Jamaal’s uncle, Jabbar Coleson, 23, spoke with the New York Post. After the operation, the boy “woke up and laughed and called for his mother and then went critical,” Coleson says. “It took them four hours to get him into surgery. Then they couldn’t find the doctor.” Jamaal never regained consciousness, and was declared dead 10 hours later.

The results of an autopsy conducted by the hospital are "inconclusive," reports the New York Post.

"I don't want to see another family lose a child -- a happy child, a smart child, or any type of child without a reason," Coleson tells ABC News. "I don't want no one to go through that pain -- to cry every five minutes, to feel like you have to throw away all his things just to stop thinking about it."

Jamaal’s parents were to be married next year. “We just don't understand what happened. Now my mother (Jamaal’s grandmother) is out buying a suit for the funeral (instead of the wedding),” Coleson tells the Post.

Approximately 1.3 million routine circumcisions are performed on newborns in the United States each year (2010). A recent study estimates that 117 newborns die from circumcision each year.

Circumcision Death Case Settles for $230,000
ICGI
Dan Bollinger
Friday, April 8, 2011

The lawsuit involving a South Dakota Native American infant, Eric Dickson Keeffe, from the Rosebud Indian Reservation, who bled to death from a circumcision in 2008, was settled this week for $230,000. The case involved an Indian Health Service doctor who circumcised the child at the end of the working day allowing for no period of post-surgical observation. Testimony showed the mother faced a long drive home on rural roads with other children in her care.

“This was sheer negligence and an ethical failure to consider the risk,” says George C. Denniston, MD, MPH, President of Doctors Opposing Circumcision, a physicians’ group based in Seattle, Washington, which assisted with the case. “Circumcision is unnecessary surgery, which the parents are never told holds a risk of death for their child.”

Keeffe bled to death during the night from his open circumcision wound in June, 2008. Medical professionals say that the loss of only two and one-half ounces of blood can cause the death of even a large eight-pound infant. “That amount of blood, just a few drops per hour, was easily hidden in the super-absorbent disposable diaper baby Keeffe was diapered with,” notes Denniston, “Parents are never told about that risk.”

Doctors Opposing Circumcision has provided expert advice for numerous circumcision death cases. “Exsanguination, or bleeding to death, is hard to detect,” says Denniston, “since the child slips away quietly, and no one wants to disturb what appears to be a sleeping child.”

Death from circumcision is relatively rare, although a recent study estimates that around 117 children in the United States die each year from circumcision. “These are entirely avoidable deaths,” says Denniston, “caused by a pointless surgery that the child would never choose for himself.”