Review: The Revolution Will Not be Circumcised
J. Steven Svoboda

“The Revolution Will Not be Circumcised” by Glen Callender
San Francisco Fringe Festival, Exit Theater,

I was fortunate enough to be able to catch Glen Callender doing his performance piece, “The Revolution Will Not be Circumcised” as part of the San Francisco Fringe Festival. The particular show I saw started at 10:30 PM on a Wednesday night and one audience member was so affected by what he saw that he fainted. Definitely not for the faint-hearted.

J. Steven Svoboda and Glen Callender

Glen Callender is an intact Canadian man who founded the Canadian Foreskin Awareness Project (CAN-FAP) and who travels around North America doing theater and public education to advance knowledge of the functions of the foreskin and the damage caused by circumcision.

We start by seeing a screen with this message, mixing humor and seriousness in a way that foreshadows what lies ahead: “This presentation is rated X. Warning: Forbidden Knowledge. CAN-FAP presents Glen Callender. And very special guest: Glen Callender’s foreskin.”

How Intactivists Won the Colorado Medicaid Fight
Craig Garrett
Colorado NOCIRC

In 2011, the Colorado legislature removed circumcision from the list of covered Medicaid benefits by an action on the budget bill. In response to this action, a Jewish Senator in the Colorado legislature, Joyce Foster, introduced a bill which would have permanently forced Colorado Medicaid to pay for all “male circumcisions,” without regard to medical necessity. Senator Foster was quoted in a news article saying that she was sponsoring this bill as an attempt to prevent a possible circ-ban attempt in Colorado, similar to the one which was proposed in San Francisco in 2011.

Senator Foster obtained the vocal support of another senator, Irene Aguilar, MD, to help sponsor and lobby for the bill. As Senator Foster is retiring after this session, she made this bill her #1 priority and lobbied this bill extremely heavily. She had begun working on the bill and lobbying for it in the summer of 2011, so she had a massive head start. Colorado intactivists had no idea this was going on, as it didn't make the news in any way until she introduced the bill in January 2012.

2012 International AIDS Conference Report
Amber Craig

Over 25,000 people attended the recent 19th International AIDS conference held July 22-27, 2012 in Washington, DC. The conference attendees were a very diverse group of researchers, scientists, AIDS activists, community leaders, and health policy makers from around the world. Unfortunately, this conference placed a heavy emphasis on promoting circumcision as a "tool" for HIV prevention, despite much contradictory evidence of effectiveness and myriad human rights and ethical concerns. Fortunately, Intact America had a presence inside the conference, staffing a booth in the exhibition area, and intactivist demonstrators helped raise awareness to conference attendees outside during each day of the conference.

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German Court Rules Non-Therapeutic Male Circumcision Criminal Assault
Peter W. Adler
Legal Advisor to Attorneys for the Rights of the Child

This June [2012], a district court in Cologne, Germany ruled that male circumcision for religious reasons causes bodily harm and constitutes criminal assault. The case arose from the circumcision by a physician of a four year old Muslim boy. Complications arose - excessive bleeding - and the boy had to be taken to a hospital for treatment. The physician was prosecuted for having "physically mistreated another person and injured that person's health by means of a dangerous instrument..." continued on p.16
Executive Director's Message  
J. Steven Svoboda

Here we are nearly three fourths of the way through 2012 and our second electronic newsletter issue is appearing, another mammoth issue. We are hoping to go to more regular (and smaller) issues in the future. We are increasingly planning a new website and plan to launch it in the new year. It will have a new look and fully meets current standards for accessibility for people with disabilities, which we are looking forward to sharing with you.

Newish webmaster Jonathan Friedman and I have made great strides with the website and newsletter, and I was lucky enough to be able to meet him in person during a recent vacation that took me to New York City (see adjacent photo).

Since the last issue, we have sadly received word of an...
Oslo boy who died following a circumcision, and a Chinese man who lost his penis in a circumcision performed shortly before his planned wedding. A $700,000 settlement was awarded in the case of an 8-day-old baby suffered an amputation of a portion of the ventral glans of his penis at a Jewish bris. While we are of course never happy to hear of circumstances that give rise to a circumcision malpractice case, it is good news that such cases seem to be settling for substantially higher sums these days.

Influential European associations and individuals are continuing to criticize male genital cutting. In February, The Swedish Paediatric Society issued a call for the banning of male circumcision as an assault on boys. The same month, Slovenia’s human rights ombudsman announced that “circumcision of boys for non-medical reasons is a violation of children's rights” and “ritual circumcision of boys for religious reasons in our country, [for] legal and ethical reasons is unacceptable, and doctors should not perform it.” The following month, a Finnish Member of Parliament proposed criminalizing male circumcision in Finland and launched a formal government inquiry into including boys as well as girls in protection from genital cutting. In June, a Norwegian political party, the Centre Party, called for banning male circumcision as an outdated and dangerous practice not consistent with a civilized society.

Good news arrived in March, when the American Medical Association issued a report stating that nearly half of newborn US boys leave the hospital intact, the highest intact rate since the US starting keeping track nearly two decades ago.

Further positive news came a couple months later from Colorado, where intactivists led by Craig Garrett and Gillian Longley succeeded in May at stopping a legislative attempt to restore Medicaid funding for circumcision in that state, as reported elsewhere in this issue. Hearty congratulations to all involved in this arduous struggle and awesome victory.

While this technically happened shortly before the release of our last newsletter, we want to reiterate that we are proud to announce the availability of our “Know Your Rights” brochure, available on our website thanks to the active collaboration of ARC Secretary and Intact America Director Georganne Chapin.

This issue is packed with almost more good material than I can list: 1) responses by ARC to the recent policy statement of the American Academy of Pediatrics (AAP); 2) Colorado activists’ firsthand reports on their awesome success in first achieving a cessation of Medicaid funding for circumcision and then in preventing a legislative reversal of that victory; 3) analysis by ARC Legal Analyst Peter Adler of the recent German court victory and ensuing events; 4) an article by ARC Legal Analyst Peter Adler analyzing implications of the September 2011 death of an infant in a ritual circumcision; 5) no fewer than seven eyewitness photo and text reports on six recent important events including an Indiana intactivist retreat, Seattle Pride, San Francisco Pride, a conference organized by the Dutch Medical Association Washington DC’s Genital Integrity Awareness Week, and last but not least, the Washington, DC International AIDS Society Meeting; 6) the schedule for the September-October Helsinki Symposium; 7) a listing of the contents of the upcoming Springer book containing the proceedings from the 2010 Berkeley Symposium; 8) Jonathan Friedman’s report on an event relating to circumcision and Christianity; 9) Anthony Levin’s summary of the fascinating talk he made to Amnesty International Leeds; 10) a review of Glen Callenders’s recent performance piece, “The Revolution Will Not be Circumcised;” 11) reviews of a recent book on parental abuse of children; 12) reprints of five excellent blogs; 13) news reports; and more.

Social Networking Coordinator Travis Konzelman, a Registered Nurse based in Georgia, aided by our invaluable Board Member and Legal Strategist, David Wilton, continues his energetic, skillful work to expand our effectiveness at interfacing with Facebook and other social networks. Our media efforts include an appearance in the first days of the New Year on the Internet radio show

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"A Voice for Men" in which we discussed in detail the forces that have been attempting to promote circumcision of African men as a supposed preventive of HIV, and a Christmas Day media appearance on Shelton Walden’s long-standing show "Walden's Pond" on WBIA, New York City's public radio station. We received great feedback from listeners on our attempt at summarizing some of the most pertinent developments in 2011, a very eventful year for intactivism. Finally, a British Broadcasting Corporation (BBC) reporter interviewed me for about 45 minutes for a forthcoming feature article on intactivism and the German court decision.

I am very honored that after being featured in 2009 for an in-depth interview and cove appearance in "In Search of Fatherhood" Magazine, I am appearing twice more this year, as the Spring 2012 issue reprinted my article, "Three Fourths Were Abnormal - Misha's Case, Sick Societies, and the Law," and the Summer 2012 issue will be printing an updated story by me about our 2001 campaign before the United Nations, which led to the introduction into the official UN record of the first and apparently only document to date centrally focusing on male circumcision as a human rights violation.

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.

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

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Glen Callendar, founder of the Canadian Foreskin Awareness Project

Glen notes extemporaneously shortly after appearing on stage, “This is probably the fringiest show you’ll ever see at the fringe your entire life.” Glen is wearing a T-shirt with the message, “I love my foreskin” and absolutely nothing down below. He says, “The reason I do what I do is I love my foreskin. In the next 60 minutes you will understand why I love my foreskin. Hopefully you will love it too.”

With gleeful amusement, Glen displays four diagrams of male genitalia taken from leading sexuality guides, in which the foreskin is omitted and in some cases not even mentioned anywhere in the books. He presents side by side photos of circumcised males and females, drawing pointed analogies between the procedures. “The foreskin,” he says, “is the primary erogenous tissue of the penis.” He shows videos graphically demonstrating how very light touch in his case can produce not only one ecstatic orgasm, but even five (count em!) orgasms within a period of only two minutes.

Next he explains in detail the many wondrous characteristics of the frenulum, summing up, “The frenulum is your friendulum.”

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Circumcision, Long in Decline in the U.S., May Get a Boost from a Doctors’ Group
Michael Alison Chandler
The Washington Post
August 13, 2012

When Tamar Jacobs became pregnant, she found herself hoping for a girl, mainly because she was dreading a difficult rite of passage that often comes with the birth of a boy — circumcision.

Growing up Jewish in Baltimore, “I never really questioned it,” she said, but the more she read and thought about it, the more “unnecessary and even cruel” circumcision seemed. By the time the grainy 20-week sonogram showed the outward sign of an XY chromosome, she knew she could not go through with it. “It seemed like such a severe, out-of-this-time thing to do,” she said.

The 32-year-old fiction writer and community college professor is part of a new wave of parents who are questioning not just an ancient Jewish tradition but a long-entrenched American one.

More than 1.2 million infant boys undergo the surgery each year, making the United States one of the industrialized world’s leading producers of circumcised men. But the once ubiquitous practice, in which the foreskin is removed from the penis, is waning.

From a high of about 80 percent in the 1960s, the portion of baby boys leaving hospitals with petroleum-jelly-covered wounds in their diapers dropped to 56 percent in 2008, according to the Centers for Disease Control and Prevention. (The figures do not include those circumcised in outside clinics or by religious providers.)

The downward trend is probably fueled by Medicaid laws in many states that have stopped paying for the surgery, increased immigration from Latin America and other areas were circumcision is less common, and a growingly vocal cadre of so-called “intactivists” who argue that the practice is a human rights violation.

It also reflects a generation that’s more likely to trust nature and second-guess their medical treatment. For these parents, circumcision has become less of an assumption and more of a choice, and not always an easy one.

An expectant parent wading into the debate around circumcision is likely to discover a maze of medical research, white-hot rhetoric pitting children’s rights against religious freedom, and a choir of bathroom humor.

In interviews for this article, the untrimmed foreskin was alternately derided as an HIV-spreading “wrinkled elephant trunk” or heralded for its “elegant function” and thousands of pleasure-inducing nerve endings.

An uncircumcised California native described the embarrassed feeling of being the kid who looked different in the locker room, and an anti-circumcision activist explained how he spent the past decade trying to re-stretch his shorn foreskin and increase sensitivity in his penis by using a commercially available plastic cone that applies tension to the remaining skin.

Given the prevalence of circumcision, perhaps the most surprising perspective is one offered by American doctors, many of whom summarize the procedure as a “cosmetic” or “aesthetic” choice.

The American Academy of Pediatrics, which advises children’s doctors on research-based practices, has been officially neutral on the issue for more than a decade.

According to its 2005 position statement, which reaffirmed its 1999 stance, “existing scientific evidence demonstrates potential medical benefits” of newborn circumcision but not enough to “recommend routine neonatal circumcision.”

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That position is poised to change, though, as the AAP is expected to release an updated statement and report reflecting recent research later this month.

While details are not yet available, the new position concludes that the health benefits of circumcision outweigh the risks, said Michael Brady, a pediatric expert at Nationwide Children’s Hospital in Columbus, Ohio, and a member of the AAP’s task force on circumcision.

Three large-scale trials in Africa within the past decade found that circumcised heterosexual men were up to 60 percent less likely to become infected with HIV than uncircumcised men. The men were also less likely to contract herpes and human papillomavirus, which, if spread to female partners, can lead to cervical cancer.

Ronald H. Gray, a professor of reproductive epidemiology at Johns Hopkins University, who led two of the recent studies, attributed the results to the fact that the cells of the foreskin and the low-oxygen, moist environment it creates are more receptive to viruses.

Responding to these studies, the World Health Organization and the Joint United Nations Programme on HIV/AIDS (better known as UNAIDS) in 2007 recommended more voluntary circumcisions in 14 African countries where HIV is epidemic and circumcision is uncommon.

The AAP’s new position falls short of a routine recommendation, Brady said, adding that parents should continue to take into account their own cultural, religious or social views. “But from a public health perspective, I think it’s a good decision and a lot of children will benefit.”

‘A human right’
Many people, however, question the safety and ethics of using surgery to prevent disease. Some opponents liken it to using mastectomy to prevent, rather than treat, breast cancer.

At last month’s AIDS conference in Washington, protesters displayed signs outside the Walter E. Washington Convention Center that read “Circumcision is torture” and “Intact genitals are a human right.”

Activists traveled from Norfolk, Boston and New York to hand out condoms as a safer way to contain the virus. They challenge the relevance of the African studies in the United States. And they argue that men, not their parents, should be able to choose what to do with their genitals.

Recently, they have scored some victories. The German Medical Association this summer advised doctors to stop performing elective circumcisions after a regional court in Cologne ruled that the rights of “bodily integrity” outweighed the rights of parents or religious freedom in a case involving a Muslim boy who suffered medical complications after his circumcision.

In San Francisco, activists gathered 12,000 signatures last year, enough to put a measure on the ballot to criminalize the circumcision of anyone under 18. The measure was withdrawn before election day following intense protest from the Jewish community and a court ruling that such medical regulations could be enacted only by the state.

“Things are starting to happen,” said Matthew Hess, president of San Diego-based MGMBill.org, a group working to outlaw what he calls “male genital mutilation” around the country. Hess, the activist who is trying to restore his foreskin, also has attracted attention with his controversial Foreskin Man cartoons, which depict a Jewish “Monster Mohel” as a circumcising villain.

Hess and other activists say a key challenge in their fight is countering denial among circumcised men who don’t want to acknowledge they have been victimized and among the parents and medical practitioners who have gone along with the status quo.

“To cut a body part off a little tiny baby in cold blood, you have to [suppress] a lot of your natural instincts,” said Georganne Chapin, executive director of Intact America, a four-year-old organization opposing infant circumcision.
Like asking about religion
Another obstacle, of course, is millennia of tradition. Circumcision is one of the oldest known surgical procedures. Egyptian wall paintings dating to 2300 B.C. depict adult circumcision ceremonies. Aboriginal Australians, Aztecs and Mayans practiced some form of genital cutting. Such traditions have uncertain origins or meanings, but at times appeared to be a rite of passage, test of bravery or sign of endurance, according to a 2007 report by the World Health Organization and UNAIDS.

“It’s like asking the question ‘Where does religion come from?’” There are a lot of different myths around it,” said David L. Gollaher, a medical historian and author of “Circumcision: A History of the World’s Most Controversial Surgery.”

An estimated 30 percent of men are circumcised around the globe today, according to the report. That includes North Sudanese boys circumcised at age 8 (using a cord and a knife) before they can enter school as well as 2-day-old American-born boys clipped at the hospital using a clamp — sometimes compared to a “cigar cutter” — and some local anesthetic.

Though most Americans are aware of circumcision’s Jewish roots, worldwide fewer than 1 percent of circumcised men are Jews. Muslims, who make up more than a fifth of the world’s population, account for two-thirds of circumcisions. Islamic circumcision rituals vary widely by region and sect, but Jews adhere to a specific tradition, whereby a boy is circumcised by a specially trained mohel on the eighth day of life.

The practice is rooted in a deal struck between God and Abraham described in the Book of Genesis: “This is my covenant, which ye shall keep, between me and you and thy seed after thee: Every man child among you shall be circumcised.”

The Baby Jesus’s circumcision is recorded in the Bible and depicted in medieval and Renaissance art. And although Christianity did not widely embrace the practice, some European churches have claimed to possess the “Holy Foreskin,” a relic credited with miraculous powers. Pilgrims traveled to the northern Italian town of Calcata to pay tribute to one of these relics as recently as 1983, when it was reportedly stolen.

Circumcision took hold in the United States in the late 19th century, spread by a different evangelical force: modernizing medicine. A few prominent doctors advocated the surgery as a cure for paralysis, epilepsy, venereal disease, even mental illness. Throughout the Victorian era, it was extolled for its virtue of cleanliness and as a cure for masturbation.

Along the way, it became a sign of class status. As medicine moved into hospitals, it was a marker of state-of-the-art medical care and, by extension, good parenting.

Despite its long medical roots in the United States, research remained thin on the actual benefits.

Starting in 1971, the American Academy of Pediatrics ruled and then periodically reaffirmed that there was no medical imperative for routine circumcision for babies.

Medical ambivalence curbed the practice of nonreligious circumcision in some Western countries, including Canada, New Zealand and Australia, over the past half-century. In Britain, national health insurance after World War II opted not to cover it, and the circumcision rate plummeted.

The practice remains common throughout the Middle East and North and West Africa; it’s more rare in Latin American and East Asia, with the exception of South Korea and the Philippines, where it’s become a social norm.

Within the United States, in-hospital circumcision rates vary regionally. In 2005, they ranged from 75 percent in the Midwest to 31 percent in the West, according to government data.

Locally, 58 percent of the boys born at
Inova Hospitals in 2011 were circumcised. At George Washington University Hospital, the rate was 68 percent. And at Sibley Memorial Hospital, 66 percent of parents during the first six months of 2012 said they intended to circumcise. (About 10 percent did not respond or were undecided.)

Risks increase with age
Joy Gresham, a 32-year-old mother of three from Prince William County, said it was an “easy choice” to circumcise her two sons, because she thinks it’s healthier and because her husband is circumcised. She is also planning to have her third son, due this month, circumcised. Because of a gap in medical insurance, the couple expect to cover the cost — expected to be close to $1,000 — themselves.

She does not want to wait, though. The surgery gets more dangerous and more memorable the older you get, she said.

Complications, most often bleeding or infection, are rare for neonatal circumcision in clinical settings — occurring between between 0.2 and 0.6 percent of the time. Non-clinical circumcisions can be more risky. The Centers for Disease Control and Prevention reported this summer that 11 baby boys in New York contracted herpes between 2000 and 2011 because of an ancient procedure occasionally still used in some ultra-Orthodox ceremonies in which the circumciser uses his mouth to suck blood from the fresh wound.

A cultural alternative
Tamar Jacobs and her husband, Raymond Anthony Scott Lloyd II, who is not Jewish and is not circumcised, opted for a different path entirely.

They planned what they called an “alterna-bris,” or what some call a bris shalom (covenant of peace), with a secular rabbi. There was a traditional ha-motzi (blessing for the bread) and a kiddush (blessing of the wine) and a naming ceremony, where their new son, Ray, was given a Jewish name, Reuven, but there was no traditional cutting.

The hardest part was telling her parents.

They were at first “a little taken aback,” she said, “worried that somehow that would mean Ray would not be Jewish.”

But they soon embraced the idea. They hosted the ceremony in their living room and baked challah and hundreds of cookies with their grandson’s name written on them.

“It was really cathartic to talk about some of these things. I think it got all of us thinking in a bigger way,” Jacobs said. “I feel like we are at the beginning of something exciting.”

Attorneys for the Rights of the Child Condemns American Academy of Pediatrics for Hiding the Truth, Putting Doctors Ahead of Patients in its Circumcision Statement

ARC Press Release
August 22, 2012

The human rights group Attorneys for the Rights of the Child has condemned the American Academy of Pediatrics (AAP) for its upcoming circumcision policy statement, which ignores and minimizes the truth about male circumcision and places doctors’ interests ahead of patients’ needs.

The human rights group Attorneys for the Rights of the Child (ARC) (http://www.arclaw.org) has condemned the American Academy of Pediatrics (AAP) for its upcoming “Circumcision Policy Statement,” due out on August 27, 2012, which ignores and minimizes the truth about male circumcision and places doctors’ interests ahead of patients’ needs. J. Steven Svoboda, ARC’s Executive Director, commented today, “Based on comments that have appeared in the media attributed to members of the task force preparing the statement, the AAP appears to endorse a disproven procedure that violates the infant patient’s rights and removes functional tissue without providing any proven benefit.”

The AAP position statement ignores the wealth of medical evidence that shows that painfully amputating functional tissue from newborns is a dangerous and outdated practice.

Not a single study has ever proven that circumcision has actually decreased any disease in the United States. Svoboda observed, “Rather than objectively evaluating all available evidence, the AAP selectively quotes and references highly contested and controversial studies to attempt to justify an entrenched yet outdated cultural—not medical—practice. Over a hundred boys die each year from this needless procedure, yet the AAP quotes an absurdly low overall complication rate overall and fails to mention the deaths stemming from the practice.”

The AAP released a policy statement in Pediatrics in 2010 defending certain forms of female circumcision if performed for “cultural” reasons. Physicians who had followed the AAP’s suggestion at that time would have thereby violated federal law protecting females from such procedures. After ARC and other organizations opposing genital cutting pointed out the errors, the AAP quickly retracted its statement and replaced it with a new statement calling for the elimination of all forms of female genital cutting. Svoboda commented, “Boys deserve no less protection from the AAP than girls received. If circumcision is so great, why have no European countries adopted it, and why do their males enjoy better average health than Americans?”

The AAP statement demonstrates its ignorance of the fact that European men don’t circumcise and yet enjoy better health outcomes including the areas the statement cites as improved after circumcision. Moreover, medical organizations and politicians in Finland, Sweden, Norway, the Netherlands, Germany, Switzerland, Austria, and other countries are calling for the practice to stop. Even in the US, the American Medical Association (AMA) agrees that there is insufficient justification for performing the procedure on newborns absent specific medical indications.

Svoboda noted that studies of adult males in Africa have numerous methodological flaws and that even if valid, given vast differences in health conditions and
modes of transmission between the US and Africa, the results can hardly be applied to justify infant male circumcision in the United States. “Babies don’t get HIV and AIDS from sexual contact,” Svoboda added.

“Male circumcision,” Svoboda said, “is a disfigurement that carries risks without providing benefits. It violates a child’s right to bodily integrity, not to mention numerous civil and criminal laws.” Malpractice awards are mounting up including a recent $700,000 settlement reported in the Massachusetts Lawyers Weekly. Svoboda noted, “Although the AAP’s statement regarding male circumcision is presumably influenced by its desire to protect its members who perform the outmoded procedure, the AAP has no business promoting a harmful and discredited cultural relic masquerading as a medical procedure. In these days of rising medical costs and scarce resources, we simply cannot afford to continue to carry out such a harmful and outmoded practice.”

Americans are getting the message, as according to the Centers for Disease Control and Prevention (CDC), rates have dropped substantially in recent years. ■

**Neonatal Circumcision Violates Children’s Rights, Needlessly Amputating Functional Tissue**

J. Steven Svoboda
E-Letter to the AAP
Published at circumstitions.com

The long awaited circumcision policy statement from the American Academy of Pediatrics (AAP) may be most notable for what it does not address. The statement steadfastly omits any analysis of the foreskin, its erogenous, protective, and immunological functions, or crucially, the impact its removal has on normal sexual functioning and on the health and quality of life.

The AAP’s Task Force on Circumcision ignores a child’s well-established human and legal rights to decide for himself at an age of understanding whether he wants to part with his foreskin. Instead, the Committee says—with more honesty than ethics—that the common reluctance of an older child or adult to be circumcised justifies parents forcing a partial penile amputation upon him at an age when he is too small to effectively resist.

Male circumcision violates a child’s right to bodily integrity, not to mention numerous civil and criminal laws. Malpractice awards are mounting up, including a recent $700,000 settlement reported in the Massachusetts Lawyers Weekly. The AAP’s repeated suggestion that, “In most situations, parents are granted wide latitude in terms of the decisions they make on behalf of their children” badly misstates the law. In fact, starting in 1944 with Prince v. Massachusetts, courts have repeatedly affirmed that: “Parents may be free to become martyrs themselves. But it does not follow that 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.”

Additionally, and perhaps even more egregiously, the AAP’s policy statement contradicts its own bioethics policy statement, which affirms that parental wishes cannot justify unnecessary surgery and that “providers have legal and ethical duties to their child patients to render competent medical care based on what the patient needs, not what someone else expresses.” Moreover, according to this same bioethics policy statement, a “pediatrician’s responsibilities to his or her patient exist independent of parental desires or proxy consent.”

One puzzling aspect of the AAP policy statement is a contradictory dance performed on the question of how strong the alleged benefits of the procedure are. On the one hand, there is no recommendation for universal neonatal circumcision, and it is admitted-as it previously stated in its 1999 policy statement—that the "health benefits are not great enough to recommend routine circumcision of all male newborns." Moreover, nowhere are the benefits and risks numerically compared, and the AAP repeatedly states that complication data is unknown. How then can it rationally conclude that, “Evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risks...” And how can pediatricians be tasked by the AAP to "assist parents by explaining in a nonbiased manner, the potential benefits and risks..." despite the fact that the AAP says the risks are unknown?

The US has both the highest rate of circumcision and the highest rates of HIV and AIDS in the industrialized world, so a claim that the first can prevent the other two doesn’t pass the smell test. The AAP admits as much by saying that “key studies to date have been performed in African populations with HIV burdens that are epidemiologically different from HIV in the United States.” Moreover, the African studies were closer to a lowest common denominator than a "gold standard," suffering from numerous critical flaws including selection bias, randomization bias, experimenter bias, inadequate blinding, supportive bias, participant expectation bias, lack of placebo control, inadequate equipoise, attrition of subjects, failure to investigate non-sexual HIV transmission, lead time bias, and time-out discrepancy. Additionally, the "60%" figure refers to the relative risk and seems calculated to deliberately mislead; the absolute risk reduction is only a measly 1.3%. As the AAP itself concedes, given vast differences in health conditions and modes of transmission between the US and Africa, the results can hardly justify infant male circumcision in the United States. Babies don’t get HIV and AIDS from sexual contact.

In fact, not a single study has ever proven that circumcision has actually decreased any disease in the United States. Over a hundred boys die each year from this needless procedure, yet the AAP fails to attach much significance to the deaths stemming from the practice. Rather than objectively evaluating all available evidence, the AAP selectively quotes and references highly contested and controversial studies to attempt to justify an entrenched yet outmoded cultural-not medical-practice.

We were surprised to witness the
reappearance of disproven justifications for circumcision such as urinary tract infections (UTIs), penile cancer, and even syphilis. The AAP also ignores the showing by Chessare that even if claims about UTIs are valid, the complications from the procedure exceed the benefits in preventing UTIs.

From there, matters become even more interesting and even less defensible. The AAP fancifully claims at several points, using slightly different language, "It is reasonable to take these non medical benefits and harms for an individual into consideration when making a decision about circumcision." In fact, few things are less reasonable and more unprecedented than physicians making medical decisions based on non-medical factors and vagaries of their infant patients' parents' culture and religion as central to whether to do a procedure. It is ironic that harms are improperly mentioned here but not properly discussed elsewhere. The other procedures that get cultural validation when medical basis is lacking can be counted on the fingers of zero hands.

Moreover, a huge logical hole appears when the policy statement suggests that, "Parents should weigh the health benefits and risks in light of their own religious, cultural, and personal preferences, as the medical benefits alone may not outweigh these other considerations for individual families." One cannot coherently argue that circumcision is elective and of variable value at the individual level yet terribly important in a larger public health context.

The AAP selects, sometimes out of context, bits of language that seems to lend its position support, and completely ignores contradictory data. Thus the policy statement cites a study that proves that male circumcision removes the most sensitive part of the penis, then proceeds to ignore that inconvenient truth. The policy statement cites a study suggesting that circumcising men actually increases the HIV risk to heterosexual women and similarly ignores that congenital finding. Another study is introduced as evidence for circumcision helping prevent HIV, yet the AAP omits to mention that it also demonstrates that intact males who wait at least ten minutes after intercourse before wiping have a much lower rate of contracting HIV than do circumcised men. The policy statement cites a study showing that smoking and a narrow foreskin, not a normal one, contribute to penile cancer, yet the AAP ignores those findings as not supporting the circumcision juggernaut.

We question why the AAP is effectively recommending an unnecessary surgery at a time when the US faces a crisis in not being able to provide even necessary care for all our children. As was just demonstrated in a report by the Institute for Medicine, an astonishing $750 billion is wasted on health care each year in this country. Recently it was estimated that close to $2 billion of that amount may arise from this unnecessary and harmful procedure. In these days of rising medical costs and scarce resources, we simply cannot afford to continue to carry out such a harmful and outmoded practice.

Given the many virtues claimed for male circumcision by the AAP, one may be forgiven for wondering why European men are not falling down dead in the street and are even enjoying better health indicators than American men including in the areas the statement cites as improved after circumcision? Neonatal circumcision is a gross violation of children's rights. It inevitably causes pain when performed on infants, amputating tissue having erogenous, protective, and immunological functions. The AAP should immediately retract its policy statement and replace it with a document reflecting such critical concerns as the functions of the lost tissue and the importance of respecting non-consenting children's rights. ■

This letter is also available at: http://www.circumstitions.com/news/new s49.html#salon

My Thoughts on the AAP 2012 Circumcision Policy Statement and What I Have Learned from a Decade of Intactivism

Karen Glennon

I have long said that the medical community will not stop soliciting circumcision voluntarily. I have long said that the most effective way to significantly reduce circumcision in America is by educating the individual of child bearing age (or younger) because circumcision happens one parental consent and one baby at a time.

Karen Glennon (right) educates a 2012 International AIDS conference attendee

Each parent that says no to circumcision will raise a child to whom the whole body is normal. I am on the 40 year plan with my intact education and advocacy. If I reach a young adult in their teen years now and they go on to have a whole child in a few years - then that child grows up with a normal whole body. In 20 years, that (1st generation) whole child will be an adult who may have a (2nd generation) whole child of their own. In 20 years that 2nd generation whole child may have one of their own and we've arrived at the 40 year mark with 2 generations of acceptance and appreciation and normalization of the natural male body.

How do we get young people to leave their future children whole? We educate them about the anatomy and function of the foreskin. In all my years of face to face demonstration and education on this issue, I have never failed to get a young person to listen to me talk to them about normal sexual development and function of the sexual organs. Young people do not get this information from their
parents, from school, from text books, from porn, from their peers or from pop culture. I cannot tell you how many people (of all ages) have said to me “No one has ever told me this.” (I get this same response from older adults too!)

If you do not know what something is made of and how it works, it doesn’t have value to you. You never go to a yard sale, an antique shop, an auction and pick up an item you do not recognize, you know nothing about and say “Wow, this is so neat, I just have to buy it!” You can’t find value in something if you do not know what it is and what it does. The same is true for the foreskin. This is exactly why the prevailing myths in America of “oh, it’s gross” and “it’s dirty” and “it’s a useless flap of skin” thrive – people know nothing of its structure and function.

They do not know:
* that it contains far more fine touch nerve receptors than the exterior female clitoris (over 20,000 verses about 8,000)
* that the foreskin is a double layered skin system and is approximately 12-15 square inches in an adult.
* that the end of the penis is supposed to be mucosal tissue like the inside of the cheek or the inside of the eyelid
* that the foreskin slides and has a gliding action during intercourse, all the while providing exquisite sensations for the man that shape his orgasmic response.
* that this gliding action maintains a woman’s vaginal lubrication and does not dry her vagina out, making for a more comfortable experience for both of them and eliminating the need for artificial “personal” lubricants.
* that having the foreskin increases the girth of the penis and that it allows the man to have enough skin to accommodate his whole penis – intact men are larger.
* that intact men often use shorter, gentler strokes, thus maintaining more contact with his pubic bone to hers and her clitoris.
* that intact men do not need to pound and thrust like many circumcised men do.

When they learn this – suddenly the foreskin has value! Once a person sees it has a function for the man and for his partner, it is much easier for them to allow into their minds the idea that a man shouldn’t be robbed of this function and value. Suddenly, his bodily integrity seems important. His right to choose seems important. The fact that the medical community is performing amputative surgery on a baby with no deformity or disease seems important (and wrong). The fact that the American government enacted federal legislation to protect girls from genital cutting but doesn’t protect boys seems important (and wrong).

It’s easy to counter the myths when you believe the foreskin has some importance. Suddenly, hygiene is easy to explain with a shower and “retract, rinse, replace” is easily understood. Suddenly infection is easily explained by the fact that girls get genital infections and we medicate them, we don’t amputate their genitals. We can do the same for men. (Also, if penile infections were really such an issue, we’d have a section in the drug store for penile infection creams.

We certainly have a female genital infection medication section – full of creams and products to “freshen” our nether regions. Ever wondered why we don’t have these products for men? Perhaps these infected penises are truly a myth!) Suddenly, it’s not just a little snip. It’s the elimination of what will ultimately become 50% or more of the penile skin. It is the destruction of an exquisite system designed to protect the glans in babyhood from the diaper environment, and from abrasion with clothing for the rest of life.

None of these facts sway people until they first establish a value for the foreskin. Until they understand and believe it has value, circumcision will always be a valid parental choice to protect the baby from disease and to conform to society (in America).

The medical community will not stop soliciting circumcision until one of two things happens (or both): 1) The financial risk of performing this unethical surgery outweigh the profit to be made: lawsuits for botched circumcisions or bodily integrity violations cost too much. 2) The majority of parents staunchly refuse, forcing them to do an internal evaluation of the procedure. I suspect it would take 75% or so refusing before this happens.

Don’t lose faith. The truth has its own longevity. The human body is genetically programmed to form a foreskin. It will always do this. All we need to do is understand its function to give it value. That which we value, we care for. It’s all about education. ■

Group Protests Pediatrics Organization’s Stance on Circumcision

Eric Peterson
Chicago Daily Herald
September 17, 2012

A group of local protesters called on the American Academy of Pediatrics to retract a recent statement supportive of infant male
medical statement, from the AAP,” protester Dan Strandjord of Chicago said Monday morning.

He argued that it is largely cultural reasons and the fear of lawsuits that have maintained the practice of infant male circumcision in the United States long beyond its Victorian origins in the 19th century, Strandjord said.

He believes the “potential benefits” of circumcision mentioned by the AAP are akin to recommending the removal of breast tissue from girls as a means of preventing breast cancer.

Erica Wijenayaka of Elk Grove Village, who organized the protest, said the AAP’s statement makes no mention of the anatomical function of the foreskin for both male and female sexual partners.

What’s most continuing the practice in the U.S. to a degree no longer seen in most English-speaking countries and Europe is that fathers believe their sons should have the same procedure they had, Wijenayaka said.

She added that she would eventually like to see the procedure legally banned in the same way female circumcision is, and that even religious beliefs should not grant exceptions.

“Young religious freedom ends where someone else’s body begins,” Wijenayaka said.

Strandjord said the AAP is the only medical organization in the world without a clearly defined position that doctors and parents shouldn’t be participating in this practice. He suspects there also is a profit motive keeping the practice alive, as the procedure costs between $400 and $600 and a surgeon can make $50,000 a year on circumcisions alone.

While some organizations have been fighting the practice of circumcision for 30 years, there has been a reduction in the percentage of male infants having the procedure, Strandjord added.

Wijenayaka said the movement is realistic about the pace at which such a cultural change can truly happen.

“We’re not going to end circumcision tomorrow through this protest, but we hope to put pressure on the AAP,” she said.
2012 International AIDS Conference

“2012 International AIDS Conference Report,” continued from page 1...

The intactivist presence at the conference was strong and immensely worthwhile. Every day outside the conference David Wilson (www.sicsociety.org) held up a 10 foot banner reading “Condoms Prevent HIV-Circumcision does NOT.” He held this sign directly under the “Welcome to AIDS 2012” sign placed outside the main entrance to the conference center. During the course of the conference, most of the 25,000 attendees would have seen or at least heard about David’s sign. Hundreds, perhaps thousands, of attendees stopped to take pictures of the signs outside and took information. Inside, the Intact America booth was very well received by the conference attendees.

While I already knew that circumcision had turned into a billion dollar industry, I was shocked by the extent of the business of circumcision I witnessed inside the conference. There were four different companies at the conference selling and promoting circumcision kits or devices: Prepex, Missionpharma, PrionTex, and Engendered Health featuring the Shang Ring. One of the companies, based in Europe, had a booth very near the Intact America booth. The company representatives were very friendly with us, and we talked for quite a while. Despite their literature promoting the “benefits” of circumcision, the company representatives did not seem particularly persuaded themselves (and I highly doubt they were circumcised). They were honest with us – their company makes medical devices, the US government asked them to develop a simple circumcision kit, and with the US government planning tens of millions of circumcisions in Africa, there is significant potential for profit.

In addition to the companies specifically selling circumcision devices at the conference, there were a number of sessions and posters promoting specific circumcision research projects (all projects and sessions focused on finding “benefits”). I am aware of at least one abstract submitted to the conference that challenged the current “circumcision is an effective prevention method” paradigm. Of course, that was handily rejected. It seems hard to believe, but the leaders and officials at the highest levels of international health agencies seem determined to promote circumcision at all cost.

On the first day of the conference every attendee was handed a glossy cardstock flyer with the title “Call to Action for Voluntary Medical Male Circumcision for HIV Prevention” – a special two hour session was being held at the conference the following night specifically to focus on “scaling up” circumcision in Africa. This special session was being sponsored by PEPFAR, UNAIDS, WHO and AVAC. Throughout the conference the term “voluntary” was used again and again. Yet, how voluntary are the circumcision programs in Africa? It was pretty difficult to find anything “voluntary” in the programs. Obviously the programs to circumcise millions of infants are not voluntary. But what about adults? I repeatedly told conference attendees that I had no problem with consenting, fully informed adults choosing a circumcision. But I do have a problem with anyone being coerced into a circumcision, being shamed into a circumcision, or being misled into getting circumcised based on false information. Everywhere I turned at the conference I saw shame, subtle coercion, and false information. Posters were being given out at the conference showing an African woman with a horrified expression on her face and the caption “You mean you are not circumcised? Be proud. Get Circumcised.” Wow… this is what African males have to look at on billboards, at their local places of business, etc… Really? That’s how the “voluntary” circumcision program is being carried out – by making intact males feel ashamed?

While top conference organizers and leaders of the top health organizations seem determined to steam roll the rest of the world into believing circumcision is a useful “tool” for HIV prevention, very few of the on the ground activists seem to be buying it. The vast majority of Africans I spoke with were not convinced it was a good idea – many called it a disaster. A number of African mothers came up and gladly took information – they reported their sons were being pressured into circumcision, but they knew it was wrong, and they needed information to help their sons stay strong against the pressure. Yet many felt so powerless to do something about it – the circumcision programs bring big money into their communities. A number of officials working in the health agencies (WHO, UNAIDS, CDC, etc…) also made clear that they personally did not support the circumcision programs, but officially they had to. One specifically remarked, “Even if you know you’re doing something wrong… you have to because of the financial support.”

Some American intactivists question the wisdom of devoting time and resources to fighting the promotion of circumcision for HIV in Africa. Some ask, “why not focus just on American infants?” The answer from this conference should be very clear – when US tax dollars and US based companies are spending billions to promote the value of circumcision, and when US health officials from the CDC, NIH, and top American research universities are lining up to praise the health benefits of male circumcision – this indeed directly impacts US infants. Right now the headlines focus on how “voluntary” male circumcision can help the AIDS epidemic in Africa. But subtly and insidiously the message that “circumcision is beneficial and all males should be circumcised” is being broadcast to American doctors, American health policy makers, and American circumcision decision makers. This isn’t about fighting voluntary circumcisions of adults in Africa. This is about standing up to the American circumcision machine – exposing the truth and being absolutely clear – to parents, to doctors, to health policy makers - circumcision does NOT prevent HIV, any “potential” health benefits to circumcision do not outweigh the harms and ethical concerns inherent in circumcision of minors, and it is not okay to endanger males and their partners by suggesting that circumcision offers them “protection” from STDs.
Intactivists both inside the conference and outside sent a strong and clear message to conference attendees. Unfortunately, those determined to promote circumcision are better funded and better connected. Ultimately, we will win this fight. As America has already shown, graveyards are lined with the dead bodies of circumcised males who have died from AIDS complications. We know circumcision isn’t the answer to HIV or any other malady. We need to keep speaking the truth at every available opportunity – letters to the editors, personal discussions with your doctors, e-mails to the CDC, AAP, NIH, etc… These actions plant seeds, raise awareness, and ultimately, will help expose the US circumcision machine for the sham it is.

Free condom with Intact America logo

Global Village

Pro-circumcision propaganda poster distributed at the Global Village

John Geisheker (Doctors Opposing Circumcision), Georganne Chapin (Intact America), and Brian O’Donnell (Intact America) at the Intact America Booth inside the Global Village

Emily Kirsch, Damian (her son) and Dr. Robert Van Howe at the Intact America Booth inside the Global Village

A large banner outside the conference.

Nikolas Kusturis and Jonathan Friedman (ARC webmaster and newsletter editor) outside the Conference

Phil Musen outside the conference

Danielle LeRoy (right) educating a passerby outside the conference

David Wilson opposite the main entrance to the conference

Disposable Male Circumcision Kit on display inside the Global Village

Walter Reed Uganda Male Circumcision Program booth inside the Global Village
I just returned from the AIDS Conference – it was an interesting start to the event. In addition to Amber, John and David Wilson, a few other intactivists were there. We had signs at a street corner opposite the convention center – a busy walkway. Kudos to the person who thought of the Intact America condoms and made it happen – they were a hit!

We talked to many people from all parts of Africa: Botswana, Ghana, Nigeria, Kenya, Tanzania, Uganda, and South Africa. It seems to be the first time that many of them have heard about opposition to male circumcision. They were generally more open-minded than the Americans. One woman dropped in on my conversation and mentioned the “importance” of adult circumcision in HIV prevention. I mentioned a few rebuttals, including lack of informed consent and functions of the prepuc. When she asked for a source, I mentioned Cold & Taylor – she replied “That study has been refuted.” She didn’t give an answer when I asked for a reference – she simply said “You don’t listen to science” and stormed off.

Two men from Ghana were very interested – one said “The children cannot speak!” and promised to start “Intact Ghana.”

Elizabeth Boskey, a public health Ph.D. and blogger at std.about.com, was very supportive and promised to write about our protest. She talked with us for a while (she hadn’t heard about the Cologne circumcision case) and was very interested in what we had to say.

Only a few stray arrogant detractors – one walked by briskly and said something about “the right to circumcise.” Several people walked by (not all conference attendees) and gave some thumbs up and supportive comments. In general, a somewhat receptive group.

Unfortunately, I couldn’t stay – Amber and John will be staffing the booth tonight, along with others in the coming days.

Senator Foster made essentially two arguments: 1) that circumcision is medically beneficial, and 2) that this was a “social justice issue” and that poor people should have the same level of access to health care as others. While argument #1 can be debated (and I think won), argument #2 is a more opinion/philosophy-based argument that appeals to the Democratic platform. We found it very difficult to convince Democratic legislators that argument #2 was invalid in this case. In fact, some legislators still voted in favor of circumcision even though they knew that circumcision was medically worthless, and didn't circumcise their own children. Those legislators voted for the bill strictly on the “social justice” issue, which was dominant for them. Other legislators had been convinced that circumcision was medically beneficial and was worth paying for.

Overall, the votes generally went down party lines, with Republicans voting against, and Democrats voting in favor, although we did see several defectors from both sides along the way. For the 2012 session, there was a strong Democratic majority in the Senate, and a very slight Republican majority in the House.

What astounded us more than anything was the total lack of awareness or knowledge about this issue by the vast majority of the legislators. Most of them literally had never even heard of this issue, or knew anything more about circumcision than your average Joe on the street. We were working from scratch, in terms of education. It was a tough challenge, since they had one of their own, Sen Aguilar, MD, telling them that circumcision was medically beneficial. The legislators seemed to be willing to believe whatever they were told first, especially if it came from a doctor.

The bill was introduced to the Senate on Jan 19th, 2012, and assigned to the Senate Health and Human Services Committee. It passed that committee on Feb 2nd, 6-3, despite testimony from several intactivists. We had very little time to prepare for this hearing, only about 1 week effectively. Senator Foster brought in two local doctors to testify in favor of the bill, but we weren't able to get any doctors to testify. The Senators basically ignored anyone who wasn't a doctor (we could tell this by their body language).

The bill was then assigned to the Senate Appropriations Committee, where it sat waiting for the budget to be finished. It was finally voted on in the committee on April 24th, where it passed 7-6.

The bill easily passed the Democratically-controlled Senate, by a vote of 21-14, on April 27th. This was despite our spirited lobbying of the senate over nearly 3 months.

Knowing that the bill would likely pass the Senate, we had already begun lobbying the House. One of the key steps in that process involved getting a doctor involved. Mat Masem, MD, was very gracious and came to the legislature and walked around to many of the Representative's offices and talked with them about this issue. We think that this was one of the very critical parts of our efforts that had some of the most payoff.

After passing the Senate, the bill was assigned to the House Health and Environment Committee, where we could again testify against the bill. Eight intactivists from Colorado (including 2 doctors and a medical student this time!) argued against the bill, while Sen Aguilar, MD, and one other local doctor argued in favor of the bill. The bill
passed, 7-6, due to one Republican defecting and voting in favor of the bill. We were just stunned, and there was no time left to do any lobbying. It was Thursday, and the session was over on the next Wednesday, so things were happening very quickly. The Democrats again seemed to vote less on the medical merits of circumcision (which we effectively argued against), and instead voted in favor of the bill on the “social justice” issue. This vote happened in the afternoon of Thursday, May 3rd.

On the morning of Friday, May 4th, the bill was voted on in the House Appropriations Committee, where it lost by a vote of 4-8. We were absolutely blown away by this wonderful turn of events. This time around, all of the Republicans and one Democrat voted against the bill, sealing its fate. We were very fortunate that the bill proved to be controversial, as sometimes appropriations committees just “rubber stamp” bills and send them on. If the bill had made it to the full House, it would have been a very close vote along party lines, but with some defectors on each side. It could have come down to a single vote, but we'll never know for sure.

Colorado intactivists attempted to get Medicaid to stop paying for circumcision in 2006. We fought a very tough battle that year, and ultimately lost. It was a terrible defeat, and consumed much of our energy and morale. We are incredibly grateful that this time around, our efforts paid off and we secured a major victory. We are all completely exhausted, but I think that we're much stronger for it. This was such an important issue that it really got many more Colorado intactivists involved and mobilized on this issue. We should look to capitalize on this new found teamwork and involvement from Colorado intactivists.

We now need to look forward to what we should do (if anything) to prevent a similar bill from being introduced next year, or how we can better educate the Colorado legislators on this issue.

Audio of our testimony can be downloaded from the Colorado NOCIRC website: http://coloradonocirc.org/files/audio/

...“German Court Rules Non-Therapeutic Male Circumcision Criminal Assault” continued from p.1

THE RULING
As to the facts, the court stated that circumcisions performed for religious reasons are not medically necessary, and that circumcision is harmful, permanently and irreparably changing a child's body. The German court reasoned that children have a right to be protected from bodily harm. The court held that boys have a fundamental right to bodily integrity, and to make their own decisions about their bodies and their religious affiliation as adults. The court held that the rights of boys to bodily (and hence genital) integrity and to be free from harm supersede their parents' interests and religious freedom. Accordingly, the court held that the circumcision of a minor for non-medical reasons could be considered a criminal act. Nonetheless, the court did not hold the physician criminally liable, reasoning that the physician could not have been expected to know that circumcision was illegal. Because the doctor was cleared, the decision was not appealed to a higher court, and thus the ruling has not been tested.

IMMEDIATE CONSEQUENCES - FEWER CIRCUMCISIONS IN EUROPE
According to a German criminal law expert, the ruling is not binding on other German courts. Nonetheless, Dr. Frank Montgomery, president of the German Medical Association, stated, "It leaves doctors in a legal quagmire. We are convinced that circumcision is best performed under medical conditions by physicians in a hospital. This is obviously no longer legally possible so therefore we have to advise our physicians not to perform these operations because they run the legal risk of being taken to court." At least two Berlin hospitals, two Swiss hospitals, and hospitals in two Austrian provinces have stopped performing circumcisions as a
result of the German court decision, pending clarification of the law.

RELIGIOUS OPPOSITION
Not surprisingly, the German court decision has outraged many Jews, most of whom call circumcision a sacred religious ritual commanded by God, and a fundamental part of being Jewish. The President of the Central Council of Jews in Germany called the decision "an unprecedented and dramatic intrusion on the self-determination of religious communities". He called upon the German Parliament to pass legislation protecting circumcision as a religious practice. An Israeli spokesman said that Israel would not tolerate restrictions on the practice of Judaism anywhere in the world, "and certainly not in Germany." European rabbis likewise urged Germany's Jews to defy the court ruling.

The Coordinating Council of Muslims in Germany similarly called the ruling a "massive intrusion on religious freedom and on parents' rights." Muslims have reportedly warned that the devout will take their sons abroad to be circumcised.

A spokesman for the American Anti-Defamation League stated in a debate about the German court decision published in The New York Times on July 10, "The right to freely practice one's religion is a foundational aspect of democracy. Those who do not wish to have their male children circumcised are not required to have the procedure, and they should not call for laws or judicial decisions unreasonably interfering with the rights of Jews and Muslims to observe their faiths."

OPPOSITION ON MEDICAL GROUNDS
Emmanuel Njuehmeli, a senior advisor to the United States Agency for International Development, argued in The New York Times debate that circumcision provides some protection against H.I.V. According to the World Health Organization, parents have the right to consent to circumcise infants and children, just as they have the right to consent to other preventive services like immunization. Others argue that circumcision also confers some protection against other sexually transmitted diseases.

THE GERMAN COURT GOT THE FACTS AND THE LAW RIGHT
Although physicians have been circumcising boys for centuries without being prosecuted for it, and notwithstanding the outcry about the German decision on religious and medical grounds, the court got the facts right and the law.

As to the facts, circumcision is non-therapeutic, dangerous (it risks minor complications including bleeding, major complications including loss of all or part of the penis, and death), it irreversibly alters the penis, and harms all boys and men (e.g., it is painful, destroys normal sexual function, reduces penile length and girth, and leaves a scar). Circumcision also does not benefit young boys at all: they are not sexually active, and are not at risk of sexually transmitted diseases or HIV. Moreover, the surgery does not prevent STD's and HIV, while abstinence, monogamy, and safe sexual practices do.

As to the law, there is no religious right to circumcise, in part because it is dangerous and harmful. As John Geisheker, Executive Director of Doctors Opposing Circumcision, wrote in the debate published in The New York Times, American law protects all religious beliefs, but not risky or harmful religious practices. In 1944 in Prince v Massachusetts, the Supreme Court ruled, "The right to practice religion freely does not include liberty to expose the ... child to ill health or death. ... Parents may be free to become martyrs themselves. But they may not make martyrs of their children before they have reached the age of full and legal discretion when they can make that choice for themselves." In addition, as the German court reasoned, children have a constitutional right to choose their own religion or no religion, a right that supersedes their parents' own religious rights.

Nor do parents have a general right to circumcise their sons. For one thing, in America, as in Germany, female genital cutting is unlawful and a crime; boys have a constitutional right in America under the Equal Protection Clause of the Fourteenth Amendment to the same protection as girls. In addition, parents only have the right to consent to surgery when there is a medical need for it, the surgery is in the child's best interest, there are no alternatives to the surgery, and the child would have chosen the surgery for himself. To the contrary, there is no medical need to circumcise healthy boys, it cannot be proven that circumcision is in any boy's or man's best interest (the risks far outweigh the benefits, if any), there are safe and effective alternatives to it, and men rarely choose circumcision for themselves.

As the German court found, and John Geisheker wrote, "[i]nrevocable genital amputations must, legally, be postponed until the child is able to consent freely" as an adult. Boys have an ethical and legal right to an open future and to self-determination. And since American boys have a constitutional right to genital integrity, to be free from harm, and to choose their own religion, legislation that would protect physicians from criminal prosecution and liability for circumcision, such as has been proposed in Germany and in America, would be unconstitutional here.

IMPLICATIONS
Although the German decision has generated a tremendous backlash among religious groups, it has also helped to stir debate about the practice. The more that parents learn and talk about circumcision, the less likely they are to request it. The decision may also mark a turning point in the debate as to whether circumcision should be illegal, or already is. The legal principles enumerated in the German court case are sound under American law as well. The decision increases the likelihood that American courts will hold similarly that boys have a constitutional right to genital integrity, that there is no parental right to circumcise, and that circumcision is criminal assault and otherwise illegal.

Note: This article draws heavily upon articles published in newspapers and online about the German court decision.
Cologne Court Ruling
Margaret Marks (Translator)

The public prosecutor's department charges that the defendant, in Cologne on November 4, 2010, physically mistreated another person and injured that person's health by means of a dangerous instrument:

On November 4, 2010, in his practice in Cologne, the defendant, under local anaesthetic, carried out the circumcision of J., who at the time of the act was four years old, using a scalpel, at the wish of J.'s parents, although there was no medical indication for the operation. The defendant sewed up the child's wounds with four stitches and gave the child further treatment on a house call on the evening of the same day. On November 6, 2010 the child was taken by his mother to the children's casualty department of Cologne University Hospital in order for post-operative bleeding to be treated. The bleeding was stopped there. Cologne Local Court acquitted the defendant in its judgment of September 21, 2011 at the cost of the public treasury. The Cologne public prosecutor's department appealed against this judgment in due form and time. The appeal was unsuccessful.

In the trial, the factual basis of the charge made by the public prosecutor's department was confirmed. The defendant admitted the events in full. In addition, the court established that the child's family is of the Islamic faith. The defendant carried out the circumcision for religious reasons at the wish of the parents. It is clear on the basis of the expert witness's report obtained by the court that the defendant's work was clinically free of defects. There was no error in treatment. In addition, according to the expert witness, in Central Europe, at all events, there is no need to carry out circumcisions as a preventative measure.

For legal reasons, the defendant was acquitted. The actus reus of section 223 (1) StGB is fulfilled. The scalpel is not a dangerous instrument within the meaning of the provision if - as here - it is used by a doctor in accordance with its intended use.

The circumcision of a boy unable to give medical consent, correctly performed by a doctor for religious reasons with the consent of the parents, is not excluded from the definition of the offence on the basis of what is known as "social adequacy". Exner has developed a contrary view, but this is unconvincing. In this view, the parents and/or the circumciser are not excused under section 17 StGB. Exner also considers that the occasioning of the circumcision by the parents has no effect of justification, since the parents' right to religious upbringing of their children, when weighed against the right of the child to physical integrity and to self-determination, has no priority, and consequently their consent to the circumcision conflicts with the child's best interests. Nevertheless, the action, which violates the child's best interests and is not excused, is socially inconspicuous, generally accepted and customary in history, is therefore removed from being formally determined as criminal. In the correct view, social adequacy has no independent significance in addition to the requirement for the disapproval of conduct to be part of the definition of the offence. Instead, the social adequacy of conduct is merely the reverse of the fact that it is impossible to pass a legal judgment of disapproval. It does not have the function of cancelling an existing judgment of disapproval.

Nor was the defendant's act justified by consent. There was no consent by the child, who was four years old at the time, and since the child was not old enough to understand the situation, there was no question of such consent being given. There was consent by the parents, but this was not capable of justifying the commission of the elements of bodily harm.

Under section 1627 sentence 1 of the Civil Code, custody only covers measures of upbringing which serve the best interests of the child. Under what is probably the prevailing view in the literature, the circumcision of a boy who is not capable of giving consent is not in the best interests of the child, either under the aspect of avoiding exclusion within the relevant religious and social environment or under the aspect of the parents' right of upbringing. The parents' fundamental rights under Article 4 (1), 6 (2) of the Basic Law in turn are limited by the fundamental right of the child to physical integrity and self-determination under Article 2 (1) and (2) sentence 1 GG. It is possible that the result even follows from Article 140 GG in conjunction with Article 136 (1) Weimar Constitution, which provides that citizens' rights are not limited by the exercise of the freedom of religion. At all events, Article 2 (2) sentence 1 GG itself places a limit inherent in the Basic Law on the fundamental rights of the parents. When the fundamental rights affected are weighed, account must be taken of the principle of proportionality. Circumcision for the purpose of religious upbringing constitutes a violation of physical integrity, and if it is actually necessary, it is at all events unreasonable. This follows from the evaluation of section 1631 (2) sentence 1 BGB. In addition, the child's body is permanently and irreparably changed by the circumcision. This change conflicts with the child's interest of later being able to make his own decision on his religious affiliation.

Conversely, the parents' right of upbringing is not unreasonably adversely affected if they are required to wait to find out if the boy later, when he is of age, decides himself to be circumcised as a visible sign of his affiliation to Islam. Schwarz sees the consent, taking account of criteria of constitutional law, as constituting justification, but he only considers the parental rights under Articles 4 and 6 GG, but not - as is necessary - the child's own rights under Article 2 GG. For this reason alone, his opinion is not convincing. But the defendant acted under an unavoidable mistake as to the wrongful nature of the act, and thus without criminal liability.

The defendant acted subjectively in good conscience, as he credibly showed in the hearing. He firmly assumed that as a devout Muslim and a skilled doctor he was permitted to carry out the circumcision of the boy at the wish of the parents for religious reasons. He will also certainly have assumed that his actions were lawful.
The defendant's mistake as to the law was unavoidable. It is true that the defendant did not enquire as to the legal position, but in this case this cannot be held against him. For obtaining informed legal advice would not have resulted in a clear result. In the case of undecided questions of law which are not unanimously decided in the literature, especially when the legal position as a whole is very unclear, an unavoidable mistake of law is assumed to apply. This is the case here. The question of the lawfulness of circumcisions of boys on the basis of the consent of their parents is answered differently in case law and the literature. As is shown by the above remarks, there are court decisions which, albeit without discussing the essential questions in more detail, at the same time proceed on the basis that skilled circumcisions carried out by a doctor are permissible, and also opinions in the literature which answer the question differently from this court, and certainly not without justification.

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**Court Rules Religious Circumcision a Punishable Assault**
Matthias Ruch
*Financial Times - Germany*
*June 25, 2012*

Circumcision of boys for religious reasons is a criminal assault. This verdict was passed in a landmark judgement by the Cologne regional court, at which the FTD was present. Neither the parents rights nor the right to religious freedom guaranteed by basic laws can justify this procedure, the court stated in its ruling.

This is the first time a German court made the religious custom punishable. Every year in Germany, several thousand boys are circumcised at a very young age at the request of their parents. In the U.S., the majority of boys are circumcised right after birth—largely for non-religious reasons. Currently there is also growing resistance to this practice there. Worldwide, about one-quarter of all men are circumcised.

For decades, doctors in Germany acted in a legal gray area if they circumcised boys for purely religious reasons, or medically unnecessary cases. Thus far they could rely upon on having had no knowledge of the criminality of religious circumcision. Although the court later recognized circumcision as an assault, the doctor had to be acquitted because the law wasn't clear. With the Cologne verdict, this excuse can no longer be used.

“The verdict is very important, especially for doctors, because they now have legal certainty for the first time,” said Holm Putzke of the University of Passau. Criminal lawyers have been calling for an explicit prohibition of religious circumcision. “The court has – unlike many politicians – not been deterred by the fear of being criticized as anti-Semitic and anti-religious,” praised Putzke. “This decision could not only shape future cases, but lead the concerned religions in the right direction towards a shift in consciousness respecting the fundamental rights of children.”

Mainly Muslim and Jewish organizations are rejecting the decision to criminalize circumcision. They evaluate a ban as “serious interference with the right to religious freedom.” On Monday they would not comment on the Cologne judgment on first request. They want to first consider the verdict, they said.

The judge's decision is likely to provoke discussion. For years, policy makers and organizations have been struggling for better integration of the Muslim population. In 2006, Interior Minister Wolfgang Schaeuble called together a new Islamic Conference. Former President Christian Wulff said, “Islam is a part of Germany.” His successor, Joachim Gauck, has a different opinion: “The Muslims who live here are in Germany.” Now some Muslims might interpret the Cologne verdict as a step backwards.

Experts believe that more cases will end up in other courts. Finally, the question of the criminalization of religiously motivated circumcision could be well regulated by restrictions from the Federal Constitutional Court.

In the Cologne case, a Muslim doctor circumcised a four-year-old boy at the request of his parents. Two days later he was bleeding and his mother brought the boy into the children's emergency room. The prosecutor was alerted and circumciser was indicted. After the district court found the procedure to be legal, his mother appealed. The district court then re-evaluated circumcision to be a “serious and irreversible impairment of physical integrity.”

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**Religious Circumcisions are Crimes, Says Court**
*The Local [Sweden]*
*June 26, 2012*

Religious circumcisions are bodily harm and thus a crime, a German court ruled this week, in what was dubbed a precedent-setting decision.

Non-medical circumcision is a “serious and irreversible interference in the integrity of the human body,” the Cologne district court ruled.

This criminalises religious circumcisions performed by Jews and Muslims, the Financial Times Deutschland newspaper said on Tuesday. It says circumcision should be considered a crime of bodily harm.

Thousands of very young boys are circumcised in Germany each year, mainly for religious reasons.

In the United States most boys are circumcised shortly after birth — regardless of their religion, though the practice has declined in recent years and anti-circumcision protest groups have sprung up.

German doctors performing circumcisions that are not medically necessary have until now operated in a grey legal area. Until now they could claim that they were unaware that performing a circumcision is a crime.

Even if a physician was later found guilty by a court, there was a legal loophole and he could claim that the law was improper and avoid punishment. That is no longer the case, the Financial Times
German Court Case Saves Boys from Knife

J. Steven Svoboda

Dan Bollinger points out an actual result from the German court ruling. As a consequence, Dan writes, some boys will escape the knife.

J. Steven Svoboda
Attorneys for the Rights of the Child

Berlin Hospital Suspends Circumcisions After Court Ruling

Expatica
June 29, 2012

Berlin's Jewish Hospital will suspend circumcisions after a German court ruled this week that performing the procedure on religious grounds is unlawful, a hospital spokesman said Friday.

"We are suspending circumcisions until the legal position is clear," Gerhard Nerlich told AFP, citing head of internal medicine Kirstof Graf.

The hospital performs 300 circumcisions a year, a third of which are for religious reasons and the remainder due to medical concerns.

"We regularly performed circumcisions before this ruling but we don't have the legal freedom to do so any more," said Nerlich, adding that two procedures had already been cancelled.

Earlier on Friday German Foreign Minister Guido Westerwelle weighed in the debate, saying the country protected religious freedom and traditions.

"The ruling on circumcision has provoked annoyance internationally," Westerwelle wrote on his official Twitter account.

"We have to be clear: religious traditions are protected in Germany," he added.

A regional court in Cologne ruled that circumcising young boys on religious grounds amounts to grievous bodily harm in a judgement which triggered accusations that parents' rights were being trampled on.

The case, which could set a precedent, was brought against a doctor in Cologne who had circumcised a four-year-old Muslim boy on his parents' wishes.

A few days after the operation, his parents took him to hospital as he was bleeding heavily and prosecutors charged the doctor.


German Parliament Defends Circumcision After Court Ban

Madeline Chambers and
Alexandra Hudson
Reuters
July 19, 2012

Germany's lower house of parliament passed a resolution on Thursday to protect the religious circumcision of infant boys after a district court ban on the practice outraged Muslims and Jews and sparked an emotional debate in the country.

The main political parties have criticised the ruling by a Cologne court and Chancellor Angela Merkel's government has promised a new law to make clear
doctors or families will not be punished for carrying out the procedure.

The speed with which lawmakers agreed on the terms of the motion underscored sensitivity to charges of intolerance in a country haunted by its Nazi past.

The resolution, jointly filed by Merkel's conservatives, their liberal coalition ally (FDP) and the opposition Social Democrats (SPD), demanded that "the government present a draft law in the autumn ... that guarantees that the circumcision of boys, carried out with medical expertise and without unnecessary pain, is permitted".

The new law would overrule the Cologne court decision.

Lawmakers noted in the resolution that the court ruling had deeply unsettled Muslims and Jews in Germany, as they feared the practice would now be outlawed, while doctors were alarmed at the threat of prosecution if they performed operations.

"Jewish and Muslim religious life must continue to be possible in Germany. Circumcision has a central religious significance for Jews and Muslims," the resolution stated.

Merkel has said Germany risked becoming a "laughing stock" if Jews were not allowed to practise their rituals.

About 120,000 Jews are registered as living in Germany along with around 4 million Muslims, many of whom are from Turkey which has also criticised the court ruling.

"UNPRECEDENTED INTRUSION" Germany's Central Council of Jews described the Cologne ruling as an "unprecedented and dramatic intrusion" on religious freedom and the Central Council of Muslims in Germany called it a "blatant and inadmissible interference" in parents' rights.

The court ruling triggered a highly charged debate in Germany over infants' and parents' rights, religious freedom and the irreversible practice of circumcision itself.

The legal row drew attention worldwide including from anti-circumcision campaigners.

"This is a very emotional debate... which is very fitting, as this is about small boys, even babies, their lives and their circumcision," said Social Democrat lawmaker Christine Lambrecht.

"If we hadn't acted urgently we would have had prolonged legal uncertainty and the danger that circumcisions would no longer be carried out by doctors in medical surroundings, but that they would take place in backrooms, or that parents would become 'circumcision tourists' travelling abroad for the procedure," she added.

An overwhelming majority of lawmakers voted in favour of the resolution, although the small opposition Left party opposed it, suggesting that infant boys could have a "symbolic circumcision" then undergo the actual operation when older.

Christian Democrat Guenter Krings, who supported the resolution, said: "We do not want to give any endorsement ... to the practice of circumcision with this resolution. It is important that there is a debate on the practice within religious communities and also within society, but this debate must not take place under the Damoclean sword of prosecution."

Although it is the world's most commonly practiced surgical procedure, he said, it could lead to complications and must be viewed as a significant procedure.

A poll released on Thursday suggested almost half of Germans support a ban on the religious circumcision of boys. The YouGov survey showed 45 percent wanted to end the Islamic and Jewish tradition. About 42 percent were against a ban and 13 percent had no opinion.

The Cologne court, ruling in the case of a Muslim boy who suffered bleeding after circumcision, said the practice inflicted bodily harm and should not be carried out on young boys, although it could be practised on older males with consent.

This is not acceptable under Jewish religious practice, which requires boys to be circumcised from eight days old, nor for many Muslims, for whom the age of circumcision varies according to family, country and tradition.

The cross-party resolution condemns other "damaging and immoral procedures" carried out on children and young people including female genital mutilation.

The bill was rushed through in the same sitting as a vote on aid to Spain for which lawmakers were recalled from their holidays.

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**Circumcision for Non-Medical Reasons is Wrong**

Dr. Maximilian Stehr

*Der Spiegel*  
*July 26, 2012*

Undue Suffering

As the debate over the medical ethics of circumcision rages in Germany, some have argued that the practice provides health benefits. But many in the medical community disagree. Circumcision is not in the best interest of boys who undergo the procedure.

In July 2011 a mother took her 2-year-old son to a pediatric clinic in Munich. Up to that point he had been the picture of health. There was absolutely nothing wrong with him. His parents simply wanted him to be circumcised at a medical facility on religious grounds.

But something went wrong when the boy was anesthetized, and the surgical team suddenly couldn't ventilate him anymore. The oxygen levels in his blood dropped, and his heart stopped beating. A dramatic scene unfolded in the minutes that followed, as the doctors tried to reanimate him, eventually calling in the emergency pediatric specialist. By the time the specialist arrived, the boy's body had been starved of oxygen for at least 10 minutes. The team finally managed to resuscitate the boy, and he was taken to our hospital by ambulance. But the child never regained consciousness. The lack
of oxygen had caused too much damage to his brain.

I'm not telling this story to be sensationalist. I'm telling it because it moved me deeply. A healthy child that had probably happily crawled out of his bed that very morning had been anesthetized unnecessarily a few hours later, and by midday he lay in our intensive care unit, severely disabled for the rest of his life.

This shocking tale makes one thing absolutely clear: We doctors must never unnecessarily endanger the patients entrusted to our care. After all, had this boy not been circumcised, there would have been no emergency during his anesthetization. Every surgical intervention and every anesthesia is associated with a certain amount of risk. In this case the risk is not very great, but should nevertheless be taken only when justified. Under no circumstance should the dangers be overlooked because we think "It's only a minor operation." It's not.

'First, Do No Harm'
Munich's university hospital, the Klinikum Grosshadern, stopped circumcising boys without medical indication back in 2001. Many renowned pediatric hospitals had taken similar steps even before the Cologne Regional Court recently declared religious circumcision of children illegal. The medical community has been debating the issue for almost a decade. It's only thanks to the judges in Cologne that the matter has been brought to the attention of the public.

One of the fundamental principles of medical ethics is that no one should be harmed. The oath formulated by Hippocrates (approx. 460-370 BC) and sworn by all doctors includes the following statement: "I will prescribe regimens for the good of my patients according to my ability and my judgment and never do harm to anyone." Another key idea lies at the heart of all ethical behavior by medical personnel: "Primum nihil nocere," or "First, do no harm," a phrase coined by Scribonius Largus, a doctor at the court of the emperor Tiberius Claudius. The treatment of patients must be with their welfare in mind, and must therefore have priority over other interests, such as science, financial gain or profit.

Medically unnecessary circumcision causes damage because it results in an irreversible loss of healthy bodily tissue. Some people may consider it insignificant because the foreskin serves no discernible purpose. But the foreskin does indeed have a number of functions, although very few of the people engaging in the debate are aware of them.

No Medical Benefit
After birth, the foreskin protects the head of the penis (the glans) and prevents the external urethral orifice from abrasion and drying out. Following circumcision, the surface of the glans regularly thickens and calluses. This can lead to a constriction of the opening of the urethra, the most common complication associated with circumcision in infancy, occurring in up to 30 percent of cases. It's not unusual for several operations to be required before affected children can empty their bladder properly.

The foreskin also plays a role in arousal. In contrast to the glans, which has deep sensitivity, the foreskin has what are known as tactile corpuses which can only be found in similar density in the tips of the fingers, the lips and the eyelids. It's therefore hardly surprising that the foreskin is considered a male erogenous zone. A significant majority of men who are circumcised in adulthood, and are therefore in a position to make comparisons, say they are less sensitive in this area after surgery. But that's not the only reason why circumcision affects sexuality: Couples in which the man is circumcised uniformly report a loss of male secretions during sex and therefore greater friction and resulting pain. It can therefore be assumed that circumcision can indeed have a negative impact on sexuality and the sex life of both circumcised men and their partners. These findings are not new. Major studies and surveys have been conducted and published as far back as the 1990s.

But the direct consequences of an operation must also be considered. Postsurgical complications occur in between 0.19 and 2 percent of circumcisions, but rise to 11 percent for patients circumcised in infancy. These complications primarily involve secondary bleeding or infection. In rare cases the urethra or the glans may be damaged or even need to be amputated. I see such complications time and again at our clinic, even though they occur in less than one percent of medical procedures. They mean painful surgery for the child.

Often enough, circumcision is deemed to be of medical benefit, for instance in preventing infectious diseases or cancer. But it's worth taking a closer look at the figures and the findings of related studies: Circumcised infants may have only a tenth as many urinary tract infections in their first year, but these infections generally occur so rarely that 100 circumcisions would be needed to prevent a single urinary tract infection. This doesn't make sense in otherwise healthy babies. There is no medical benefit to routine circumcision.

Wait For Consent
Nor does it reduce the likelihood of passing on or contracting sexually transmitted diseases. As early as 1855, a study suggested a possible link between circumcision and the transmission of venereal diseases. Since then, more than 30 studies have been published on the matter. However, the findings of these studies are extremely inhomogeneous. In effect, circumcision doesn't have any effect on the incidence of most sexually transmissible diseases (gonorrhea, syphilis, herpes and AIDS).

In 2007, the World Health Organization recommended circumcision as a prophylactic measure against HIV infection. This recommendation was based on studies from Kenya and Uganda that suggested that the risk of infection with HIV was 50 percent lower in circumcised heterosexual men than in non-circumcised ones. But demands for routine or blanket circumcision don't take into account the fact that the WHO considers circumcision only for adult males who can decide for themselves and are at a high risk of infection.

From an epidemiological perspective, the practice makes no sense for Germany.
Furthermore, circumcision for this purpose could also be carried out at an age at which the person in question can make their own decisions. The same concern also applies to the supposed preventative nature of circumcision with regard to penis carcinoma or even cervical cancer: If circumcision had an unambiguously positive influence -- and not all scientists agree it does -- this operation would only make sense at an age when the man is sexually active, in other words at an age when the young man can consent himself.

A Chance For Dialogue

Medically, there is no evidence of advantages for boys. Therefore non-medically indicated circumcision is not in the child's best interests either. This is the key argument against the inadmissible comparison of circumcision with a recognized vaccine. The effectiveness and therefore the utility of the vaccine for the child have been scientifically proven.

Doctors have to weigh potential risks and benefits. There are no medical benefits to circumcision on religious grounds. For this reason it's all the more significant that it's a serious surgical procedure fraught with risks and complications. Whether it's carried out under local or general anesthetic, circumcision causes boys undue suffering. This procedure must therefore be rejected from both a medical and an ethical perspective.

As a devout Catholic, I have great respect for the concerns of religious communities. As a scientist, I feel discredited by Chancellor Angela Merkel's comments about how the circumcision ruling makes Germany "a laughing stock." The Cologne Regional Court presented us with an opportunity to work together with the various religious communities to consider the rights of physical inviolability and religious freedom. Some Muslims have already shown a willingness to accept that boys be circumcised only when they are old enough to give their consent. But in Berlin the debate is at risk of being stifled politically, robbing us of the chance for dialogue. ■

German Verdict's Purpose is to Delay Circumcision, not Ban it, Jurist Says

 Reuters
 June 29, 2012

Holm Putzke, law professor at Passau University, says 'Nobody wants to ban religious circumcision in Islam and Judaism, but it should be decided by those who undergo it.'

A widely criticized German court verdict on religious circumcision this week aims only to delay the act, not ban it, and is not directed against any faith, a jurist with a leading role in the legal debate said on Friday.

The operation does serious bodily harm and only males old enough to consent to it freely should undergo it, said Holm Putzke, law professor at Passau University in southern Germany.

Using arguments Putzke has published in recent years, a court in the western city of Cologne ruled on Tuesday that the circumcision there of a Muslim boy who suffered post-operative bleeding had violated a German law against causing bodily harm.

Jewish, Muslim, Catholic and Protestant leaders in Germany denounced the ruling as a serious intrusion on religious freedom. Even Germany's foreign minister spoke out, saying such faith traditions must be allowed in a tolerant modern society.

"I can understand that this verdict has irritated people around the world, but this irritation can be resolved if people look at the reasons for it," Putzke told Reuters by telephone.

"Nobody wants to ban religious circumcision in Islam and Judaism, not at all," he said. "It should just be decided by those who undergo it."

Some German media initially reported the verdict applied only to Jews, which may have added to the emotion of some first reactions, he said. Suggesting opposition to circumcision was aimed against Jews was dishonest, he said.

Germany is home to about 4 million Muslims and 120,000 Jews.

Jews circumcise male infants eight days after birth to recall their covenant with God. The time for Muslim circumcision varies according to family, region and country.

The Cologne court ruling said the four-year-old boy in the case was not old enough to consent to have part of his body removed permanently and his parents should have let him decide when he got older. It gave no minimum age for this.

Lively debate among doctors

Putzke said an article he published five years ago in a German medical journal led to lively debates among doctors, especially those called on to perform circumcisions.

"It quickly became clear that a large majority of doctors in clinics objected to medically unnecessary circumcisions," he said. "They said they went against the Hippocratic Oath."

The doctor who treated the boy for post-operative bleeding reported the case to the police, leading them to bring charges against the person who performed the faulty circumcision.

The Cologne judge consulted academic articles in legal and medical journals before making his decision, Putzke said.

"This is not simply a verdict from some misguided court," he added. "Somebody sat down and thought long and hard about the fundamental legal rights involved."

The verdict, which is valid only in the Cologne area, could "send a signal," he said, but it was not clear if other courts would follow this example. He did not know of any similar cases before other courts in Germany.

Putzke said he began studying the issue of circumcision and children's rights after his law professor pointed out to him and other students that violence against children was widely condemned in all cases but these.
"Even the Muslim students were surprised by this," he said.

He hoped religious communities would be open to debating the issue and not refuse to consider any change to their traditions.

Putze expressed surprise that many people had written to him after the court verdict was announced to support his view.

"I've received thousands of emails in the past few days, from all over the world," he said. "The most remarkable thing is that the emails from Israel were the most balanced and moderate." 

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**Berlin to Introduce Law to Allow Circumcision**

Gil Shefler

*Jerusalem Post*

July 10, 2012

Andreas Michaelis tells Knesset committee legislation will seek to overturn court ruling which banned circumcision.

German Ambassador to Israel Andreas Michaelis told a Knesset committee on Monday that Berlin will introduce legislation allowing circumcision to be practiced in the country.

Speaking before the Immigration, Absorption and Diaspora Affairs Committee, Michaelis said a law will be introduced overturning a recent court ruling that banned circumcision in Cologne because it violates children’s rights.

"Jewish life in Germany in the wake of the awful past events is entirely different," said Michaelis. “Obviously the ban on circumcision is more sensitive in Germany than other places because of the Holocaust, but it’s important to stress that the Jewish community in Germany is growing.”

During the gathering, several lawmakers and community representatives voiced their disapproval of the judge’s decision last week.

MK Nissim Ze’ev (Shas) said his father, who was a mohel, or ritual circumciser, in French-occupied Algeria, risked his life during World War II to circumcise newborns.

“He traveled throughout [the Algerian city of] Oran despite being in danger,” said the haredi lawmaker. “Why? Because for generations we have laid down our lives to uphold our traditions.”

The Conference of European Rabbis will hold an emergency meeting in Berlin this week to discuss ways of repealing the ban, it said.

“The ruling in Cologne is perhaps one of the gravest attacks on Jewish life in Europe in the post-Holocaust world,” said Pinchas Goldschmidt, president of the Conference of European Rabbis.

“The court utterly failed to consider how fundamental brit mila is to the Jewish faith and identity – as the original and eternal symbol of commitment to God.”

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**New Yorkers Demonstrate in Support of German Ruling on Circumcision**

Das Bild

July 13, 2012

"I love foreskin"

After heavy criticism from abroad, there now appears to be support for the Cologne court ruling on the circumcision of boys.

A small group of Jewish demonstrators assembled on Friday in front of the German General Consulate in New York - to protest in favor of the verdict.

Protest organizer Jonathan Friedman said, “We support genital autonomy.” He was wearing a T-shirt on which were printed the words “I Love Foreskin.”

“Circumcision is a significant intervention. It’s done to millions of small children who can’t defend themselves, but their lives are affected by it.” His group has over 30 members, said Friedman.

According to the Financial Times, Germany, Jewish organizations are putting together a campaign against the verdict. Money is coming from Europe, the United States and Israel to finance the necessary lobbyists and lawyers.

Donors, among them multimillionaire Edi Gast, are reported to have already contributed millions of Euros to a fund for the campaign. Gast alone is reputed to have given 10 million Euros.

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**Circumcision Ruling Divides German Public**

Derek Scally

*The Irish Times*

July 21, 2012

The death of a child after a circumcision has sparked a controversy about religious freedom.

It is not often you see a rabbi in the Bundestag or the chancellor Angela Merkel warning her backbenchers not to make Germany a “laughing stock” of itself.

But that was the scene in the German parliament on Thursday.

Members of parliament had been recalled from their holidays to debate and vote on emergency assistance for Spanish banks. At the last minute, though, another pressing matter found its way on to the agenda.

A majority of MPs backed a resolution...
that “the Bundestag views the circumcision of male children, socially accepted worldwide, as not comparable to damaging and unconscionable infringement of a child’s right to physical integrity such as female genital mutilation, which the Bundestag condemns.”

For the rabbi and others watching from the public gallery, the resolution threw up dozens of questions, chief among which was: how did we get here – and in Germany of all places?

Germany is home to about four million Muslims and 120,000 Jews. Official figures show 3,000 circumcisions are performed annually among registered doctors, although the real figure is believed to be almost twice that.

Since May 7th, however, religious circumcisions in the Cologne municipal area have been in legal limbo following a ruling by a regional court in the case of a four-year-old Muslim boy who died from complications following a circumcision.

That circumcision took place on November 4th last in the practice of a 62-year-old Cologne doctor who specialises in the procedure. As in thousands of previous cases, this one went off without any complications, he said later.

Two days later, the boy’s mother was asked to bring him back to the practice for a check-up. Two hours before the appointment, however, neighbours heard the woman screaming in Arabic: “My son is bleeding.” The boy was rushed to hospital where the mother, reportedly from Iraq and with little German, was unable to explain the details of the circumcision two days previously.

Medical records show the doctors assumed the boy had undergone a botched home circumcision “with a scissors, without anaesthetic”, at which point the wheels of Germany’s legal system began to turn.

Police investigated and a state prosecutor eventually charged the responsible doctor with “injuring another person with a dangerous instrument” – a scalpel.

The prosecutor lost the case and the doctor was acquitted in the first two instances – a later external appraisal found the circumcision “faultless” and the level of after-bleeding normal.

In the third instance, though, Cologne regional court ruled that a child’s constitutional right to physical integrity had precedence over the right to freedom of religious expression. Even when parents consented, a circumcision could, the court ruled, be considered a criminal act of bodily injury.

Although the ruling is applicable to greater Cologne only, the shock waves spread across the country and around the world, while doctors specialising in circumcisions, including at Berlin’s 250-year-old Jewish hospital, have suspended the practice until the legal situation is clarified.

The ruling has become a matter of urgency for Germany’s Jewish community, given their practice of circumcising boys eight days after birth.

That was reflected in a statement by European rabbis meeting in Berlin last week that the ruling was an attack on their religious identity that “calls into question the future existence of Jewish life in Germany”. Hours later, the federal government promised legislation by the autumn to allow circumcisions to be performed under correct medical procedures.

Thursday’s Bundestag vote was a symbolic stop-gap measure until a permanent resolution is reached; but rather than calm things down it provoked a divisive reaction that indicates a legal and moral minefield ahead.

Jewish and Muslim groups welcomed the gesture. The German Judges Association backed the Bundestag vote and urged a swift action to permit circumcision. The Green parliamentary party declined to support the resolution en bloc.

The Cologne ruling has been widely criticised in the German media and hotly debated in legal circles. In Berlin’s political scene, the widespread view is that German history does not allow it the luxury of taking an avant garde position on matters of religious belief, particularly involving an issue so central to the Jewish faith.

The German population appears split. A poll by YouGov for the DPA news agency found 45 per cent of Germans favour a legal ban on circumcision of boys, while 42 per cent opposed a ban and 13 per cent were undecided.

Now the discussion has moved on to how a secular majority should respond to practices it finds alien.

One side argues that it is the sign of a mature and enlightened society to view circumcision without consent as a practice at odds with German secular values. Some have gone so far as to describe it as a religious anachronism comparable to exorcism.

The other side argues that a society’s maturity can be measured by the defence of the rights and beliefs of minority (religious) beliefs and practices one does not necessarily share.

Legal observers say it is unlikely, although not impossible, that other regional courts will follow the Cologne ruling. Even if legislation comes in the autumn, the issue may well land before the constitutional court for a definitive ruling.

What a Tangled Web they Weave

Jason Fairfield

C ircumcision, as practiced in Judaism and Islam, is an insidious formula. It is posited as an act of faith and courage, when in fact it is profoundly cowardly. Cutting a defenseless other person takes less mettle than permanently disfiguring your own body of your own free will. It can be a decision taken on “autopilot,” reassuring yourself that it doesn't really hurt the child and he won't remember the pain or perceive a loss as an adult.

I personally doubt that circumcision started out as an instruction to cut a child. It may have begun as animal or even human sacrifice that later substituted an apparently “extra” piece of human flesh.
Very possibly it was first tried on adults, maybe slaves. It may even have at one time been an obligation to have yourself circumcised, but hesitation and rejection by a certain percentage of the tribe would have threatened the value of the choice of circumcision as a religious marking.

The cutting of small children is a no-brainer: no physical pain for the parent, little objection from the one getting circumcised, relatively quick healing by the ones who don't die from it; thus, effectively total compliance. Over time, family and community events were instituted to witness the circumcision and ensure peer pressure is applied to discourage/prevent parents from skipping this rite. This applies to the Jewish Bris and the Turkish “king for a day” festival, for example. But the emergence of these events suggests that without them — they're certainly not specified in the Bible or the Qur'an – there would be a compliance issue.

And this is why a judicial mandate to push the age of circumcision out to the teen years is so problematic.

The first problem, and possibly not an obvious one at first blush, is that it amounts to a court creating — thus dictating — a new religious obligation. At present, none of the Abrahamic religious require one to circumcise himself at the age of majority, or at least to confront this decision. Christianity in general has no circumcision requirement at all, at any age. Judaism requires that a father have his son circumcised at the age of 8 days. Islam, according to some Hadith writings and interpretations, stipulates that a male ought to be circumcised, but doesn't give an age and doesn't require that it be imposed on a child. The decision to “provide” circumcision to a child probably stems primarily from the fact that children have no rights, so there's nothing stopping parents from making this decision for him.

Ordering a postponement of circumcision means, in practical terms, the creation of a new circumcision decision for men in those religions that demand and exult circumcision. As noted above, it's not unreasonable to believe that this was the way it first was, and those religions discovered that it was unworkable -- some men opted out, calling the universality of circumcision into question. The solution was to perform it on infants and children too small to fight back, thus ensuring near-total "compliance".

A court ordering what is effectively a return to the bad old days would obviously once again raise the problem of non-compliance, and this time in an era where the right to say “no” is constitutionally protected. This is plainly unacceptable to Judaism and Islam. Free choice is not part of the equation when it comes to circumcision.

The second problem is related to the first. In envisioning a later decision for the male, the court has effectively negated the religious obligation to circumcise someone else. Law professors and the court optimistically refer to this as a simple and logical postponement, but what it does is lay bare all the implications of the deeply disturbing obligation to take a knife to the procreative organ of another person. This delineation is blurred in religions in which the child is totally the property of the parents to do with as they wish, including murder for disobedience. It might have helped if the court had put it in this context, and emphasized that the right to practice religion does not extend to injuring or violating another human being. Instead, it left this more or less elliptical when it merely pointed out that circumcision harms another human being. The court very simply could have pointed out that religious belief and religious practice are at law entitled to different levels of scrutiny and deference.

Postponing circumcision may have interesting consequences. First of all, how much pressure are the religions reasonably allowed to apply to an adolescent to get himself circumcised? Does the law require that he be given the option to say no? It may be obvious to do so, but religions would fight this tooth and nail, setting the stage for another big clash.

Second, intactivist work would be solidly confirmed by those who say no. Their potential list of reasons -- they find the foreskin valuable, they like the way they look now, circumcision hurts, circumcision has risks, they view the foreskin as integral to their male body – would carry tremendous weight because so much attention would be focused on them as dissenters.

Third, unless the religions act fast to create a substitute ritual, they run the risk of calling the necessity of all their practices into question, and thus their ability to maintain a hold on their flock. While I don't subscribe to the slippery slope objection to postponing circumcision, religious leaders may have a point. However, the change could highlight how any given rite can give way without the religion falling apart. Perhaps foregoing circumcision might have made Judaism irrelevant a thousand years ago, but the religion is pretty well established today. Who do they fear might relegate it to oblivion: the public, or its own members? With Islam, it is hard to imagine that eliminating or postponing circumcision would slow its growth. It seems to hold on to circumcision as little more than a show of power about who's boss in the family.

Whatever direction it goes, the German Bundestag is going to have a legal knot on its hands. It risks building into law a conundrum at least as large as that of the religions themselves. If the legislature declares circumcision not to be a harm, it runs smack into physical reality. If it declares it to be a permissible harm, then it needs to explain how the Grundgesetz's lesser-protected right to religious practice supersedes both the individual's inviolable right to bodily integrity and inviolable right to religious freedom, which presumably includes irreversible religious markings. If it allows for only religious circumcision of boys, it collides with the law of no preferential treatment for religion as well as the law of equal protection for the genders. Just how much of a serious problem this is, is perhaps not yet obvious to all politicians and lawmakers. They see a "reasonable" goal, and just need a way to get there. Unfortunately for them, every avenue they've suggested is a dead end – just like circumcision.
His Body, His Choice
Gert van Dijk
The European Magazine
September 8, 2012

Circumcision infringes on a child’s right to physical integrity and religious freedom. A powerful policy of deterrence should therefore be established.

Recently, a German court ruled that the right of the child to physical integrity trumps the right of the parents to religious freedom. The court further stated that circumcision of a minor for non-medical reasons is a criminal offense. Circumcision should therefore be postponed until the boy can decide for himself.

This ruling caused a worldwide uproar, mainly from religious leaders who claimed their right to religious freedom was being violated. This ruling is no isolated incident, however, but part of a growing global resistance to the practice of circumcision. This increasing criticism has led to a significant decline in the incidence of circumcision over the last several decades in many Western countries.

As part of this worldwide trend, and following other professional organizations, the KNMG published a position paper in 2010 on the ‘non-therapeutic circumcision of minors’ (NTC). In it, the KNMG concluded that circumcision violates the child’s right to autonomy and physical integrity. One of the main guideposts for the KNMG in this issue is the Convention on the Rights of the Child (CRC). This declaration states that children should be protected ‘against all forms of physical or mental violence, injury or abuse.’ It also calls upon governments to ‘take measures to abolish traditional practices prejudicial to the health of children.’ There is ample scientific proof that NTC is indeed prejudicial to the health of children. Around 25-50% of healthy skin is removed from the penis in circumcision.

Bleeding and infection occurs as a direct result in 2-5% of children. These complications are usually minor, but sometimes hospitalization is necessary. Later on in life a stricture of the urethra develops in up to 20% of boys, causing bladder and urination problems. Upon reaching the age of sexual activity, circumcised men develop sexual problems three times as often as non-circumcised men, due to decreased sensitivity of the penis. Many men complain they have been circumcised without their consent. Some of them even try to restore their foreskin by mechanical or surgical means. Insofar as there are medical benefits, such as a possibly reduced risk of HIV infection, circumcision can be postponed until an age at which such a risk is relevant and the man himself can decide about the intervention or opt for alternatives.

More important than these negative medical consequences, however, is the fact that circumcision is an infringement of the child’s right to physical integrity. This right, as laid down in Dutch Constitution, is an inalienable human right like the right to life and the right to personal freedom. ‘Inalienable’ in this sense means that parents’ request or permission does not offer sufficient justification to perform the surgery. Besides a request, there must always be an additional reason, such as a medical interest, as in the case of disease. Circumcision is therefore contrary to the cardinal rule for doctors of ‘first, do no harm’ and to the rule that non-consenting children should only receive medical treatment when medically necessary.

It is often suggested that the current worldwide debate on circumcision is an expression of growing anti-Semitism, anti-Islamic sentiment, or xenophobia. For several reasons I believe this is not the case.

During the last century, since the atrocities of World War II, there has been an increasing emphasis on human rights, combined with a growing sensitivity towards suffering and infringements of animal, human, women’s, and children’s rights. This had led to a plethora of international declarations safeguarding human rights in all sorts of different situations.

In the Netherlands, this development of human rights has led to strict laws on animal abuse, child abuse, polygamy, and female genital mutilation, amongst others. The KNMG, together with other professional organizations, has been working for several years now to develop strict guidelines for doctors to signal and prevent all forms of child abuse. As in other countries, the Netherlands has appointed a Children’s Ombudsman and hotlines for reporting child abuse have been set up throughout the country.

The growing resistance to circumcision stems not only from medical and secular organizations, but comes also from within religious communities themselves. In the US and Israel, more and more Jewish parents are abandoning circumcision in lieu of rituals that do not lead to an infringement of physical integrity.

This growing aversion to NTC is therefore not caused by anti-religious or anti-Semitic feelings, but by an increased emphasis on human rights, combined with a growing awareness that children have the same fundamental human rights as adults. If it is not permissible to forcefully circumcise a grown man, why would it be permissible to do so to a child? The law protects the physical integrity of young girls, should it not do the same for boys? As it is his body, shouldn’t it be his choice?

Proposal Sets Circumcision Regulations in Germany
Melissa Eddy
The New York Times
September 26, 2012

Germany’s Justice Ministry took a firm step on Wednesday toward safeguarding the right of parents to circumcise their male children, distributing its proposal to state officials and other experts to be debated before it is drafted into law.

The proposal comes in response to calls by lawmakers for the government of Chancellor Angela Merkel to establish legal clarity in the wake of a regional court ruling that equated ritual circumcision — a centuries-old practice by Jews and Muslims — with bodily injury to minors.
That ruling sparked a fractious debate that angered and alienated the more than 100,000 Jews and more than four million Muslims living in Germany. The decision by the Cologne regional court in June also provided the catalyst for similar debates over the practice in neighboring Austria, Switzerland and as far away as Norway.

In response to the legal gray zone created by the ruling, doctors refused to perform circumcisions, lest they face legal charges. The Jewish Hospital in Berlin stopped the practice for several months, until securing assurances last month from local authorities that their surgeons could not be at risk of prosecution for simply carrying out the practice.

The main Jewish organization in Germany welcomed the ministry’s proposal as a clear signal from the Merkel government that their rights to practice their religion would be protected. For Jews the circumcision of boys on the eighth day after their birth is viewed as a command from God, necessary for a young man to enter Jewish society.

“We view this as a step in the right direction,” Dieter Graumann, president of the Central Council of Jews told the German news agency, DPA, on Tuesday. Jewish representatives in Germany were not reachable for comment on Wednesday, given the Yom Kippur holiday.

Included in the proposal are four stipulations as to how the circumcisions are to be carried out, including adequate training of the practitioners and use of an “effective painkiller,” parents are to be made aware of potential consequences and the practice is not to be carried out on children who could be at risk of complications.

These key points are to form the basis of the draft legislation that the Justice Ministry plans to bring to Parliament for debate by the end of the year, a spokesman said.

“Circumcision will remain legal in Germany,” said Anders Mertzluft, a spokesman for the Justice Ministry. “The legislation should establish clarity in the matter. Parents have a constitutional right to raise their children” as they determine, he said.

The ministry specifically avoids making any special provisions for circumcision for religious reasons, choosing instead to anchor it in legislation governing the rights of children to avoid requiring steps to determine the motivation of a parents’ decision to have their children circumcised.

Unlike in the United States, infant boys in Germany and most other European countries are not routinely circumcised for reasons of health or hygiene, despite a recommendation by the World Health Organization that the practice may reduce the spread of AIDS.

Many Germans view the practice as a violation of child’s right to bodily integrity and argue that parents should be required until boys are old enough to take part in the decision whether they want to be circumcised. A children’s rights group has organized a petition seeking to impose a two-year moratorium on legislation regarding circumcision in hopes of stopping the practice.

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**Grassroots Intactivism**

**Indiana Intactivist Retreat Successful, Energizing**

J. Steven Svoboda

Steven and NOCIRC's Marilyn Milos, Intactivist Retreat, Lafayette, Indiana, March 24, 2012

On March 23-25, 2012, twenty-two intactivists gathered in West Lafayette, Indiana to review the state of the movement and to consider our best path(s) forward. Many longtime stalwarts were present but for balance and to include fresh perspectives, some relative newcomers also participated and certainly they contributed their fair share of insights and energy to the event.

Some participants represent organizations, while others represented a geographic area or an social network. Diversity was also evident in the ages, perspectives, and experience of the participants. We used as an analytic framework a fascinating and important book about political movements, Doing Democracy: The MAP Model for Organizing Social Movements by Bill Moyer.

Steven and ARC Advisory Board Member (and Doctors Opposing Circumcision Executive Director) John Geisheker, Intactivist Retreat, Lafayette, Indiana, March 24, 2012
bloody cleaver, (though old knees forced me to borrow my mother’s mobility scooter). My wife Michaelle, a real nurse, played an over-the-top evil nurse with giant scissors, and Heather Long, a co-director of TWN, played the frightened penis, a perfect role for her that she relished. We tempered the realistic penis costume to make it more playful with a giant blue bow on the top, as if to protect the foreskin from retraction, an idea stolen from Dan Bollinger’s ‘Wee Willie’ caricature from “Easy Does it” in his “Care of the Intact Boy” brochure.

Dan and Rebecca Bollinger graciously made their home and workspace available for different phases of the event. The event’s beneficial results carry forward to the present day and no doubt will continue to do so well into the future.

__Seattle Pride 2012__

John Geisheker  
Executive Director,  
Doctors Opposing Circumcision  
August 15, 2012

Doctors Opposing Circumcision, ‘WISH,’ Washington Intact Safe and Happy, a local state intactivist organization, and the national organization, The WHOLE Network, (TWN) combined forces this summer to create a street theater production for Seattle Gay Pride 2012.

We envisioned having someone in a penis costume being chased by a doctor and nurse wielding giant surgical tools, of the outrageously large sort used in the Italian theater tradition, the Commedia dell’arte. After several meetings where we hashed out our budget and attracted volunteers, we then prepared costumes for our little vignette.

I played the evil doctor with a huge looked well-funded, determined, large, and less “fringy.”

After the street theater and parade, the volunteers and actors staffed a booth giving advice on foreskin restoration. We have done this before, and it seems a really good hook, being both novel -- and provocative -- to most people. It provides a good opportunity to discuss circumcision generally since the very notion that a man might wish to restore himself, suggests, of course, the harms of circumcision. (“Get Your Foreskin Back” is a far better draw than “Stop Circumcision Now.”)

Our production can be seen in a short video shot by James Loewen, the Canadian intactivist filmmaker, entitled “Run, Penis, Run,” on his YouTube channel BONOBO3D. Stills by James may be seen on D.O.C.’s facebook page.

This is not a difficult scenario to replicate, and I encourage those of you who live in areas with a Pride Parade to create one for yourselves. It is a lot more fun for the crowd, and more eye catching for the media, to have a little semi-humorous mini-drama than to read only a collection of signs and slogans about a social issue, no matter how witty the latter seem. Our ideas for visuals and sign ideas can be seen in the Youtube video.

We had signs too, of course, professionally designed and printed, as well as matching tee-shirts for the volunteers, many of whom brought along their intact boys and girls to march. A professional, thematically unified appearance makes even a small group

Of course we gave up the usual raft of brochures to giggly young girls, but also had some very serious conversations with interested young men, gay and straight. My most memorable moment was meeting a young observant Russian Jew wearing a yarmulke, who was intact, but intrigued by foreskin restoration.

The parade and the booth were well worth the cost, and of course the idea and the costumes and the professionally designed signs can all be used again. Indeed, we have tentatively planned to do the same street theater production in front of Children's Hospital in Seattle, if the American Academy of Pediatrics makes the recommendation for
circumcision, which we think they will.

Anyone needing any advice on how to put together the penis costume (which I designed and sewed) is free to e-mail or call me at D.O.C.’s Seattle office. My thanks to all the participants, volunteers, and contributors for making this a successful event.

2012 San Francisco Pride
David Wilton
August 12, 2012

For the Bay Area Intactivists, the 2012 San Francisco Pride celebration featured two key differences from prior years. As we took up our usual place in the line up, you couldn’t help but notice that we had babies like never before! Lots of intact little ones decked out in their favorite t-shirts and onesies announced proudly as they sat on mom’s hip that mom had said no to circumcision.

Bay Area Intactivists Contingent, 2012 San Francisco Pride March

The second key difference from all previous years was our size. Marchers numbered over 40, babies included. We were twice the size of last year and three times or more the size of years before that. We were a mob for intactivism.

Notable was the fact that we had mothers with child in tow who had flown in from as far away as Pennsylvania to be a part of this. The significance of such determined participation is to be appreciated. Our presence has had the impact of making the decision to say no to circumcision not only acceptable, but a cause for celebration and further outreach.

Bay Area Intactivists at the 2012 San Francisco Pride Parade

As before, we were greeted with many positive (and impassive) interactions. Unlike in previous years, we had no condescending shouts of being circumcised and happy about it. However, there was one man who lost it completely.

As we moved out onto Market Street from the staging area on Beale Street, manicual shouts of "F*ck you!" and "Child molester!" rose up from behind a thick row of parade watchers. This irrational, ironic and disproportionate...
outburst is a clear example of the devastating nature of circumcision without the consent of those who are circumcised. I rushed to photograph this man as he yelled and snarled and refused the entreaties of his friend to let it go. He finally peeled off from the crowd, angry and apparently exhausted.

Further along the parade route, we passed the television hosts covering the event. Unlike previous years, we got a mention and an acknowledgment of our presence, issue and activism. Once we rounded onto 8th Street from Market Street, we broke down our signs and other gear. Many of our group joined the booth at the festival a few blocks away where we continued our outreach without incident.

The one note and take away from this year's experience is that you catch more flies with honey than vinegar. Our version of honey were the kids and their moms. Demonstrations that show the horror of circumcision and condemn the circumcisers have their place, and perhaps such a showing was necessary in the beginning.

Now, we have to move into another phase of this effort. We have to show happy, healthy and compassionate families who have said no to circumcision. As intact children slowly become more common and indeed the norm, they and their families will become their own advocates. They will support the next generation of new parents who emerge during their child-bearing years to find an environment that encourages choice and autonomy for their kids to remain healthy and intact.

2012 Genital Integrity Awareness Week
Jonathan Friedman
March 26 - April 1, 2012

I arrived on the West Lawn of the U.S. Capitol on Wednesday, March 28th for the 19th annual Genital Integrity Awareness Week (GIAW). GIAW ran from Monday March 26th, to Sunday April 1st. I met David Wilson and many other intactivists for the first time. David Wilson, director of the Stop Infant Circumcision Society (The SIC Society), organized the first GIAW almost two decades ago. David is known for the large number of huge banners that he brings, attracting a great deal of attention from tourists and others visiting the Capitol.

Two marches were held after I had left, one on Friday March 30th at 6 PM from the US Capitol to the White House. The second march started at 4 PM on Sunday April 1st, also from the US Capitol and end at the White House.

While on the West Lawn, I had the opportunity reach out to hundreds of people. Foreign tourists, as always, were shocked to learn that circumcision is performed in the U.S. My most memorable conversation was with a Russian Jewish grandmother who was amazed and shocked to learn that the purpose of circumcision is to diminish sexual feeling, and that the foreskin serves important sexual functions.

It being DC, there were many other demonstrations being held nearby, including a conservative Tea Party protest against Obamacare. Although many of these protestors were opposed to Medicaid, many people I spoke to thought that Medicaid should cover circumcision.

Many of the healthcare protestors asked for the intactivist position on abortion. They argued that if we were interested in protecting foreskins, why not the whole baby? We explained that we have a diversity of positions on various issues, but that we were united in protecting newborn children from circumcision.

There were also lots of students touring the Capitol. Although some school leaders deliberately tried to walk past us quickly, there were lots of groups of students that came over. It was interesting to see their responses. Most of the young students had no prejudice one way or the other about circumcision, and they eagerly listened as we explained the functions of the foreskin and about circumcision. The young women were usually horrified to hear that hospitals sell the foreskins for facial creams and other cosmetic products, and eagerly took our info cards to share with their friends and family. There was usually an intact male or two among the groups, and they walked away feeling lucky, often getting pats on their back from their peers.

I was really impressed with this impact that GIAW had on educating people, and I look forward to being there next year.
2012 Genital Autonomy Conference
September 30 - October 3, 2012
Press Release

From Sunday September 30, 2012 international experts will gather in Helsinki, Finland, to examine the human right of children to make their own decisions about the most private and personal part of their bodies.

The 4 day symposium "LAW, GENITAL AUTONOMY & CHILDREN'S RIGHTS" is a joint project by international child rights charity GENITAL AUTONOMY (GA), US coalition NOCIRC and Finnish non-profit sexuality foundation SEXPO.

Says Spokesman and Trustee of GA Richard Duncker: "Every day all over the world for many reasons adults cut, trim and re-shape the genitals of girls, boys and the often forgotten proportion of children born with indeterminate gender, intersex children - in almost every case without asking the child and with no medical need."

"Sometimes by surgeons in a modern hospital under anaesthetic," he says "Sometimes by lay people in a dusty village hut or a plush middle class apartment. In all cases the outcomes - good, bad or merely cosmetic - are permanent and affect the child's bodily experience for life."

In June 2012 a Cologne Regional Court (Landgericht Koln) decided medically unnecessary circumcision of a non-consenting child can be assault. Adult Governments immediately mobilised to legalise these assaults on children in the name of adult religious freedom.

In August 2012 the American Academy of Paediatrics (AAP) echoed other peak medical bodies in declaring that circumcision of healthy boys should not be routine. Adult attention immediately turned to tax-funded government subsidies and foreign aid to pay for it.

How do scientists' own cultural or personal identity shape the questions they ask? Why are harms ignored in the search for benefits? Do parents use religion as an excuse for conformity? Why is there one rule for girls and another for boys? What degree of intentional pain and risk for children is unacceptable? How do we distinguish unnecessary surgery from child abuse?

Says Mr Duncker, "The adult science is controversial and incomplete. Adult religious beliefs of parents, researchers and legislators are a given. Children are People. How do they say: NO?"

These and other questions will be explored by speakers from all over the world, from different religious and cultural origins, including doctors, nurses, lawyers, and anthropologists as well as adults who still suffer the harms inflicted on them as babies.

Genital Autonomy 2012: Conference Schedule

Saturday 29th September - Radisson Blu Hotel - Helsinki
19.00 Meet in the bar for a pre-symposium drink & gathering
Sunday 30th September
0730 - 0830 Breakfast On Your Own
0830 - 0900 Registration; tea & coffee
0900 - 0915 Welcome - Eeva Matsuake
0915 - 0930 Sexpo Foundation - Jussi Nissinen
0930 - 0950 Finland and Male Circumcision - Eeva Matsuake & Tiina Vilponen
0950 - 1020 Children's Sexual Abuse as a Crime in Finland - Olli Pohjakallio
1020 - 1045 One Mother's Sad Story - Finnish Mother
1045 - 1130 Islamic Concept of Law and Its Impact on Physical Integrity: Comparative Study with Judaism and Christianity - Sami Aldeeb Abu-Sahleih
1130 - 1230 Lunch
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<td>1230 - 1300</td>
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<td>Setting the Record</td>
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<td>1300 - 1330</td>
<td>Circumcision in the Netherlands: Between Religious Freedom</td>
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<td>and Physical Integrity - Gert van Dijk</td>
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<td>Banning Circumcision in Sweden, film presentation - Steffan Janson</td>
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<td>The Roma Person as a Health Client - Malla Laiti</td>
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<td>The Sami People -</td>
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<td>1430 - 1500</td>
<td>Break; tea &amp; coffee</td>
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<td>1500 - 1530</td>
<td>Never Argue With An Idiot: A Primer on How to Argue About Circumcision - Robert Van Howe</td>
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<td>Male Circumcision &amp; Sexual Dysfunction in Men &amp; Women - Morten Frisch</td>
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<td>NOCIRC and the USA - Marilyn Milos</td>
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<td>Genital Autonomy and the UK - David Smith</td>
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<td>0900 - 0915</td>
<td>Welcome - Peter Ball</td>
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<td>People on the Move: Migration and Sexual Well-being in Transcultural Families - Jonna Roos</td>
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<td>Circumcision History in Indonesia - Xavier Valla</td>
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<td>Anthropological Reflections on Genital Interventions - Franco Viviani</td>
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<td>Female Genital Mutilation - Mulki Möls</td>
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<td>Transgender Issues - Arja Voipio</td>
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<td>Intersex: Ambiguous Genitals or Ambiguous Medicine? - Mika Venhola</td>
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<td>Captives of Care: The Child's Right to Acceptance Not Tolerance - Lyn Ramsey</td>
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<td>Children With Disabilities - Pia Henttonen</td>
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<td>Of faith and circumcision: Can the religious beliefs of parents justify the nonconsensual cutting of their child's genitals? - Brian Earp</td>
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<td>Brit Shalom: A Ten-Year Follow-Up - Mark Reiss</td>
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<td>Dinner on Your Own</td>
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<td>On Entertainment: Finnish Traditional Music</td>
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<td>Introduction - David Smith</td>
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The Royal Dutch Medical Association - Circumcision Conference Report
Georganne Chapin
Executive Director, Intact America
June 28, 2012

On June 28, 2012, I attended a half-day symposium sponsored by the Royal Dutch Medical Association (KNMG). The topic was “the doctor and the foreskin,” and the conference program asked: “Circumcision: Forbid, Deter, Encourage?”

Gert van Dijk, a bioethicist who holds an appointment with the KNMG, graciously invited Marilyn Milos (from NOCIRC) and me to dinner the night before. We had a lovely meal in a Spanish restaurant in Rotterdam, during which Gert talked about the politics of circumcision in the Netherlands and, particularly, about the KNMG being a “Royal” organization and thus compelled to act with great decorum. He also emphasized that he is not an “intactivist,” with an emphasis – I believe, in retrospect – on the activist part of the word. (Gert, like pretty much every Dutch person we spoke with – and when you’re with Marilyn, that’s a lot of speaking to people – believes that children’s genitals should be left alone.) After saying goodnight to Gert, I said to Marilyn, “You know, he was putting us on notice that we should behave ourselves tomorrow at the conference!” (I believe we didn’t disappoint him.)

The conference itself was divided into two sessions – the first about circumcision and HIV-prevention in Africa, and the second about medical and human rights aspects of circumcision. Here is my report. I have liberally used the conference abstracts and also the very fine notes composed by John Warren, John Dalton, David Smith and Richard Duncker – all from NORM-UK – who also attended the conference. The first speaker was Gabriela Gomez, a young Venezuelan researcher in infectious disease epidemiology at the Amsterdam Institute for Global Health and Development, where Catherine (Cate) Hankins (a well-known proponent of circumcision as a means to reduce the risk of HIV transmission) is also employed. Ms. Gomez’s support of the African circumcision campaign was unequivocal. What struck me in particular, listening to her remarks, was that the “science” of the three clinical trials (now several years old) is still being accepted by the circumcision-as-HIV-prevention proponents, with absolutely no current confirmation that this strategy is working and – equally important – no method in place to study the efficacy of the campaign.

Ms. Gomez repeated the international HIV campaign’s party line – including the statement that male circumcision should be voluntary, that the campaign should be culturally sensitive, and that there should be no stigma attached to being intact. She also repeated that men should be encouraged to know their HIV status before being circumcised. When she was informed by members of the audience of numerous reports in the African media of men being harassed into circumcision, being excluded from organized sports activities, and otherwise being stigmatized for refusing to get with the program, she seemed sorry that this is true, but appeared to believe that these real-world events were simply a distraction from the fundamental validity of the campaign. Similarly, she repeatedly said that men should get tested before circumcision, but did not acknowledge both the methodological and health consequences associated with the fact that many are not.

Finally, in both her talk and in conversations we had with her during the break, Ms. Gomez deplored the medical imperialism and human rights arguments against mass circumcision as being “not helpful” and as sabotaging this important campaign for the public health. During the break between sessions, an attendee from NORM-UK told Ms. Gomez that he had personally experienced circumcision as mutilation; she repeated that she thought the term “mutilation” also was not helpful. The second speaker was Michel Garenne, a researcher at the
Pasteur Institute in Paris. Garenne’s presentation dismantled many of the theories underlying the circumcision campaign being carried out in Africa, with scientific, ethical, and sociopolitical arguments.

From a scientific standpoint, Garenne demonstrated that there is no epidemiological correlation in Africa or elsewhere in the world between HIV prevalence and circumcision status of the male population. He also emphasized that even if circumcision might slightly decrease the chance of HIV transmission in a single sexual encounter (from, say, one chance in 1000 to one chance in 2000); with repeated exposure this advantage disappears. He likened circumcision-as-preventing-HIV to the rhythm method of contraception, and contrasted these with the proven demographic impact of successful vaccines against, e.g., cholera, polio, measles, rubella, whooping cough, smallpox).

Garenne also criticized the African circumcision campaign from an ethical perspective. He was critical of the campaign’s proponents as having failed to track and publicize negative consequences, such as short-and long-term complications. He described male circumcision of children as a violation of their rights because the harms outweigh the benefits and because they cannot consent. As for adults, Garenne questioned whether the informed consent process is being carried out properly in Africa.

Garenne concluded by asking why international health organizations are spending so much money on something that is not going to work, when there are pressing social and medical needs in the countries being subjected to these campaigns. He emphasized the lack of true debate in the scientific literature, the influence of the pro-circumcision lobby, and the one-sided media coverage on the issue of circumcision. A Muslim surgeon in the audience commented that in his community, circumcision is deeply ingrained, and that those who fail to conform are stigmatized socially.

Here is a link to a 2008 article by Garenne:
http://www.icgi.org/2008/05/male-circumcision-as-hiv-prevention-found-ineffective-says-pasteur-institute-researcher/

The third speaker was Anton van Niekerk, a philosopher who directs the Centre for Applied Ethics at Stellenbosch University in South Africa. Van Niekerk focused on the fact that the current adult circumcision campaign is being expanded to convince African countries to promote the circumcision of male infants on a large scale.

After citing the ethical problems and scientific weaknesses of the pro-circumcision lobby, van Niekerk argued that even if the scientific evidence on Van Niekerk pointed out that breast cancer in women could be prevented entirely by removing breast tissue of girls before the age of 20; however, this would be seen as clearly unethical and unacceptable, in contrast with the current enthusiasm for circumcision. Finally, van Niekerk asked why it is assumed that Africans are incapable of practicing safe sex, when we know that only safe sex practices – not circumcision – are effective means of curbing the sexual transmission of HIV.

The second half of the program addressed the medical and human rights aspects of circumcision.

The first speaker in this session was Tom de Jong, professor and head of Pediatric Urology at the Pediatric Renal Center, WKZ/UMC Utrecht and EKZ/AMC Amsterdam.

De Jong focused on the medical issues related to circumcision, emphasizing that only the uncommon condition of lichen sclerosus of the inner prepuce (BXO) was once considered to be a strict medical indication for circumcision, and that alternatives are now available for this condition. Narrow foreskin in adults can be cured by steroid cream coupled with gentle retraction. (Narrow foreskin in children is normal.)

De Jong stated, “In the literature, not one advantage of pediatric circumcision has been documented, whereas long-term complications have been described in up to 20% of cases of infant circumcisions,” and concluded that, “from a medical point of view, circumcision should be abandoned from daily practice in urology.” He urged that urologists should learn to perform a foreskinsparing preputioplasty for the rare complaints of urinary reflux and persistent narrow foreskin.

With regard to ritual circumcision, de Jong mentioned the recent New York cases where infant boys contracted herpes simplex infections as a result of
an ultra-Orthodox Jewish practice in which the mohel sucks the blood from the circumcision wound. He said that no circumcisions should be done except by a surgeon under hygienic conditions.

The next speaker was Morten Frisch, a consultant with the Department of Epidemiology Research, Statens Serum Institut, Copenhagen, Denmark, and author of a recent article on male circumcision and sexual function: http://www.ncbi.nlm.nih.gov/pubmed/21672947

Frisch reviewed the findings from a study of 5500 Danish adults, which showed that on most measures of sexual satisfaction, there was no difference between circumcised and intact men. However, there was an increased risk of orgasm problems in circumcised males, and an increased risk of sexual difficulties (painful intercourse, incomplete sexual needs fulfillment) in their female partners. Frisch commented that in the ongoing circumcision campaign being conducted in sub-Saharan Africa, men are being led to expect that circumcision will make them better lovers (in addition to reducing their risk of acquiring HIV), and stated that many of them will be disappointed.

He recommended thorough research on the impact of circumcision in countries where – unlike in Denmark – male circumcision is more common.

Frisch then turned to a report on how difficult it was for him to get this study published. Despite the fact that he is a well-published author in scientific journals, and despite the fact that the paper in question was a dispassionate report of the findings of a scientific survey, it was rejected by a number of journals and subjected to highly critical peer reviews. For example, one reviewer wrote 17 pages of severe criticism, considerably more than the paper itself, and supplied five pages of references, calling the paper an ideological rant against circumcision. A subsequent revision of Frisch’s paper was characterized by the same reviewer as promoting “extremist” views and as “unpublishable by any journal.” The International Journal of Epidemiology, however, did choose to publish the paper. After the article was published, the Journal printed a letter in response, written by Professor Brian Morris of Sydney University, his associate Jake Waskett of Manchester UK, and Ronald Gray (the latter one of the authors of the African RCTs), couched in the same language as the peer review described above. Frisch subsequently learned that Morris had circulated his (Frisch’s) manuscript and the review to his closed mailing list with a request that they bombard the International Journal of Epidemiology with letters.

Finally, Frisch also mentioned that, whereas research he has done in other fields of medicine have readily attracted grants to fund them, it was impossible to attract any grants to pay for this research on circumcision. He worried that “undeclared, yet strongly held personal views of medical journal reviewers may delay, manipulate or possibly prevent the dissemination of new research on male circumcision.” Frisch’s paper and the reviews in their entirety can be obtained by emailing info@intactamerica.org with your request.

Trond Maarkestad, Professor of Pediatrics, University of Bergen (Norway), and Chairman of the Ethics Committee of the Norwegian Medical Association was the next speaker. Markestad discussed the controversy surrounding male circumcision in Norway today.

Essentially, circumcision has never been part of Norwegian culture. The influx of Muslims has changed that, with a demand for child circumcision coming from that community. Arguments against child circumcision in Norway focus both on the cost to the national health service and the ethics of the procedure.

The May 2012 death of a three-week-old boy following his circumcision resulted in further debate, and in the decision of a couple of private clinics to stop performing the procedure. After this, the families started bringing in circumcisers from outside Norway. In response, the Norwegian government recently suggested that ritual male circumcision should be offered free of charge in public hospitals. This has caused a heated public debate, and responses from various institutions in public hearings have varied from agreement with the suggestions to a call for a ban.

Markestad stated that the Norwegian Ethics Committee has asked religious leaders if they could provide alternative rituals; none have been suggested. The debate in the media has been intense, with people using the same arguments to reach opposite conclusions. He noted that religious communities, including the Church of Norway, have concluded child circumcision should be permitted, whereas the human rights organizations have concluded that it shouldn't. Markestad said he believes that politicians are loathe to antagonize minority groups in Norway.

Three different proposals have emerged:
1. Prohibit circumcision under age of 16 – supported by the Centre Party, Humanists and the Children’s Ombudsman.
2. Permit circumcision of children by anyone – supported by Jews, Moslems and the Church of Norway.
3. Permit circumcision of children, but only by a doctor, supported by Norwegian Medical Association, who are concerned that a ban would drive the practice underground, thus resulting in more harm to children.

The final speaker of the day was Arie C. Nieuwenhuizen, internist and President of the Royal Dutch Medical Association (conveners of this conference). The question he addressed was whether circumcision should be prohibited or – alternatively – simply discouraged.

Nieuwenhuizen stated that, as published in its position paper in 2010, the Royal Dutch Medical Association believes the medical benefits of circumcision are unproven, whereas complications are underestimated. The organization’s official position is that non-medically indicated circumcision of underage boys amounts to a violation of a child’s physical integrity, and so contravenes Article 8 of the European Convention on Human Rights and Article 11 of the Dutch constitution. Nevertheless, because he believes that change will
come “from the bottom up” in religious communities, the organization recommends doctors follow a policy of discouragement rather than prohibition.

CONCLUSION
I feel privileged to have been able to attend this conference. The tone of all speakers and almost all audience participants was measured and respectful. There were a couple of people in the audience who seemed intent on characterizing child circumcision opponents as anti-Semitic or anti-Muslim. But what struck me was that the European medical community – like our host Gert van Dijk – is not explicitly “intactivist,” but (1) does not for one moment believe that circumcising children confers any medical benefit, and therefore (2) believes that the practice has no place in legitimate medical practice.

The Rights of the Child: Ensuring Every Child’s Fundamental Right to Body Ownership and Protection from Medical, Cultural, and Religious Infringements
The 2010 Berkeley NOCIRC Symposium Presentations

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The Sar/Rohan (The Possession): A Response of Somali Women To Pharaonic Circumcision/Infibulation (PhC), Pia Grassivaro Gallo, Stefania Gazzea, and Antonio Iaria

Genital Stretching Among the Venda Ethnic Group (South Africa), Erika Dionisio and Franco Viviani

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Defying the Enlightenment: Jewish Ethnicity and Ethnic Circumcision, Leonard B. Glick

Circumcision: Gender and Power, Miriam Pollack

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Human Thanatophilia: The Psycho-Cultural Processes Behind Genital Mutations of Children and Adolescents, Moisés Tractenberg

Genital Autonomy: A New Approach, David Smith

Amnesty International Talk, Leeds, UK
The Marginalia of Human Rights
Anthony Levin
Gender Equity Strategist for Attorneys for the Rights of the Child

June 21, 2012

O n June 21, 2012 I was asked to give a one-hour presentation at Amnesty International Leeds as part of Refugee Week 2012. The Committee left the theme relatively open-ended, although members expressed a prior interest in hearing about my background in Refugee Law in Australia, my familial connection to the Holocaust (my grandparents are survivors) and my current work with female survivors of torture in Bradford, UK. With this request in mind, I chose - rather ambitiously - to generate a talk around the theme of ‘transgressing borders’ by introducing a human rights marginalia: telling stories that don’t get told because they exist outside the dominant framework of human rights discourse, or are not yet even considered to be stories.

By drawing on personal and professional narratives, I moved through a discussion of seemingly disparate but intersecting human rights issues. The first part of my talk focused on the right to housing and access to education for settled refugees in Bradford, and how these rights are adversely affected by what has been called ‘the myth of connectivity’ – a lack of IT literacy which prevents refugees from conducting meaningful housing and job searches, and fundamentally rebuts the notion of the internet as an equalizing, transnational technology with inherently democratic characteristics. The second part of my talk highlighted
two case studies from my client caseload in Bradford that feature Female Genital Mutilation. I used these as an entry point into a discussion of male genital cutting or Male Genital Mutilation (MGM), more commonly euphemized as ‘male circumcision.’

From the outset, the challenge was to acknowledge the rather disparate choice of topics, each of which deserves discrete attention. The framework for my talk was designed to transect a number of rights which orbit ‘the refugee’ in order to knit (and knot) together a dynamic picture of human rights practice – one in which we adopt an attitude of suspicion towards prevailing trends in human rights discourse, and use that suspicion to critique the mobilization of ‘visibility’ when deciding on what issues deserve our attention, empathy and resources. My framework enabled me to link the subjects of fleeing persecution and reintegration issues with a matrix of background factors (such as the reasons for fleeing and the experience of torture) that reflect the way human rights workers perceive and advocate on behalf of refugees in their adopted home.

By parsing the established legal position on FGM as a visible human rights position within that matrix of factors, I raised the apparent invisibility of male circumcision – an issue which does not necessarily found claims for asylum in the UK, but does exist substantively outside the borders of human rights discourse among organizations such as Amnesty International. This prompted only an introductory discussion of male circumcision. Nevertheless, I made the decision to link these topics quite strategically, as I felt sure, given previous experience in Australia, that the notion of male circumcision as a human rights issue would be so unusual to most people, that a topic devoted to the subject, especially during Refugee Week, would seem a strange and unsettling choice.

After surveying some recent literature in relation to MGM, I provided a summary of what is now a critical mass of legal decisions, medical policy statements and law reform positions which uphold the right of the child to bodily integrity as paramount when considering non-therapeutic neonatal circumcision. My aim was less to present a comprehensive case for a legislative ban, but rather to raise questions for debate: Is male circumcision a human rights issue? Why does the UK discriminate between male and female children in relation to genital cutting?

I posed such questions being mindful that there is considerable support for male circumcision among Jewish and Muslim communities (as the recent case in Germany attests) and a strong secular perception that the practice is harmless and should not be compared to FGM. While the accommodations of liberal pluralism and the principle of modus vivendi can tend initially to equally sanction all forms of cultural practice no matter how harmful to individuals, the starting point for change must acknowledge social perceptions and begin with dialogue. For example, research into the practice of FGM in Sierra Leone (Mgbako et al. 2010) suggests that changes in long-established cultural rites tend to come about when advocates begin by engaging community leaders in dialogue, prompting those communities to elicit the need for change from within.

In response to the presentation, two members in attendance at the meeting expressed discomfort with the perceived conflation of issues between FGM and MGM. They raised, respectively, two of the most common refutations to consideration of MGM as a human rights issue: firstly, the ‘comparative harm’ argument, which claims that the level of harm to male infants, including physical, sexual and psychological, is so minimal as to be negligible (this enfolds the ‘it can’t be that bad’ argument), especially when compared to the invasive characteristics of FGM; secondly, the ‘African HIV’ argument, which is now well-delineated and is being used controversially to justify male circumcision beyond the purview of countries with high rates of HIV and poor uptake of contraception, leaving aside the equivocal nature of research findings. (It is worth noting that due to the limited time for debate, neither of the respondents acknowledged the degrees of difference among the four main types of FGM and how these differ from or compare to male circumcision practices.)

However, the majority of attendees responded positively to the presentation. As well as receiving confirmation from the Committee Chair that the talk generated “more debate than she had ever seen at a regional meeting,” two attendees have since taken the opportunity to email me to thank me for the talk, describing it respectively as “very moving” and “fantastic.” Naturally, I’m extremely grateful for such feedback, but more importantly, despite the risks taken in addressing admittedly strange bedfellows and covering considerable conceptual territory, I am confident that awareness of male circumcision as a human rights issue will continue to grow in the political and legal consciousness of the United Kingdom.

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2012 Pediatrics by the Gulf Conference Report
Camellia May, Michael Smith, and Ashley N.
June 15, 2012

Michael Smith at the 2012 Pediatrics by the Gulf Conference

On hearing of the “Cutting Edge Debate: Pros, Cons, and Context of Male Circumcision,” a symposium within the annual “Pediatrics by the Gulf” hosted by the University of Texas Medical Branch in Galveston, we scrambled three intactivists—Camellia May, myself, and Ashley, a young mother from north of Houston—to muster a presence. We had very little intel on the panelists, the program, and the event itself; just the knowledge that there would be an audience of pediatricians and an
“Pediatrics by the Gulf” is a continuing-education event at the UT Medical Branch in Galveston, where physicians enjoy parties and tourist attractions in between presentations. Moody Gardens is Galveston’s premier events facility, including a Hilton, water parks, and a waterfront on Galveston Bay.

Inside, the Hilton is pretty much like every other big hotel. Camellia and I took advantage of the buffet lunch included in our registration, and took seats with several pediatricians at round tables.

From Camellia:
During the luncheon I talked with a very pleasant pediatrician practicing in Alvin, about 30 minutes from where I live and work as a midwife, so we talked shop a bit. She said that she works for a UTMB practice and doesn’t take calls outside of office hours because she has two small children. She’d had her son circumcised in the hospital, but she doesn’t perform circumcisions. She said that if a parent requests one, she sends them to a surgeon. I told her that we are here to talk about human rights of children, that we believe children have the right to be protected from all harm and that includes surgical modification when they are helpless infants. She was puzzled. How or why would anyone ever care? But I think my telling her that and her seeing us at that event planted a seed in her mind. Hey, there are people out there who are going to show up at these kinds of thing and speak up for the babies.

Michael:
My day job called me away from the lunch table repeatedly, so I wasn’t able to converse much. Camellia did a fine job of showing those at our table that we weren’t about to break out the blood and noisemakers.

Still, as non-participants, we knew there might be some risk in distributing our literature—you never know if you might get ejected by a nervous host. But it’s better to apologize later than to be denied in advance, so as people started to filter in for the symposium, we put 200 of our handouts on seats—exactly the number we needed!

About one-quarter of those seats would end up occupied. Gaging by name tags and the comments I overheard, most of them belonged to pediatricians.

The intactivists took seats in the auditorium apart from each other, in case our presence spurred someone to block us physically or turn one of the mics off. A few minutes past 2 pm, the moderator, Arlene Macdonald, Ph.D, called the symposium to order and introduced the four panelists.

The panel comprised a medical historian, a Dr. Michael Malloy, a Dr. Juliet McKee who “doesn’t do circumcisions anymore,” and a retired pediatrician, Dr. Mintz, who—according to the Houston newspaper—has made several million dollars as a mohel.

The historian opened with an explanation of the prehistoric origins of genital cutting as a “second birth” and initiation rite, suggesting that it persists (even on unconsenting infants) because humans still feel an atavistic need to initiate their sons.

Dr. Malloy followed by saying that he would give us the AAP “party line” on circumcision, and he did so in a rote manner, trotting out the African HIV studies and a list of other claims that intactivists would recognize as a mix of propaganda and long-discredited justifications for RIC. In an effort to appear evenhanded, he made reference to a short list of complications from circumcision, including, at the bottom, “Meatal stenosis??????” (yes, with seven question marks). His jadedness showed in his misspelling “circumcised” with a z in several places on his slides. In
closing, he referred to restoration (citing a year-2000 article from the Wall Street Journal) almost as a joke.

Next up, Dr. McKee said that she no longer saw a need for RIC and would not perform it if asked. That’s as strong as her argument got. She couched every other point with phrases such as, “I’m just putting this out there.” She said nothing about Dr. Malloy’s litany of dubious studies, essentially accepting them as truth. When Dr. McKee got around to sexual functions, she adopted an almost giggly, Victorian tone instead of treating the topic with the seriousness that it deserves—which might have gotten the audience’s attention instead of triggering snickers of embarrassment. She cited several studies on penile sensitivity and female gratification with skepticism, pointing out her perception of bias on the part of the researchers.

Finally, the mohel Dr. Mintz got up, fell off the platform, recovered, and delivered a familiar Scripture- and tradition-based case for circumcision. He glossed over the difference between periah (man-made, glans-baring circumcision) and milah, (the original, Torah-authorized cutting of just the preputial sphincter). He closed with an expression of joy over the number of Bible-church Christians that he says are helping to arrest the decline of circumcision in the U.S. by circumcising their sons—often by calling on traditional mohels such as himself to do the job.

In sum, the audience heard from three “neutral” and one “for.” Presentation-wise, they read every word straight from PowerPoint slides. And each went over their allotted time, leaving an abbreviated Q&A period.

That only added to our disadvantage. Dr. Malloy had breezed through so many biased and debunked studies that to refute them point-by-point would have taken 10 minutes at the Q&A mic—the sort of act that plays poorly with an audience. Also, we would be speaking from the floor as non-doctors, to doctors, before an audience of doctors—a monstrous credibility gap we would have no time even to attempt to close.

Camellia:
Michael is so right that we were at a huge disadvantage. I admit I felt more enraged as this excuse for a fair presentation continued. By the time I got up to the mic I was beyond fuming. So much complete bullshit trotted out as fact it was just incredible! Statistics and studies totally twisted and misrepresented. And stuff from the 1980s and ‘90s, not much of anything new, except rah-rah-rah, go circumcision! I guess the part that also bothered me was having Dr. Mintz step up and rattle on for 20 minutes or more on Jewish mythology. That was put out there like “See, THIS is why we're doing it.” There was so much that was so wrong that it was hard to know where to start.

Michael:
For my question, I told the panel that none of the males I’ve ever asked would willingly give up part of his penis, circumcised or not, so how could they justify taking part of an infant’s penis away on the assumption he would want that?

It wasn’t the greatest question, and it clearly befuddled them as to how to answer. We were speaking two different languages: I cared about bodily integrity and adult sexual gratification, and they had never thought of either. In response, they lapsed back into “provable data” mode, an idea that even the opponent, Dr. McKee, had built on sand by questioning the bias of researchers who’d shown how circumcision impairs sex. The mohel went so far as to assert that every circumcised man is grateful for it whether he had a choice or not. (Dr. McKee even claimed that South Korean men are embracing circumcision as adults en masse, implying that it must be something men everywhere want.)

The temptation in such situations is to stay at the mic and respond to such dismissals point-by-point, but if you’ve ever been to a Q&A forum you know that isn’t good form, particularly when time is short and other questioners are waiting. I had returned to my seat after asking my question as a show of confidence; the next man in line invited me back, but I declined. In retrospect that might have been a good move.

Camellia:
When I got up to the mic I asked how can they justify inflicting circumcision which the AAP and the AMA admit is not needed for health. UTMB the (according to one of Dr. Malloy’s slides) loses over $400,000 doing so in only one year’s time? And why we sat through an entire presentation on mythology and how on earth can they use mythology in this day and age to justify cutting babies without their consent?

I admit I wasn't able to ask the best possible question but I felt so emotional over all of it that I just exploded. The medical historian started blabbing on and on about his presentation and how we should understand circumcision as part of a significant historical ritual. Dr. Malloy even said something dumb like, "We do all sorts of rituals in medicine." Then Dr. Malloy admitted circumcision wasn’t “rational.” Then they argued that the AMA didn’t really say it wasn’t needed and they claimed it has health benefits.

Were they kidding? I had been reading the AMA’s press release before I got to the mic. So then I said that their statistics were wrong, that Europe doesn’t circumcise 25 percent of its men (as one of the slides claimed) and that Europe has much lower rates of HIV and STI than the U.S. To that, Dr. Malloy said, “Well, that's not what I found.”

Other grumblings from the panelists
included "get Medicaid to pay more for it" and "it's an ordinary loss."

Michael:
Ashley, the mother from north of Houston who’d joined us, challenged the panel as well. Her blog post on the event is here, and it's an excellent read.

As Ashley was speaking, Dr. Macdonald disappointed us by cutting her off and asking her if she had a “question.” Earlier we had all been asked for “comments and questions.” Ashley handled the interruption admirably.

Camellia:
I was happily surprised when another man stepped up and talked about how there are many circumcised men who are unhappy that their bodies were altered without their consent and are restoring. To that, Dr. McKee said, “Oh no, you're wrong, the men in South Korea are lining up for elective circumcisions and are loving it!”

We later learned the questioner had driven in from St. Louis to attend. He's a 26-year-old law student dedicated to working on bioethics regarding circumcision.

Michael:
The program concluded on time. Dr. Macdonald, the moderator, approached me on the floor and suggested re-staging the event in the future as a “roundtable” discussion so all points could be better exchanged. I agreed on the value of that and took her contact information.

As the auditorium emptied, one young doctor from the audience asked me what I thought of a patient who’d come to her ER bleeding after attempting to circumcise himself. “Didn’t that suggest he should have been circumcised as an infant,” she wondered, “so he wouldn’t have felt so alienated as to hurt himself like that?” I took a deep breath, then asked if the man had been referred for psychiatric evaluation. The question clearly surprised her, and we followed with a productive discussion about whether it’s mentally healthy for anyone to want to cut his own body. I concluded to her that this was an example of how—as another intactivist once phrased it—circumcision hurts the non-circumcised, too.

Camellia:
Afterwards an older pediatrician from DFW walked up to me and said, “If you want to see circumcisions stopped, just take away the Medicaid money for them.” Of course she was right, and the only doctor there willing to state the truth. I am more determined than before that we need to work on removing Medicaid funding for this. We got her contact information.

LESSONS LEARNED (Michael)
If I had this event to do over again, I wouldn’t try to get an answer out of the panelists, nor to vex them. They’re so deep in their own world, there is no reaching them without follow-up questions, and the odds are small of coming up with a comment that would spin their wigs. I would think, instead, of the audience, and craft my question in such a way that audience members would want to study our handout for the answer.

I would also have allowed more prep time with my fellow intactivists, so that we could go over a list of potential questions or comments from all different angles. For example, we could include a question on the credibility of the HIV trials, a question about why no doctors' organizations recommend RIC, and perhaps other questions as well. Then we might not all have been focused on the human-rights aspect, which is valid, but when time is tight it’s better to hit several weak spots than just the big, tempting one to which they’re oblivious. (Mea culpa on that.)

Being relegated to the audience is always a significant disadvantage for our side. Our movement needs high-profile spokespersons that medical organizations would think of on those occasions when they want to hear an opposing view. I don’t know whether UTMB tried, or wasn’t able, to find someone other than Dr. McKee—which I would not characterize as a circumcision opponent. Perhaps they had no budget for speakers, and couldn’t get anyone other than staff and Dr. Mintz (who saw this as a marketing opportunity) to make the effort. We’ll see if the moderator responds to my follow-up about a roundtable.

My thanks to Camellia, Ashley, Chris Maurer, and the young man from St. Louis whose name I didn’t ask permission to publish. There are lots of intactivists willing to talk and type about circumcision. Those willing to sacrifice time and treasure for effective action are ultimately what’s needed to hasten the death of this practice.

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Selected Blogs

We Must Bring Religion in on the Push to Ban Circumcision
Anthony Levin
The Punch
August 8, 2012

In June, a regional appellate court in Cologne, Germany determined that performing circumcision on a male child for religious reasons, even with parental consent, constitutes a criminal assault and violates the child’s right to bodily integrity.

The decision which did not constitute a ban, stated that circumcision “irreparably and permanently” changes the body of the child. The Court balanced the rights of the child to bodily integrity and to decide his religious beliefs, against the parents’ constitutional religious freedoms and right to educate their child in religious matters.

Although the doctor who performed the procedure was acquitted of committing grievous bodily harm on the grounds of legal ambiguity, the decision has become a useful prism to re-examine the practice in other countries like Australia.

On one view, the Cologne decision is nothing new. But its ripple effect suggests a considerable shift in attitudes. Back in 1993, the Queensland Law Reform Commission used similar language to the Landgericht in a Research Paper, concluding that “routine circumcision of a male infant” could be “a criminal act” partly because it is
“invasive, irreversible and major surgery and for non-therapeutic purposes.” The Commission proposed that parental consent may be invalid since the common law (Marion’s Case) restricts parents’ ability to consent to non-therapeutic treatment of children.

We shouldn’t be fooled into thinking the Cologne or Queensland legal positions are anomalous. Although separated by almost two decades, they bookend a period of sustained reasoning about how to balance the central issues raised by male circumcision: the child’s best interests, consent, bodily integrity and parental religious freedom. These are complex issues that I couldn’t possibly canvass here fully.

Suffice to say, there is now considerable support among legal and bioethics scholars such as George Denniston, Robert Darby, Cornelia Koch, Ranipal Narulla and Steven Sloboda (just to name a few), that after weighing up all the factors invoked by these conflicting rights, the legality of male circumcision is in serious doubt. The consensus is based on a wealth of medical evidence that finds little health benefit and possible physical and psychological harm. Medical and Paediatric Associations from Finland, Sweden, Holland, and Canada have recently declared their opposition to circumcision of newborn males.

One of the profound reasons for the public shift? Recognition that the surgery involves amputating healthy, erogenous flesh, possessing a specialised physiological function, without the consent of the child, for almost no medical benefit.

Although male circumcision is technically legal in Australia, it is legal only by omission: the Crimes Act, which criminalises all forms of female genital mutilation – including forms of nicking (Type 4 FGM) which are arguably less invasive than the full removal of the male prepuce – is completely silent on male genital cutting. Meanwhile, Australian courts have had no opportunity to consider a prosecution like that in Cologne.

However, the framework for doing so exists. Competing rights form the marrow of legal reasoning. International treaties that Australia has ratified foreground the balancing act involved in reaching a firm legal position. Articles that uphold parental religious freedom are curtailed by the need to protect the health, rights or freedoms of others. They oblige nations like Australia to examine and regulate traditional practices prejudicial to the health of children.

We are currently witnessing a positive shift in international attitudes towards male circumcision, marked by an increased willingness to speak of it as ‘male genital mutilation’. There is no discrimination without language – and in light of the evidence, we should reconsider the way euphemized labels reinforce Judeo-Christian cultural norms and distinguish them favourably from other cultural practices.

Of course, the question of regulation is overshadowed by the fact that there is strong opposition to any social or legal shift from sectors of the Jewish and Muslim communities. From my own experience, male circumcision is still widely perceived as being integral to Jewish identity. We cannot simply debate the legal context as if time-honoured customs will change with the passage of a Bill. Such considerations are part of applying the test of proportionality at law.

As a culturally Jewish advocate aligning myself with calls for reform, someone, somewhere, may cast accusations of self-loathing anti-Semitism. Such accusations are primitive and should be summarily dismissed. They have nothing to do with the relative merits of the argument outlined and everything to do with an ad hominem reflex designed to intimidate debate into silence. They derive from the same retinue of diversionary tactics that prompted the Simon Wiesenthal Centre to invoke the Holocaust in support of religious freedom in Germany.

As the grandson of Holocaust survivors, I find such invocations reckless, because they conflate the historical specificity of Nuremberg Laws under fascism with the functions of a healthy judiciary in a democracy. They turn a complex of events into an historical spectre capable of being summoned to stymie the reasoning required to unpick conflicting rights.

What we need is a fresh, national human rights inquiry into male circumcision which involves widespread consultation with the Jewish and Muslim communities. For change to be meaningful, it must include their support.

Circumcision is an Affront to Decent Human Behaviour
Catherine Bennett
The Observer
July 21, 2012

We rightly decry female genital mutilation. Why, then, are so many happy to condone the male equivalent?

Checking the official website, I can find no denial to date that would cast doubt on the claim, by rabbi Dr Jonathan Romain, that the Queen chose to have HRH the Prince of Wales and his brothers, Andrew and Edward, circumcised. But perhaps that is to be expected: the rabbi said their circumcisions were common knowledge. In Charles’s case, he told the BBC’s Today audience, the "snip" was performed by a Jewish expert, or mohel, who later had the honour of reconfiguring the speaker’s own private parts.

The hope, presumably, was that – particularly in this jubilee year – loyal listeners would accept that anything that is good enough for royal British knobs, particularly that belonging to the Duchy Originals magnate, cannot also amount, as a German regional court has decided, to “grievous bodily harm.” While I wish the rabbi all the best, there seems no obvious reason why the royal family’s traditional aversion to foreskins should prove any more influential than its passion for polo, corgis and homeopathic remedies. Particularly when, as the rabbi will know, secular circumcision has been declining in Britain, even among its principal enthusiasts in the upper classes, in the decades since doctors ceased to
extol its allegedly "hygienic" effects, much cherished by Victorians. It was not only that they hoped to control lustfulness and avert a staggering variety of illnesses, the operation would further cleanse and tidy up a zone one supporter depicted, in 1890, as a "harbour for filth".

Admittedly, for a risible Victorian health obsession, male circumcision has done supremely well. While diagnoses of the vapours and melancholy have all but vanished, ditto the more recent fashions for tonsillitis and MPD, the official protection of non-therapeutic circumcision for cultural reasons has, in turn, licensed its religious supporters to advertise the ritual as a helpful and rational advance in disease control.

Rabbi Romain would not, I think, have risked some preposterous hints about "health reasons", as if divinely ordained amputation had an equally sound basis in current epidemiology, if the BMA did not still endorse the parental right to excise healthy bits of a male baby. Official guidance to British doctors has long been clear that "evidence concerning the health benefits from non-therapeutic circumcision is insufficient for this alone to be a justification". But parents, the BMA believes, should be entitled in this case "to make choices about how best to promote their children's interests."

In contrast, the controversial judgment by a regional German court, following a case in which a Muslim boy suffered a botched procedure, concluded that the "fundamental right of the child to bodily integrity outweighed the fundamental rights of the parents." The boy could decide for himself, later, if he wanted to be circumcised.

Circumcision enthusiasts from usually contradictory faiths united to denounce a ruling that Germany's Central Council of Muslims described as a "blatant and inadmissible interference" in parents' rights. A German rabbi called it "perhaps the most serious attack on Jewish life in Europe since the Holocaust."

The German parliament has, perhaps understandably, voted to overturn Cologne's judgment and to protect the non-therapeutic – ie, pointless circumcision of male newborns – thus upholding, simultaneously, the wise choices of the British royal family, the Muslim tradition of khitan and the enduring authority of God's covenant with Abraham, as set out in Genesis: "He that is born in thy house, and he that is bought with thy money, must needs be circumcised: and my covenant shall be in your flesh for an everlasting covenant. And the uncircumcised man child whose flesh of his foreskin is not circumcised, that soul shall be cut off from his people; he hath broken my covenant."

Unlike Romain's playful "snip" and the BMA's preferred "intervention," Genesis makes it clear with its no-nonsense "flesh" and "foreskin" that British circumcisers enjoy an unusual, anomalous freedom where children's bodies are concerned. Even smacking parents are restrained if their obedience to the Old Testament exhortation "he who withholds his rod hates his son" leaves more than transient redness. Properly, male circumcision should be categorised with a host of ritual crimes against children, including facial scarring and forced marriage, force-feeding and tooth extraction, which are usually summarised as harmful traditional practices and suppressed, whatever the religious or cultural arguments.

Parental rights have not, opponents of male circumcision often point out, been allowed to trump those of young girls in the case of its related barbarity – female genital mutilation – which is officially banned and denounced, even in its least-devastating manifestations, as an inexcusable assault on a child's physical integrity. Neither the prevalence of FGM nor the argument that prohibition will only force it underground has dissuaded the World Health Organisation from unequivocal condemnation. "FGM," it says, "is recognised internationally as a violation of the human rights of girls and women."

The extent of this cutting, which "has no health benefits", involves removal of "healthy and normal female genital tissue" and is associated with ideas about "unclean" sexual parts, is immaterial. "It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death."

And the genital mutilation of a boy? The WHO has a separate, notably upbeat fact sheet about that. "Male circumcision is one of the oldest and most common surgical procedures worldwide," it notes, respectfully, "and is undertaken for many reasons: religious, cultural, social and medical." Here, it finds, the removal of healthy, normal genital tissue and violation of a child's rights and physical integrity for reasons often associated with sexual cleanliness can be a positive boon, now that circumcision may – or may not, given risk compensation – help contain HIV. For neonates, the WHO commends the Mogen clamp method and a local anaesthetic, adding that "a pacifier soaked in sucrose solution has been found to be effective in reducing fussiness in infants."

It can't only be because the Queen is a fan of trimming the sexual organs of non-consenting male minors that this practice, with its well-documented risks of infection and disfigurement, is still, in a culture of improving child protection, allowed to pass as exceptional, even civilised behaviour. Some critics of circumcision speculate that the extraordinary contrast in the protection now extended, in theory at least, to the bodies of young girls and boys, relates to conventional expectations about female vulnerability and male endurance of pain.

Whether Genesis, the law or local culture explains the difference in approach, the original German judgment was right – children need protecting from it. Either the mutilation of children is wrong or, as many resentful supporters of FGM would argue, it is every parent's fundamental right to redesign their child's genitals.
Battle Over Circumcision
Pamela Constable
Washington Post - Live Blog
July 22, 2012

An impassioned battle over male circumcision emerged at the conference Monday, where advocates said the procedure would help reduce the spread of HIV/AIDS in impoverished countries, but opponents asserted it would undermine the use of condoms while doing nothing to stop virus transmission.

Male circumcision has become increasingly accepted in Africa and Asia as awareness of AIDS has spread. A display by the AIDS Council of Zimbabwe featured photographs of boys in tribal costumes at a mass circumcision ceremony. Constant Karma, a doctor from Papua, Indonesia, led a delegation that promotes circumcision among religious communities there. He handed out brochures quoting Biblical verses and illustrated with traditional drawings of priests circumcising men. Karma said the former Dutch colonial rulers in Indonesia banned traditional circumcision for generations, but the AIDS epidemic has spurred activists to re-introduce a modern version.

“We are going to every church and mosque with our message. We have to do everything we can to stop the spread of AIDS,” Karma said through a translator. “We know how important this is, but even now there are groups preaching against it.”

Outside the convention center, protesters had erected banners that said “Circumcision is Torture” and “Intact Genitals are a Human Right.” Natalie Erdossy, 29, an activist from Reston, said circumcision is not the answer to AIDS, and that it can lull men into thinking wrongly that they are protected against the virus.

“People are touting studies from Africa saying circumcision reduces HIV infection,” she said. “That is totally flawed. Only condoms protect people from it. If a man in Africa hears that circumcision can protect him, ‘he’ll think, ’Hot dog, now I don’t have to use a condom.’”

Brochures handed out by Erdossy and a group called NOCIRC said male circumcision might actually increase the rate of HIV/AIDS transmission and place female partners at greater risk, because circumcised men may believe it provides an “invisible condom.” They also said there is frequent risk of infection from surgical complications.

HIV Debate: Circumcision For African Men?
Jenée Desmond-Harris
The Root
July 24, 2012

Among those in Washington, D.C., for this week’s International AIDS Conference, there’s little to no debate about whether the world community should do what it takes to stop the global pandemic. But when it comes to how that goal should be accomplished, even those who care most passionately about the issue can disagree.

Case in point: The issue of voluntary medical male circumcision, known as VMMS. Depending on whom you ask, it’s either a lifesaving procedure or “torture” that could have the unintended side effect of discouraging condom use and fueling the spread of the disease.

Secretary of State Hillary Clinton, in her opening remarks, announced the Obama administration’s support for VMMS as a tool in the fight against the global spread of HIV and AIDS, telling attendees:

On male circumcision, we’ve supported more than 400,000 procedures since last December alone. And I’m pleased to announce that PEPFAR will provide an additional $40 million to support South Africa’s plans to provide voluntary medical circumcisions for almost half a million boys and men in the coming year. You know, and we want the world to know, that this procedure reduces the risk of female-to-male transmission by more than 60 percent and for the rest of the man’s life, so the impact can be phenomenal.

In Kenya and Tanzania, mothers asked for circumcision campaigns during school vacations so their teenage sons could participate. In Zimbabwe, some male lawmakers wanted to show their constituents how safe and virtually painless the procedure is, so they went to a mobile clinic and got circumcised.

Her position is echoed by UNAIDS, the World Health Organization, PEPFAR, the Bill and Melinda Gates Foundation, the World Bank and the Ministries of Health from 14 African countries, who have, according to a PEPFAR press release, committed to a five-year action framework to accelerate the scale of VMMS.

"Over the next five years, enough men can be circumcised through voluntary medical male circumcision to prevent 3.4 million new HIV infections and save billions in care and treatment,” said Benjamin Mkapa, former president of Tanzania.

But just outside the convention center, there was a different take. Protesters held banners reading "Circumcision Is Torture" and "Intact Genitals Are a Human Right."

Natalie Erdossy, 29, an activist from Reston, Va., told the Washington Post that circumcision won’t end AIDS and that it can lull men into thinking wrongly that they are protected against the virus. She called the studies indicating that VMMS reduces HIV infection "totally flawed."

"Only condoms protect people from it," she said. "If a man in Africa hears that circumcision can protect him, he’ll think, 'Hot dog, now I don’t have to use a condom.'"

Are the dissenters on to something when they worry that this scientifically supported and widely endorsed approach could actually backfire? If so, what do we make of the idea that men in Africa can’t be trusted to be responsible after a surgery that could potentially save their lives? As is the case with so many issues related to health, science and race, the questions raised by this debate threaten to divide those who actually have a common goal.
Circumcision: My Story
Danielle LeRoy

I feel like I have to tell my story. Not because I think I am some super human that needs to be studied. Because I am just like every other mother out there. Nothing makes me special or different. I found out I was pregnant when I was 21 years old. I went to bed at night dreaming about pink dresses and barbie dolls. I had the *perfect* little girl name picked out. I dreamed all about how a little girl would look up to me and I would do all these fun girl things with her. I also dreamed of breastfeeding and baby wearing. I would let her run around naked in the summer sun. I would let her sleep in my bed. She and I would wake up to the warm sun on our faces!

January 2007 I practically danced into my ultrasound. Telling the tech that I JUST KNEW my baby was a little girl! I laid down, she squirted that cold gel onto my belly. The tech wasn't overly nice, I was freshly 22 years old and single. No family, few friends. I was in the ultrasound alone. It didn't bother me but it seemed to bother her.

She smirked and asked me if I had any boy names picked out. "Nope." "Well you are having a boy so you will need to pick a boy name." She said indignantly. I am pretty sure I was in shock. I just kept thinking, what in the heck am I going to do with a little boy? Was she sure? This baby is a *gasp* boy?

I went to work after the ultrasound and told all my co workers that it was a boy. Everyone laughed about me thinking it was a girl. We joked that he might have to wear a dress, or at least some pink! Then someone, and I am not sure who, asked if I would circumcise him. I said, "I don't know. Maybe not. I mean. I don't know." I remember this conversation so clearly. It was over five years ago but it could've been yesterday in my mind. I remember what I was wearing and where in my work place I was standing. I don't remember who asked me, but I remember their words.

As soon as I said I might not do it, everyone chimed in. "You have to snip the tip!" "It is cleaner, you don't want them to get an infection." "Foreskin is so gross...who likes turtlenecks?!" None of these really fazed me. But then... "You have to have him cut, you don't want him to be the only guy in gym class with a covered wagon." First of all...that is hilarious. Covered wagon? Ha! I busted out laughing! Covered wagon! Then I got to thinking about my own gym classes in high school. Ugh. I was bigger than most girls in every way. Taller, bustier, bigger feet. It was terrible. Going into those locker rooms and slipping into gym clothes as fast as my over-sized body could move. Torture. In fact I stopped going to gym class in the 10th grade and had to take it again my senior year. I didn't know anything about having a son or a penis, but I did know about the horrors of the locker room. No way was my son going to go through that!

A month or so later I moved 1,000 miles away with a friend. Circumcision didn't really come to mind again. One OB visit close to my due date I asked the doctor about his opinion on circumcision. I remember this very clearly also. "Well, it is cleaner. I would have it done if I were you." Something inside of me wilted. I remember thinking, "Well, if he says I should do it then, I have to do it." This was before Facebook -- social networking was limited to Myspace and even that was pretty basic. I only knew how to shop online, I never used the internet to do research. In fact, when I was in high school and college we used real books to do research. I took a "Childbirth Class" and circumcision was never once mentioned. Car seats were. The epidual was. There was one day on breastfeeding. That class was a joke. I was the only one there as a single parent, so no one talked to me. It was so awkward.

June 2007 my beautiful boy was born. 1:39pm. 9lbs 12oz. I turned into a mother in that exact moment. He had to go to the NICU because he had gotten stuck. I tried to get out of the bed to follow him, I hadn't even delivered the placenta yet! I cried and some nurse told me to relax. Please, I hadn't even touched my son yet... I just birthed all alone and I wanted my baby! I was up and walking in 45 minutes. I paced outside that NICU waiting to be let in. I needed my baby in my arms. I needed him to hear my voice and smell me. I knew he needed my milk.

I was finally let in, but I was not allowed to hold him just yet. I couldn't nurse him either. They wanted to bathe him first. I was all alone, I didn't know I could refuse. 4:45pm that night I finally got to hold my baby. I was so scared, I had never held a newborn before. But I knew that he was mine and I was his. I held him for about 30 minutes before they made me leave him in the NICU. I was told to eat and relax, he needed more tests, and NO, he could not breastfeed yet. He was so big they thought he had high blood sugar (he didn't). I was up all night walking back and forth to the nursery, begging for my baby. At 2am the nurse promised me that if I went to sleep until 6am, I could have him in my room for the whole day. But this story isn't about my birth or birth experience so I won't go further into my feelings about the way we were treated while we were there.

At 6am I sat straight out of bed and rang for the nurse. I started crying happy tears, I could finally have my baby all to myself! I had no family and no friends around so no one would bother us - just me and my baby all alone, finally. They brought him into me and I scooped him up and put him inside my hospital gown. He stayed there until 1:30pm. Then they came in to get him to be circumcised. Everything inside of me said no. I started crying. I felt like I had fought so hard to get him here and now they wanted to take him away again. I told the nurse I didn't really want to let him go. She said it is better if it is done now because he won't feel it. She told me that most babies don't even cry. She said she wouldn't give him a pacifier, she would just put some sugar water on her finger tip, and it would be over in just minutes. She calmed me down enough to take him, and I cried when he left the room. I wrote in my journal about how awful this whole thing was, and nothing like I wanted it to be.

The nurse brought my son back to me. He was asleep. She said, "He did great." And added that he never even cried and that it was probably harder on me than it
was on him. He slept all day and nursed just one time.

The next day we went home. He slept all day again and nursed only once. But he grew to be a strong boy and turned 5 years old this June. He was exclusively breastfed until he was 7 months old and weaned at almost 14 months.

Fast forward to 2010. I was pregnant again and having another boy! I was ecstatic! I loved having a son! I loved everything boy and was SO glad that my first born was a boy! There was a lot going on during my second pregnancy. We became homeless when I was 20 weeks pregnant. I was single again. I needed to move back to my home state and figure things out. Get back on my feet. There was A LOT on my mind, and circumcision was never one of those things. I just assumed I would have it done. After all, I didn't want him to look different than his brother. I think I actually said that to someone too.

I did have friends with intact children, and it never bothered me. I never thought twice about it. In fact, no one ever said anything to me about it at all. All penises are different, whatever. No biggie.

My second son was born in June 2010. 4:55pm 8lbs. 11oz! He was beautiful and perfect just like his big brother. We were going through some trying times as a family but I was so glad to have this little boy! I stood up for myself a little more with this birth. I had a c-section (again, this story is not about my birth so I won't complain here) but he never left the OR, and as soon as I was wheeled out of the OR I had them put him skin to skin on my breast. He nursed right away! I tucked him into my hospital gown and thanked God that we were finally together.

I don't remember him being taken to be circumcised, nor do I remember signing any consent form for circumcision. His pediatrician (who was also my pediatrician) came in when he was two days old and while looking him over she said, "Oh, you've had him circumcised." All I could say was, "Yeah."

Five days postpartum I was readmitted to the hospital with necrotizing fasciitis. I refused to leave my son and I needed emergency surgery. The nurses told me he could stay, but I had to have a non-patient adult with me at all times. Also, if he was circumcised, he could not be skin on skin with me. I didn't understand what his penis had to do with anything. I wouldn't learn until later this was because we could not have two open surgical wound sites (mine and his) coming into contact with one another.

I was in the hospital for two weeks. That was a lot of time to hang out with my friends who took turns staying in the hospital with us all day and all night. It was also a lot of time I spent on Facebook. I stumbled across a link to Peaceful Parenting on Facebook and then to DrMomma.org. I saw a lot of things on this site that I practiced. Cosleeping, babywearing, extended rear facing, breastfeeding, home and unschooling and... circumcision? Wait, what?!

I spent one full night reading everything on circumcision at DrMomma.org, and then I left this site and went onto other pages. I looked at the American Academy of Pediatrics. The World Health Organization. The CDC. No one recommended routine infant circumcision. I cried and I cried. I laid in the hospital bed and I wept. I kept telling my recently circumcised son how sorry I was.

What had I done? Why had no one told me? How did I not know? Why didn't I find this out sooner? I researched car seats for MONTHS - why did I never look into circumcision? I flashed back to that nurse in 2007 who took my first son to be circumcised. SHE LIED TO ME! That was my first thought. My son did cry! He was hurt! He did not sleep through it - he shut down from the pain and the trauma of being cut. It never should've been done. Then I thought back to the doctor, a man with dark hair and very hairy arms. He wore the ugliest green scrub top. He lied to me! It is NOT cleaner. He should not have recommended it! Then my coworkers who joked about the "big snip." Did they lie to me too? Or were they like me and just didn't know?

Not only was I over coming this massive infection that almost killed me, but now, because my son had an open wound, I could not undress him and slip him into my shirt. I did not get to feel his soft warm body on my breast. I needed that comfort - I needed to feel his little body rise and fall on mine. But he had a wound too. I kept him dressed. I was careful when I changed him. We left the hospital when he was two weeks old, both of us with healing wounds.

A few months after I learned the truth about circumcision, I started asking people about it. A LOT of my friends said things like, "It is a personal choice for parents to make." I didn't agree with that but I didn't know how to tell them this. How do you just tell people that they are wrong? A month or so later I decided that my friends were good people and they just didn't know the truth or facts about circumcision. I mean, I am a great mother... I do my best. I love both of my children with every fiber of my being. I make educated decisions. I never purposefully hurt them. Sure, it was horrible when I found out the truth of what I put my sons through, but I am glad that I now know so that I can make sure that no future sons will go through that. Certainly my friends will want to know the truth too! I made it my job to tell people the truth about circumcision.

Wasn't I surprised when I discovered that a lot of people do not want to know the truth. Babies are dying every week, here in the United States, from circumcision. How could people get angry and defensive about this fact? I lost friends. I was called names. Then one day someone called me a name I had never heard before: Intactivist. It felt so good.

None of my new 'intactivist' friends called me names or made me feel bad about circumcising my boys. In fact, a few of them called me brave for admitting that I was wrong. It took a while, but I do feel brave now. I am not afraid to talk to people about circumcision. I am not afraid to save babies. I post links on my personal Facebook profile and I make them public. I send messages to people I know are expecting. I send intact info packs of materials. I card Target and Walmart. I
wear a tshirt that says, "If men were meant to have foreskin, they would be born with it!" I serve as Director of my state's Intact Chapter. I can turn a conversation with a stranger to the subject of circumcision in no time!

One day I will apologize to my boys. My oldest has no foreskin at all and has the brown scar line from his circumcision. When the time comes, if he wants to do so, I will offer to support him in restoration. My youngest does have foreskin left and his glans is covered completely. I am thankful for that, at least he still benefits from having part of his foreskin remaining. I know they will forgive me because they are so kind and compassionate. They will know that I never meant to hurt them. I cried a few times writing these words...my heart is still so heavy. I sometimes look at pictures of the boys when they were first born. Being propped up by a nurse, their wet little bodies and swollen faces...and their intact penises. That is when I am most sorry. That is when I want to turn back the clock and tell myself to go with my gut and that if it feels wrong it IS wrong. I speak out against routine infant circumcision because the pain and remorse I felt when I found out the truth cut me so deeply that I cannot let anyone else feel like this. Please, research circumcision.

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**When Bad Science Kills, or How to Spread AIDS**

Brian D. Earp  
*Oxford Ethics Blog*  
May 22, 2012

A fatal irony:

Why the “circumcision solution” to the AIDS epidemic in Africa will increase transmission of HIV

Step 1. How not to design or conduct an experiment

A handful of circumcision advocates have recently begun haranguing the global health community to adopt widespread foreskin-removal as a way to fight AIDS. Their recommendations follow the publication of three randomized controlled clinical trials (RCCTs) conducted in Africa between 2005 and 2007.

These studies have generated a lot of media attention. In part this is because they supposedly show that circumcision reduces HIV transmission by a whopping 60%, a figure that wins the prize for “most misleading possible statistic” as we’ll see in a minute. Yet as one editorial concluded: “The proven efficacy of MC [male circumcision] and its high cost-effectiveness in the face of a persistent heterosexual HIV epidemic argues overwhelmingly for its immediate and rapid adoption.”

That’s a whole laundry list of issues, so let me highlight a few of the more egregious. First, consider the “lack of placebo control.” What does that mean? Normally, when you’re trying to determine whether some medical intervention has a disease-fighting effect specific to its own (hypothesized) mechanisms—and over and above the placebo baseline—you have to have a control group. That group gets a dummy intervention, and nobody is supposed to know which participants were exposed to the actual treatment until after the results are in.

After all, if someone knows (or thinks) that they’re getting a great big helping of medicine, they might act in various ways—whether consciously or unconsciously—that have the effect of generating positive health outcomes but which have nothing to do with the intervention itself. In the case of circumcision, however, there’s no way not to know if you’ve received the “medicine”—you have to go through a whole surgery and then you don’t have a foreskin anymore—so this basic condition of a true clinical trial is violated in the first instance.

But that’s just the tip of the iceberg. As Boyle and Hill point out, the men who were circumcised got additional counseling about safe sex practices compared to the control group, and then they had to refrain from having sex altogether for the simple reason that their lacerated penises had to be wrapped in bandages until their wounds healed—leading to what Boyle and Hill refer to as “time-out discrepancy” in the quote above. By contrast, the non-circumcised men got to keep having sex during the full two month period during which the treatment group was in recovery mode. Then, mystery of mysteries, the trials
were stopped early. These issues pose serious problems for the scientific credibility of the studies. Taken together with the other flaws, here is why:

Let’s assume for a second that the circumcised men really did end up getting infected with HIV at a lower rate than the control-group men who were left intact—even though, as we will see in a moment, we have very little reason to believe that this is so. Why might that outcome have happened?

If you answered, “Because those men knew they were in the treatment group in the first place, had less sex over the duration of the study (because they had bandaged, wounded penises for much of it), and had safer sex when they had it (because they received free condoms and special counseling from the doctors), whereby reducing their overall exposure to HIV compared to the control group by a wide margin” then you are on the right track.

Step 2. How not to report results
Now why should we doubt that the circumcised men actually did have a lower rate of HIV infections in the first place, poor experiment design notwithstanding, as I suggested in the paragraph above? After all, the 60% figure that’s being thrown around in media reports is a pretty big number, and it can’t be off by that much, even if the studies had some flaws, right? Not so fast. Do you know what the “60%” statistic is actually referring to? Boyle and Hill explain:

What does the frequently cited “60% relative reduction” in HIV infections actually mean? Across all three female-to-male trials, of the 5,411 men subjected to male circumcision, 64 (1.18%) became HIV-positive. Among the 5,497 controls, 137 (2.49%) became HIV-positive, so the absolute decrease in HIV infection was only 1.31%.

That’s right: 60% is the relative reduction in infection rates, comparing two vanishingly small percentages: a clever bit of arithmetic that generates a big-seeming number, yet one which wildly misrepresents the results of the study. The absolute decrease in HIV infection between the treatment and control groups in these experiments was a mere 1.31%, which can hardly be considered clinically significant, especially given the numerous confounds that the studies failed to rule out.

Step 3. How not to make public health recommendations
So far we have been discussing problems with the experiments themselves—what’s called “internal validity” in technical terms. I really want you to read the Boyle and Hill paper here, because they go into painstaking detail about each of a long parade of flaws I can’t hope to cover in one blog post. I mean, there are a lot of flaws. Please read the paper. But let’s switch gears now and talk about the flip-side of things, or what’s called “external validity” — that is, problems with taking what you’ve (supposedly) found in a (relatively) controlled setting like an experiment and applying it to the chaotic mess that is the real world.

Lawrence Green and his colleagues published an important article on just this topic as it relates to “the circumcision solution” in the American Journal of Preventative Medicine. “Effectiveness in real-world settings,” they sensibly point out, “rarely achieves the efficacy levels found in controlled trials, making predictions of subsequent cost-effectiveness and population-health benefits less reliable.”

Some major issues with trying to roll-out circumcision in particular include the fact that the RCCT participants—who were not representative of the general population to begin with—had (1) continuous counseling and yearlong medical care, as well as (2) frequent monitoring for infection, and (3) surgeries performed in highly sanitary conditions by trained, Western doctors. All of which would be unlikely to replicate at a larger scale in the parts of the world suffering from the worst of the AIDS epidemic. And of course, circumcisions carried out in un-sanitary conditions (that is, the precise conditions that are likelier to hold in those very places) carry a huge risk of transmitting HIV at the interface of open wounds and dirty surgical instruments. So this is a serious point.

What should we conclude? Green et al. get it right: “Before circumcising millions of men in regions with high prevalences of HIV infection, it is important to consider alternatives. A comparison of male circumcision to condom use concluded that supplying free condoms is 95 times more cost effective.”

And not only more cost effective, but also more effective—period—in slowing the spread of HIV. Condoms are cheap, easy to distribute, do not require the surgical removal of healthy genital tissue, and—yes—are much, much, much more effective at preventing infections. Compare. Condoms: 80% minimum reduction in HIV infection. Circumcision: clinically insignificant absolute reduction, according to the most optimistic presentation of data from three deeply flawed studies. There is no contest.

Step 4. This is serious business
The worst part about all of this is not just that the science behind “the circumcision solution” is so shaky, but that the actual implementation of these recommendations—so vociferously pushed-for by the circumcision advocates doing this research — would very likely lead to more HIV infections, not less. The big idea here is “risk compensation” — the subject of an excellent paper by Robert Van Howe and Michelle Storms. Risk compensation occurs when people believe they have been provided additional protection (wearing safety belts) [such that] they will engage in higher risk behavior (driving faster). As a consequence of the increase in higher risk behavior, the number of targeted events (traffic fatalities) either remains unchanged or [actually] increases.

They argue:
Risk compensation will accompany the circumcision solution in Africa. Circumcision has been promoted as a natural condom, and African men have reported having undergone circumcision in order not to have to continually use condoms. Such a message has been adopted by public health researchers. A recent South African study assessing determinants of demand for circumcision
listed “It means that men don’t have [to] use a condom” as a circumcision advantage in the materials they presented to the men they surveyed. [Yet] if circumcision results in lower condom use, the number of HIV infections will increase. [Citations can be found in the original paper.]

In Uganda, as Boyle and Hill uncovered, the Kampala Monitor reported men as saying, “I have heard that if you get circumcised, you cannot catch HIV/AIDS. I don’t have to use a condom.” Commenting on this problem, a Brazilian Health Ministry official stated: “[T]he WHO [World Health Organization] and UN HIV/AIDS program … gives a message of false protection because men might think that being circumcised means that they can have sex without condoms without any risk, which is untrue.”

Van Howe and Storms spell this all out: How rational is it to tell men that they must be circumcised to prevent HIV, but after circumcision they still need to use a condom to be protected from sexually transmitted HIV? Condoms provide near complete protection, so why would additional protection be needed? It is not hard to see that circumcision is either inadequate (otherwise there would be no need for the continued use of condoms) or redundant (as condoms provide nearly complete protection).

The argument that men don’t want to use condoms needs to be addressed with more attractive condom options and further education: [they need to be told] that sex without a condom and without a foreskin is potentially fatal, while sex with a condom and a foreskin is safe. No nuance is needed. Offering less effective alternatives can only lead to higher rates of infection.

Their conclusion? Rather than wasting resources on circumcision, which is less effective, more expensive, and more invasive, focusing on iatrogenic sources and secondary prevention should be the priority, since it provides the most impact for the resources expended.

That is my conclusion as well. In this article I have focused on just the science behind—and claimed public health benefits of—“the circumcision solution” and shown how truly weak they are. I’ve completely ignored the attendant ethical issues, though I discuss these elsewhere.

The studies we’ve looked at, claiming to show a benefit of circumcision in reducing transmission of HIV, are paragons of bad design and poor execution; and any real-world roll-out of their procedures would be very difficult to achieve safely and effectively. The likeliest outcome is that HIV infections would actually increase—both through the circumcision surgeries themselves performed in unsanitary conditions, and through the mechanism of risk compensation and other complicating factors of real life. The “circumcision solution” is no solution at all. It is a waste of resources and a potentially fatal threat to public health.

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Reviews

"Review: The Revolution Will Not Be Circumcised" continued from p.4....

I learned many things from Glen’s performance, perhaps the most new things relating to intactivism that I have ever learned in a single hour. Glen clarified that Meissner’s corpuscles, though little known at least in the US, are often the key to orgasms. The head of the penis, which Glen explains even he used to believe was the key to orgasm, has nothing to do with any of the orgasms seen in the show.

In reference to a part that is sometimes better known as the ridged band, we graphically learn why “the o-ring is never bo-ring.”

Part 2 of the show was titled, “The Agony—Circumcision.” Many audience members including myself were unable to view the excruciating five-minute-long circumcision video that Glen included and indeed many of us found it hard even to sit through the audio with our eyes shut. This was the point where the audience member passed out and Glen interrupted the show to ask if anyone in the audience was a doctor or nurse. After a couple of minutes, he came to and had to leave the show.

“Circumcision,” Glen said, “removes the five most sensitive parts of the penis. It also removes the most erogenous parts of the penis.”

Glen showed on a split screen color photos of intact and circumcised glans, demonstrating the huge difference in lubrication and sensitivity. A man circumcised as an adult talked somewhat matter of factly about what a huge mistake he had made and how much sensitivity he had lost.

Circumcision removes more than half the nerves of the penis, and the ones left are covered in scar tissue. Circumcised men are three times more likely to suffer from symptoms of erectile dysfunction as we get older.

Glen asks the obvious question: If circumcision harms men’s sexuality, why does it continue?

He answers his own question by illustrating the many different forms denial takes (“it’s just a little skin”, “infants don’t feel the pain,” “male circumcision is nothing like female circumcision,” and so on). Most memorably, he inserts from Eliyahu Ungar-Sargon’s film, a video clip of mohel Dr. Phyllis Marx doing a circumcision where the baby’s behavior devastatingly debunks her claims that the baby objects to “being mucked with,” not to the circumcision itself.

Glen runs through some of the leading justifications: health and hygiene, urinary tract infections, cancer, and HIV. He says, “These can all be refuted with one word” which he then puts up on the screen in huge letters: “EUROPE.”

He even includes the Cologne court holding as well as mention of the six European countries where courts, ethicists, medical associations, politicians and the general public are calling for medically-unnecessary male
circumcision to be restricted to consenting adults. “If girls have the right to keep all their sex organs and decide for themselves, then do boys and so do intersex persons.”

Glen presents evidence that the common purpose of both male and female circumcision was to permanently damage the genitalia to reduce sexual pleasure while retaining the bare minimum necessary to retain reproductive capabilities.

Glen doesn’t leave us depressed though. He ends with “Part 3: A new sexual revolution,” calling on everyone to work together to make sure that foreskin goes back on the diagram. He shows the famous Vietnam picture of the running girl and the notorious picture of an African-American lynching, then shows the video of a circumcision. The analogy is clear. “America will again change.”

When you see girls being cut in the African bush or boys being cut in America, you should be outraged not because it’s a girl or a boy but because it’s a child.”

The performance is more educational than it is theatrical. If one enters without expectations, and takes what Glen offers for what it is, one is bound to leave the theater transformed. The show is no less than fascinating, which in one final revealing point, Glen Callender tells us is a word that originally meant to be under the spell of a penis. Three cheers! Don’t miss “The Revolution Will Not be Circumcised” when Glen Callender of CAN-FAP comes around to your part of the world.

Review: Breaking Their Will: Shedding Light on Religious Child Maltreatment
Review by J. Steven Svoboda

Janet Heimlich, a freelance journalist who formerly worked for National Public Radio, has written a very interesting book surveying the many forms of religiously based parental child abuse in the United States. Heimlich’s book is divided into four parts, in turn examining physical abuse, emotional abuse, sexual abuse, and medical neglect.

The entire volume is well researched, impartially analyzed, and incisively presented. Heimlich does not impress as an author with any particular axe to grind but rather with a scythe she wields in her valiant attempts to cut through to the truth behind the many ways in which we act out our societal and personal dysfunctions upon those least able to protect themselves.

Whatever specific topic she may be analyzing, Heimlich always keeps in mind the primary subject of her book—the tiny victims. “We owe it to the recipients of these procedures—most of whom have no say in the matter whatsoever—to consider these risks carefully and then decide whether circumcision is truly in the best interest of the child.”

The author writes that she did not necessarily intend to address the issue of male circumcision or MGC as she saw it as outside the scope of her concerns. “Then I did some research, “ she writes, “and what I found shocked me.”

We can learn much from the author, both for what she gets right and for what she occasionally gets wrong. Both are encapsulated in a single sentence as she writes, “while male circumcision has some health benefits, it carries serious risk, even the risk of death.”

As her book addresses religiously motivated child mistreatment, she appropriately examines the religious issue, correctly noting, “many Jews, Muslims, and, surprisingly, Christians, assume that their faith requires them to remove the foreskin of the penis. However, it’s worth questioning this position in the case of all three faiths.” Heimlich also points out that “the type of circumcision performed in Abraham’s time was much more conservative than what is done today.” She discussed alternative brises and notes that it is “a fallacy” that all [male] Muslim babies are subjected to the procedure.

Heimlich also addresses female genital cutting (FGC), treating that issue every bit as fairly as she does MGC. She makes the occasional slip, as when she completely omits to discuss the 2010 flip flop performed by the American Academy of Pediatrics (AAP) in its position statements. The author mentions 19th century FGC without mentioning 19th century MGC, and her statement that the overall circumcision rate is 79 per cent is out of date. The chapter could have used a bit more editing, as when she devotes far too much space to a Muslim woman who defends FGC and later in analyzing John Harvey Kellogg.

Heimlich approvingly cites Dan Bollinger’s study of deaths caused by circumcision, almost sounding like one of us when she writes: The importance of allowing the penis of a newborn to remain intact goes a long way toward explaining why I have not come across a single scientific study proving that circumcision helps to improve or prolong life in a majority of males or why no medical association recommends that the procedure be routinely performed on newborns.
Christianity's Influence on Male and Female Circumcision
Jonathan Friedman


The event was held at Bluestockings, a collectively owned and run, radical feminist bookstore in New York City.

There were about 20 folks in the audience when Janet began her discussion with a general background of religious abuse. She then delved into specific cases, including Christianity's influence on male and female circumcision in America.

For the first part of the talk, she spoke about cases of religious abuse and neglect, and outlined three factors that she believes are necessary for religious abuse:
1) an authoritarian society with a strict social hierarchy
2) members are fearful of higher powers
3) the society is separatist

Janet also spoke about female circumcision in the United States. Most of what she stated was known to me beforehand, but she went through some case studies which were new to me and really horrifying.

And lastly, Janet spoke about male circumcision. She discussed cases where religious extremists circumcised their own children at home with scissors, where there have been actual prosecutions.

When she opened it up for questions, there was a Rabbi in the audience who defended religious circumcision as something required by Judaism. Georganne Chapin tried to reason with the Rabbi but it was clear that the Rabbi wasn't acknowledging that circumcision is harmful and had probably never heard about the functions of the foreskin before. The Rabbi claimed that his sex life was perfectly fine, and implied that we were overhyping things.

Then Laurie Evans spoke up, and revealed more about her story about how she became an intactivist. Laurie is usually reluctant to discuss her personal story, and I've heard bits and pieces of it over time. When she feels like she can change somebody, and in this instance a Rabbi, she just goes for it. And it works.

After the Q&A period concluded, I had the opportunity to talk to the Rabbi and gave him my zine. I could tell that we had an effect on him, and I think he was serious when he said he'll look more into circumcision. We all handed him materials like cards and website information, so he has plenty places to start from.

I think Janet's work is an important step in working towards the elimination of religious abuse, and it was great to have the opportunity to meet her and to hear about her work. It was also great to see so many familiar faces. I hope to see more intactivist events (not just my zine on the free shelf) at Bluestockings, and I hope the rest of Janet's tour goes well.

Review: Genital Autonomy: Why Circumcision Must Be Stopped
Review by J. Steven Svoboda

Jonathan Friedman, editor of IntactNews and webmaster for ARC, has produced what is apparently the intactivist movement's first zine. He did an excellent job covering pertinent topics including the natural penis, the circumcision procedure and its consequences, the history of medicalization of the practice, and the anthropology of circumcision. Friedman concludes with a section on circumcision in the present day briefly touching on a range of topics including financial motivations, medical motivations, circumcision and HIV, and religious motivations. The whole zine contains thirteen pages of text (not including the references) and is attractively laid out with some nice pictures. The zine can easily be read in just a few minutes and could prove a highly valuable tool to help persuade people regarding our views.
While Europe increasingly questions the practice of circumcising boys, US paediatricians are about to say that the medical case for it is getting stronger. Most US adult men are circumcised, but the number of newborns having the op is falling, and is now below 50% in some states - intensifying the dilemma for parents.

Stephen Box - like most American men - is circumcised.

Seven months ago, as a new father, he had to decide whether to circumcise his newborn son. It was not a straightforward decision.

"I was uncomfortable; he would be different from me," he begins.

Stephen Box is part of a generation in the US for whom circumcision was almost universal - so much so that an uncircumcised boy would stand out in the locker room, his most private part an object of curiosity, perhaps even ridicule.

"Little boys can be ruthless on little boys who are different," he says.

But Stephen and his wife decided not to circumcise their son. They felt they could only justify the operation if they could find a good reason for doing it - and they didn't.

"Just because that's the way we were raised, doesn't make it correct," Stephen says.

"There was no strong argument for doing it, and there was room for hesitation.

"It's tools-in-hand on the special part of a little boy."

At the end of June, Germany was shaken by a court ruling that circumcision of minors was harmful, and a violation of a child's rights.

Jews and Muslims were outraged, seeing the ruling as an attack on one of the fundamental parts of their faith.

Editorials and opinion pieces in major US newspapers expressed similar outrage and 20 representatives in Congress wrote a letter to the German ambassador in Washington, expressing "deep concern".

Unlike in Europe - where rates are low, and circumcision is mostly confined to the Jewish and Muslim communities - circumcision is one of the most common operations in the US.

Three-quarters of American adult men are circumcised. There are over one million procedures each year, or around one every three seconds.

But rates are falling, as parents - like Stephen Box and his wife - are opting to break with tradition, and alongside this, an increasingly vocal anti-circumcision movement has emerged.

Figures from the Centers for Disease Control and Prevention (CDC) show that 55-57% of newborn boys in the US are now circumcised in hospital, and the numbers are dropping by around 1% each year.

Having your baby boy circumcised was, for many years, the "default position", says Dr Douglas Diekema, professor of paediatrics at the University of Washington.

Circumcision was thought to be as normal as a vaccination. Until the end of the 1970s doctors would say "When would you like your baby circumcised?", now they are more likely to say "Would you like your baby circumcised?" says Diekema.

A key turning point came in 1999 when guidelines said the medical case for circumcision (a reduced risk of urinary tract infections and penile cancer) was not strong enough to either recommend routine circumcision of newborn boys, or discourage it.

Parents, the guidelines said, should be the ones to decide.

"You are doing a procedure on someone who cannot make a decision for himself - it's a difficult choice for both parents and physicians," says Dr Marvin Wang, co-director of the Newborn Nurseries at Massachusetts General Hospital, who has conducted hundreds of circumcisions.

It is, he says, more a "cultural decision" than a medical one, and therefore, for parents to decide, while he advises on the pros and cons.

Wang says most parents come in with fervent beliefs - and what a doctor says...
makes little difference.
"The bottom line is... they stick to their guns. They choose the pieces of information that bolster their argument and run with that."

If they opt for circumcision, he invites them to watch and does all he can to reduce pain for the baby, with an injection of local anaesthetic to the area.

One of the most common reasons given for the surgery is that a father wants his son to look the same as him, or is afraid his child will be teased if left uncircumcised, Wang says.

He estimates that in his hospital around six out of 10 newborns have the surgery - just higher than the national average, and a rate which has stayed stable in the 15 years he has worked there.

Circumcision rates vary wildly across the country - from more than 80% of newborns in states including Nebraska, Iowa, Wisconsin and Kentucky, to around 20% on the West Coast, according to some calculations.

"It might be part of a new trend," says Lorran Garrison who lives in Los Angeles, and decided against circumcising her son, now 14 months old.

"In my birthing class, of the five boys, only one got circumcised. It was kind of odd, because when we grew up, everyone was circumcised."

Explaining her decision not to circumcise her son, she says simply: "It doesn't seem medically necessary. If it's not broken, don't fix it."

But she says there was "an assumption" she would, and her mother was unhappy with her decision.

"She really wanted her grandson circumcised... She thinks my son could be traumatised by teasing and that it could get infected."

Jessica Loveless, another mother in LA, also found herself having to justify her decision not to circumcise her son - in her case, to her husband's family.

"At my baby shower, a bunch of them came over and said 'We can't believe that you are not doing this.'"

She worries that her friends may also question her decision, and has avoided raising the subject.

For Jessica, it was an emotional decision. "I do feel somewhat passionately about it," she says. "It just looks so painful."

Male circumcision is almost universal in many places with predominately Jewish or Muslim populations - like Saudi Arabia, Jordan, Afghanistan, Israel and the Palestinian territories.

In some African countries it is seen as a rite of passage for a boy into adulthood.

In the US, the popularity of circumcision dates back 140 years to Dr Lewis Sayre, one of the founders of the American Medical Association, says David Gollaher author of Circumcision: A History of the World's Most Controversial Surgery.

Sayre believed that many medical conditions had their root in a dysfunction in the genital area, and that circumcision could be used to treat a startling array of problems, from depression to mental health issues, syphilis and epilepsy.

Circumcision was also promoted as a way of discouraging masturbation, and was regarded as clean and hygienic. It was particularly popular among the higher classes, and was seen as a sign of being well-off enough to afford a birth at hospital rather than at home.

Sayre's theories were later debunked, but not before being widely picked up in other English-speaking countries, in particular in the UK, Canada, Australia and New Zealand, Gollaher says.

US troops also took male circumcision to South Korea after WWII, where it remains extremely popular.

In the UK, around one-third of men were circumcised just before the introduction of the National Health Service in 1948. But the newly-created NHS ruled that circumcision was not medically necessary, and therefore would not be covered. Rates plummeted after that, says Gollaher.

About 9% of men in the UK are now circumcised according to WHO figures (other estimates are slightly higher).

Meanwhile in the US, circumcision came to be so widespread, "it became part of how people viewed the normal body," says Gollaher.

It had become a cultural norm, he says, transferred from generation to generation, from father to son, and from doctor to trainee - but it is a norm that is increasingly being challenged.

One reason for this is the greater emphasis worldwide given to the rights of the child, manifested most obviously in the UN Convention on the Rights of the Child, which came into force in 1990.

The German court ruling in June was framed in terms of children's rights, as was a ruling in 2010 by the Royal Dutch Medical Association, which argued that circumcision of boys "conflicts with a child's right to autonomy and physical integrity".

It said there was a good case for banning the practice, but stopped short of this, recommending instead a "powerful policy of deterrence".

In Norway too, the children's rights ombudsman is now recommending Jews and Muslims conduct a symbolic ritual, instead of a circumcision, and some MPs want a minimum age of 18.

In the US (which has not ratified the UN Convention on Rights of the Child) the
anti-circumcision movement - or genital autonomy movement as it is sometimes called - has "mushroomed" in the last few years, says Steven Svboda, founder and executive director of Attorneys for the Rights of the Child, based in California.

This group has so far persuaded 18 US states to stop providing male circumcision as part of Medicaid, the health programme which covers the poor.

"This is very significant," Svoboda says. "We are talking hundreds of thousands of boys who won't be circumcised as a result."

Last year campaigners calling themselves "intactivists", tried to get male circumcision banned in San Francisco, gathering over 12,000 signatures - more than enough to put the question on a public ballot - but the attempt was thwarted when a judge ruled that the city did not have the authority to regulate medical procedures.

Those who oppose male circumcision argue that it is not medically necessary (except in rare cases) and involves the irreversible removal of healthy flesh from a child, who is not able to give consent.

Opponents also argue that circumcision may affect a man's sexual experience. The foreskin is not "a useless flap of skin", says Lauren Jenks, founder and president of The Whole Network, one of a crop of US-based campaign groups lobbying against the practice.

"It is one of the most sexually sensitive parts of a male's body, with thousands of specialised nerve-endings," she says.

But against this background of scepticism in Europe, and among some in the US, the influential American Academy of Pediatrics is set to issue new guidelines on 27 August saying the medical case for circumcision has become stronger.

"Data on harm has not changed much, but the data on benefits has," says Dr Douglas Diekema, who helped draft the new advice.

This data is research that links male circumcision with a lower rate of HIV infection in heterosexual men. On the basis of the same work, the World Health Organization (WHO) is encouraging circumcisions as part of its overall HIV-reduction strategy in Africa (though it is not without its critics).

The new guidelines, says Diekema, will be tweaked to include this data on HIV, and will remain broadly similar to current advice, with the emphasis - as it is now - on parental choice.

But how can the US paediatricians come to such different conclusions from their Dutch counterparts?

Diekema acknowledges that circumcision policy is a minefield: "Quite frankly, with this sort of procedure, there will always be a huge values component."

"We think of scientists as very objective, but scientists are people," says Brian Earp, an American research associate with the Uehiro Centre for Practical Ethics at Oxford University.

"It ends up being something of a political choice," adds David Gollaher - who points out that US physicians themselves are divided.

An organisation called Doctors Opposing Circumcision has around 500 active members in the US, and thousands worldwide, but does not disclose their identities.

The group's executive director, John V Geisheker, says many working doctors are afraid to come out against circumcision, fearful that they might lose referrals, the respect of their colleagues, or - and this is a major concern, he says - be accused of anti-Semitism.

For medical ethicists the question of circumcision has also shot up the agenda in recent years, says Raanan Gillon, former editor of the Journal of Medical Ethics.

Any decision on the rights and wrongs of child circumcision has to balance the rights of the child, with the rights of the parents and the right to religious freedom - and the US puts considerable emphasis on the second and third of these.

Gillon, who favours the model of giving parents the choice, emphasises that the impact of restricting circumcision on the Jewish and Muslim faiths would be huge. "How much harm would arise if you start conflicting with people's religious cultures? If it became forbidden, this would have a pretty major effect on two major world religions," he says.

But some argue that religion has acted as a cloak, making male circumcision a no-go area for debate - just as for many years, Westerners were reluctant to condemn female circumcision in countries where it was a cultural tradition.

"There are many traditions that are thousands of years old that we've sort of woken up to and said, 'Maybe these are not justifiable any more?'" says the Oxford medical ethicist, Brian Earp.

"As we evolve morally as a species we need to ask, 'Do they still make sense today?'"

Religious traditions should not be exempt from such scrutiny, he argues.

Even within both the Jewish and Muslim communities, there are some who question male circumcision, for example the group Jews Against Circumcision.

It is a very complex issue, says Kamal Nawash, a Washington DC lawyer and president of the Free Muslims Coalition.

Nawash has successfully fought for female circumcision to be considered a form of persecution in US courts, and regards the German court ruling on male circumcision as sound in its reasoning. But he's not entirely clear where he stands.

"I was circumcised," he says. "Chances are, if I have a son, I will have him circumcised as a matter of tradition."

But he muses: "I've often wondered if I have the right to do that to my child - to cause him that much pain."

Some parents who opt in favour of circumcision now feel they are swimming against the tide of public
opinion - like Kimberly Birbrower, a Jewish mother who lives in L.A., where rates are among the lowest in the country.

"Just as with any parenting trend... once the tide turns, it turns," she says, adding this has created a difficult atmosphere for people like herself.

"To bring a knife to your eight-day-old baby is not an easy thing to do."

"I found it very scary," she says, recalling the day two years ago when her son was circumcised.

But it was, she says, "very beautiful" and "very spiritual."

She says the issue has become "highly charged", giving the example of an internet chat room discussion. When she said she had circumcised her son, "the women just went ballistic on me", she says.

"It's the kind of vitriol you hear from homophobic people talking about gay marriage.

"I feel the conversation around it has become very anti-Semitic. I find it very painful, and very surprising."

Take the most private part of the male body, add parenting rights, children's rights, disputed science, history, tradition and a dollop of religion, and you have the recipe for a controversy that will run and run.

ARC Board Member Angelucci Publishes Excellent Letter in LA Times
Marc Angelucci
The Los Angeles Times
August 24, 2012

ARC Board Member Marc Angelucci had an excellent letter in the August 24, 2012 edition of the Los Angeles Times.

J. Steven Svboda
Attorneys for the Rights of the Child

How does it make sense to remove a healthy erogenous organ from a baby boy to avoid the possibility of contracting sexually transmitted diseases in the future? By that reasoning, why not remove one testicle from every boy to avoid future costs of testicular cancer?

No wonder the medical establishments throughout Europe and most of the medically advanced world reject this nonsense.

Marc E. Angelucci

ARC Letter to New York Times
Re: "Benefits of Surgery Are Said to Outweigh Risks"
J. Steven Svboda

Re: "Benefits of Surgery Are Said to Outweigh Risks" (August 27)
To the Editor:

For 15 years, Attorneys for the Rights of the Child has worked on behalf of men who feel that their rights were violated when a normal, functional part of their body was surgically removed without their consent and in the absence of adequate medical justification. Circumcision involves not only "risks" and "benefits" but also harms and losses, a fact completely lacking in the report from the American Academy of Pediatrics (AAP) Task Force on Circumcision.

The AAP falls short of recommending circumcision, instead saying that parents should make the choice and doctors should carry out the parents' wishes. However, the AAP's own Bioethics Committee is on record as stating that "pediatric health care providers... have legal and ethical duties to their child patients to render competent medical care based on what the patient needs, not what someone else expresses."

Neonatal infant circumcision is a gross violation of children's rights.

J. Steven Svboda, M.S. (Berkeley), J.D. (Harvard, honors)
Executive Director
Attorneys for the Rights of the Child

ARC Letter to Pediatrics Published
J. Steven Svboda

Pediatrics has published verbatim the letter we submitted. The letter appears along with other letters, published July 30, 2012, at the following URL:
http://pediatrics.aappublications.org/content/130/1/e175.abstract/reply

Our letter was written in response to the article by M.R. Young et al. titled "Factors Associated With Uptake of Infant Male Circumcision for HIV Prevention in Western Kenya". An abstract and other information regarding the Young paper can be found at http://www.ncbi.nlm.nih.gov/pubmed/22711723. A PDF of the Young article can be found at:

J. Steven Svboda
Attorneys for the Rights of the Child

Financially, Ethically and Legally, Circumcision is Unsuitable to Combat AIDS and HIV

We are concerned by the inexplicable advocacy for male circumcision that Young et al. reinforce in their recent paper. The authors ignore numerous problems, including substantial ethical and legal issues, with the proposal for mass circumcision of Africans as an asserted HIV preventive.

The “drawback” of a “lengthy interval” between circumcision of an infant and the asserted benefit mentioned by the authors qualifies as an impressive understatement. For the past 150 years, circumcision has been a “cure” in search of a disease to treat. A program to circumcise infants in Africa is rendered sinister by its colonialist focus on
ostensibly enlightened developed world practitioners “saving” African males from their own sexuality by cutting their bodies.

Such a program clearly violates our cherished ethical and legal values. In 1891, the United States Supreme Court recognized the right of all citizens to bodily integrity and self-determination. No right is held more sacred or is more carefully guarded by common law than the right of every individual to the possession and control of his own person free from all restraints or interference of others.[1] Joel Feinberg argues for the child’s right to an open future,[2] and the British Medical Association recommends prioritizing options that maximize the patient’s future opportunities and choices.[3]

Valid permission for a medical procedure has three elements: disclosure, capacity, and voluntariness. Voluntariness is absent from the campaigns to coerce adult African males to be circumcised. Moreover, children are incapable of granting consent. According to the American Academy of Pediatrics, parental permission for medical intervention on children is authorized only in situations of clear and immediate medical necessity, such as disease, trauma, or deformity.[4] For non-essential treatments—such as neonatal circumcision—that can be deferred without loss of efficacy, the physician and family must wait until the child is old enough to consent. Judging by the low adult circumcision rates (even in the US where it is much more common than anywhere else in the developed world) most will hang onto what they have.

Because parents lack the power to give permission for prophylactic amputation from their children of healthy tissue, and because neonatal circumcision has no universally recognized medical benefit, parental permission for the procedure is not effective.

Loss of function of the intact penis is an obvious and important issue, yet it has not been adequately addressed in the rush to circumcise. Moreover, recently created FGM “clinics” demonstrate that the demand for male circumcision may translate into an increased demand for female circumcision. Men’s false sense of security following circumcision will lead to a decrease in condom use and may endanger women.

Portrayals of circumcision as pain-free, cost-free, and complication-free fly in the face of reality. The rate of complications of circumcision performed in Africa is extremely high.[5] Little or no evidence exists that circumcision is a better option than consistent condom use, aggressive surveillance and treatment of STIs, or treatment of HIV with anti-retroviral therapy. Cost analysis shows that the asserted benefits account for only 24% of the lifetime costs. Any program for mass circumcision will undermine condom use and would divert funds to a more expensive, less effective intervention.

Any responsible recommendation of universal circumcision must grapple with grave issues: 1) The proposed intervention must be compared to other interventions for efficacy, cost effectiveness, and complications. 2) The surgical complications of the procedure are probably much higher in developing nations. 3) The loss of function and the benefits of the intact penis. 4) The questionable propriety of removing healthy, highly erogenous tissue from non-consenting minors to “protect” them, based on speculation about their future sexual behavior, from a disease that may not exist when they reach sexual maturity. 5) No proven biological basis exists for the asserted connection.

Mass circumcision as a preventive for HIV in developing countries is difficult to justify. Medical organizations around the world, including American organizations, unanimously refuse to endorse routine male circumcision. Studies claiming to support the mass circumcision program suffer from serious methodological and ethical flaws. Even if valid, such a proposal cannot ethically or legally be applied to the developed world.

Medical must ally itself with scientifically proven practices within the dictates of medical ethics, human rights, and law. Circumcision, even as portrayed by its advocates, is much less cost-effective than other proven interventions and thus does not belong in a discussion of simple interventions to prevent HIV infection.

By J. Steven Svoboda, J.D. (Harvard honors), M.S. (Berkeley) Executive Director Attorneys for the Rights of the Child arc@post.harvard.edu


ARC Letter to Wall Street Journal
J. Steven Svoboda


The original piece can be found at http://online.wsj.com/article/SB10000872396390443437504577547104196343764.html.

Here is the text of the letter:

Josef Joffé (op-ed, July 27) could not be more wrong. Circumcision is not required by either the Muslim or the Jewish religions. Plenty of Jewish and Islamic sons grow up and become full participants in their religious
communities without undergoing a harmful and painful procedure.

Others have argued—as Joffe does—that circumcision is a vanishingly unimportant issue relative to female genital cutting. However, a growing number of scholars are questioning this previously received wisdom. Regardless, two wrongs do not a right make especially when that right is the human right—barring any compelling reason—to reach adulthood with the whole body with which one entered the world.

Even in the US, where medicalized circumcision started as a Victorian anti-masturbation measure and until recently was the cultural norm, only an extremely small number of men choose to be circumcised as adults, suggesting that the foreskin’s owner does not consider it such a minor issue.

J. Steven Svoboda, J.D. (Harvard, honors), M.S. (Berkeley)
Executive Director
Attorneys for the Rights of the Child
Berkeley, California

ARC Letter to Dan Savage's Savage Love Column
J. Steven Svoboda

ARC sent the below letter to Dan Savage, gay-identified author of the syndicated sex-related column Savage Love. The letter is responding to some incorrect comments regarding male circumcision in the Savage Love column this week, made in response to a reader, Uncut About Anchorage, whose partner had asked him to have himself circumcised.

Dan, you're dead wrong about male circumcision. Did you know that male circumcision as a medical procedure (rather than a cultural/religious practice) originally started in Victorian times to stop masturbation and therefore allegedly to cure pretty much every known disease? Since we're so used to male circumcision as a culture, it does seem innocuous, but it is not. Numerous men are very unhappy to have had an important part of their body taken away without their consent.

You mention clitorectomy, which is of course horrible, but there are several different types of female genital cutting (FGC) that vary greatly in severity. The least severe--yet very common--type is, as Uncut About Anchorage suggests, equivalent to male circumcision. In fact, many people think male circumcision is more harmful than this form of FGC. On the subject of male and female genital cutting, about which I have published papers and book chapters, check out http://www.circinfo.org/female.html and http://www.icg.org/information/hgm-classification/.

Such comparisons can distract us from the more important point that--except for the extremely rare cases where medical necessity dictates otherwise--everyone has the human right to have surgery deferred so that, upon reaching adulthood, he or she can make his or her own choices about his or her own body.

By the way, the gay community has long had a huge presence in anti-circumcision work.

Thanks for your great column.

Steven Svoboda
Attorneys for the Rights of the Child

Summary of Steven's WBAI Radio Show Overviewing Events of 2011
J. Steven Svoboda

I appeared with host Shelton Walden on his long-standing show "Walden's Pond" on Christmas Day, December 25, 2011, on WBAI, New York City's public radio station. We have been getting great feedback from listeners on our attempt at summarizing some of the most pertinent developments in 2011, a very eventful year for intactivism. Topics we addressed included Van Lewis' life and activism (and also John Sawkey's life and work), the San Francisco petition drive and ensuing events, September's conference in Keele, UK marking the rise of the genital autonomy movement that brings together activists against all forms of genital cutting, the Dutch Medical Association's launching of a campaign against male circumcision, highlights of the recently published ARC Newsletter, and a recent important article by Gregory Boyle and George Hill conclusively debunking the asserted link between circumcision and reducing HIV infection. We also discussed the upcoming special issue of the Global Discourse journal focusing on genital autonomy as well as the relationship of gender politics to the common misperception that male genital cutting does not merit serious concern.

An mp3 of the show can be downloaded at http://archive.wbai.org. I appeared on Shelton's show a few times in the late 90's and early 2000's and once in 2010 so it was a pleasure to again visit "Walden's Pond."

J. Steven Svoboda
Attorneys for the Rights of the Child
The Legal and Religious Battle over Metzitzah B'peh

This section of our newsletter covers the topic of Metzitzah B'peh (ritual sucking), which some Orthodox Jewish mohels (circumcisers) perform during brit milah (ritual circumcision).

Infant's Death at Maimonides Hospital Linked to Circumcision
Thomas Zambito
New York Daily News
March 3, 2012

Unidentified infant died in September of 2011 after contracting herpes

A two-week old boy died at a Brooklyn hospital in September after contracting herpes through a religious circumcision ritual that ignited controversy in 2005 after another infant died, the Daily News has learned.

The unidentified infant died Sept. 28, 2011, at Maimonides Hospital, according to a spokeswoman for the city Medical Examiner, who confirmed the death after a News inquiry.

The cause of death was listed as “disseminated herpes simplex virus Type 1, complicating ritual circumcision with oral suction.”

City officials declined to comment Friday.

It’s unclear who performed the circumcision.

In 2004, city health officials revealed that a baby boy died after a circumcision carried out by a Rockland County rabbi who specializes in the centuries-old, ultra-Orthodox ritual known as metzizah b’peh.

Under the practice, the rabbi or mohel removes blood from the wound with his mouth — a practice city health officials have criticized, saying it carried “inherent risks” for babies.

In 2004, three infants circumcised by Rabbi Yitzchok Fischer were determined to have contracted herpes, city officials said.

Among them were twins circumcised in October 2004 after Fischer performed the religious ceremony known as a bris.

Seeking Answers in Bris Death
Simone Weichselbaum and Reuven Blau
New York Daily News
March 7, 2012

Authorities are being stonewalled by the family of a newborn boy who died after contracting herpes through a controversial religious circumcision ritual, the Daily News has learned.

Multiple sources in the Orthodox Jewish community said the 2-week-old boy’s parents were related to a herpes-infected rabbi who conducted the circumcision according to tradition — using one’s mouth to remove blood from the wound.

The Brooklyn District Attorney’s Office is investigating the death and trying to identify the rabbi, or mohel, but family members have not been cooperative, sources said.

“You guys are barking up the right tree,” a law enforcement source said of word that the mohel was related to the boy.

“But we don’t know yet who did what.”

City health officials have criticized the religious practice, saying that putting the open wound into contact with the mouth of the rabbi carries “inherent risks” for the infant.

The unidentified infant died at Brooklyn’s Maimonides Medical Center last Sept. 28. An autopsy listed the cause of death as “disseminated herpes simplex virus Type 1, complicating ritual circumcision with oral suction,” according to a spokeswoman for the city Medical Examiner.

Mayor Bloomberg Tuesday vowed to work with the Orthodox Jewish community to prevent future tragedies.

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Baby’s Death Renews Debate Over a Circumcision Ritual
Liz Robbins
The New York Times
March 7, 2012

Prosecutors are investigating the death of a newborn boy who died in September after contracting herpes through a controversial practice of ritual circumcision, reviving a debate in New York over safety and religious freedom.

The Brooklyn district attorney, Charles J. Hynes, confirmed on Wednesday that the investigation was continuing, but declined to comment further.

The cause of death of the 2-week-old boy, who died at Maimonides Hospital in Brooklyn on Sept. 28, was Type 1 herpes, caused by “ritual circumcision with oral suction,” according to the medical examiner’s office.

The ritual of oral suction — or in Hebrew, metzizah b’peh — is practiced almost exclusively in ultra-Orthodox communities and, to a lesser degree, in Orthodox Jewish communities, despite efforts by the city to curtail it and educate communities about its health risks. The procedure occurs during the circumcision ritual of the bris, as the practitioner, or mohel, removes the foreskin of the penis and then sucks the blood from the wound to clean it.

In 2003 and 2004, the city reported three cases of Type 1 herpes that were linked to circumcision, involving a boy on Staten Island and twin boys in Brooklyn, one of whom died. The procedures were done by one mohel, Rabbi Yitzchok Fischer, who was later prohibited from performing the ritual in New York City.

The authorities have not determined the identity of the mohel in the most recent case, but since the death they have been trying to work with the Hasidic community. In 2004, after the death of the twin, the Brooklyn district attorney
tried to investigate but received little cooperation within the community, according to a person with knowledge of the case who spoke on the condition of anonymity because it was not brought to trial.

It was not believed that Rabbi Fischer was under investigation for the latest case, and he did not return a phone call seeking comment. His lawyer from the 2004 investigation, Mark J. Kurzmann, said he would not comment.

Roughly two-thirds of newborn boys in the city’s Orthodox communities are circumcised with metzitzah b’peh, said Rabbi David Zwiebel, the executive vice president of Agudath Israel of America, who said he was using a calculation based on religious school enrollment figures.

He said that the mohels in the Hasidic community were cognizant of hygiene and that there were things they could do to reduce the risk of herpes without ending the practice. “We’re not oblivious to what’s going on,” Rabbi Zwiebel said.

“The worst thing that could happen is if the authorities regulate this practice, then it could go underground,” he said. “I think the practice would continue, but there could be significant difficulty in gathering evidence. I would hope that our government officials take steps in conjunction with the community.”

In 2005, Mayor Michael R. Bloomberg assembled rabbis throughout the city to try to persuade them to move away from metzitzah b’peh. But they said that the practice was safe and that there was no definitive evidence that it caused herpes.

“The Orthodox Jewish community will continue the practice that has been practiced for over 5,000 years,” Rabbi David Niederman of the United Jewish Organization in Williamsburg, Brooklyn, said at the time. “‘We do not change. And we will not change.’

But in the Bronx on Tuesday, the mayor talked about the medical examiner’s findings in the most recent death, which was also investigated by the health department.

“There is probably nobody in public life who fights harder for the separation of church and state than I do, but I just wanted to remind everybody: religious liberty does not simply extend to injuring others or putting children at risk,” Mr. Bloomberg said. “And we will continue working with the community and others to prevent more baby boys from suffering these tragic fates.”

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**Monsey Mohel Probed**

**Steve Lieberman**

*The Journal News*

*March 14, 2012*

A Monsey [New York State] rabbi once linked to the herpes-related death of a baby through oral-suction circumcisions is part of an investigation by the Brooklyn District Attorney’s Office into a newborn baby’s death from the virus, authorities said today.

Rabbi Yitzchok Fischer remains prohibited by a 2007 court order from performing the oral-suction ritual and was sent a letter this morning stating that, a New York state Department of Health spokesman said.

“He was sent a letter reminding him the summary order is still in effect and that he cannot perform this ritual,” agency spokesman Michael Moran said.

Fischer uses his mouth to suction blood from the wound after he removes the foreskin. The centuries-old ritual, called metzitzah b’peh, is used predominantly by Hasidic and ultra-Orthodox Jews.

The issue became public after the death of one of three babies who had contracted the herpes simplex one virus in late 2004 following the oral-suction circumcisions by Fischer.

In late September, a 2-week-old boy died, leading to the recent investigation into the circumstances of the newborn’s death, according to Jerry Schmutterer, a spokesman for Brooklyn District Attorney Charles Hynes.

The city medical examiner listed the baby’s cause of death as disseminated herpes simplex virus type 1, complicating ritual circumcision with oral suction.

Fischer is part of the overall investigation, given his past history, the spokesman said.

Rockland Health Department Commissioner Dr. Joan Facelle said today that there have been no reported herpes cases related to the circumcision method in Rockland.

A newspaper, The Jewish Week, recently reported that Fischer still was performing the controversial circumcisions.

The newspaper reported on taped conversations in which Fischer is heard scheduling a circumcision with a caller who asks him to perform metzitzah b’peh. On the recording, “Rabbi Fischer asks the caller whether the bris will take place ‘in Monsey or the city’, noting that he ‘can only do it in Rockland County’,” according to the newspaper.

There was never definitive medical proof that Fischer passed on herpes to the three children he performed the oral-suction method on back in 2004 and 2005, according to his supporters and his lawyer at the time.

The revelations of three newborns contracting herpes led New York City Health Department officials to put together medical protocols for the oral-suction method with medical personnel and ultra-Orthodox Jewish rabbis. The state Health Department also got involved with prohibitions and regulations.

Facelle said there was no specific county prohibition against Fischer. She said the county’s temporary court order was lifted after an agreement was reached between New York City and ultra-Orthodox Jewish rabbis establishing protocols and safe medical conditions for the ritual.

Other Orthodox Jewish rabbis and many physicians dismissed the need for a mohel’s lips to come into contact with the baby during a circumcision. They have said a mohel can use a tube to suck the blood.
Monsey Rabbi Moses Tendler, a professor of ethical medical practices and Talmudic law at Yeshiva University, has said the Talmud requires that blood be sucked from the wound during circumcision but not that it be done by mouth. He is one of the authorities who have recommended a tube be used.

Rabbi Avi Shafran, director of public affairs for Agudath Israel of America, said this morning that the issue isn’t the mohel or the method, but people’s rights to practice their religious beliefs in a safe manner.

He said the metzitzah b’peh method has been safe for thousands of years and more people die from skiing accidents than the circumcision method.

“Heff believe it is criminal, but I’m not a lawyer.” Pressed further on what law the D.A. believed could have been violated, Schmetterer said, “I’m not saying another word.”

The family of the infant who died in September has declined to disclose to authorities who performed their son’s circumcision, or brit mila.

In 2007, the mohel linked as an HSV-1 carrier to the death of a baby boy was prohibited under Section 16 of New York State’s Public Health Law by the state Department of Health from performing metzitzah b’peh “in and throughout the state of New York.” The mohel, Rabbi Yitzchok Fischer, was also prohibited from engaging in any other practice in which he “allows his” mouth or oral fluids to come in direct contact with an infant’s genitals…”

But a story posted online by The Jewish Week of New York on March 13 reported that Fischer was taped in a phone conversation within the last two weeks saying it “was not a problem” for him to perform the procedure, in apparent violation of the ban.

Meanwhile, New York State Governor Andrew Cuomo convened a meeting March 12, bringing together state health department officials and ultra-Orthodox leaders. His liaison to the Jewish community, Emily Saltzman, referred questions about the meeting to his press office, which did not respond to multiple messages seeking further information.

The spate of recent cases marks a re-emergence of the metzitzah b’peh issue, which last erupted in 2005 and 2006, after twin boys and an unrelated baby were infected with HSV-1 by their mohel, resulting in the death of one of the infants. While most adults carry the HSV-1 virus, and do so with no serious danger to their health, and often without symptoms, the virus sometimes kills infants, whose immune systems are immature. Modern Orthodox and non-Orthodox religious practice endorses the use of a sterile pipette, rather than the mohel’s mouth, to suction blood from the baby’s circumcision wound. But ultra-Orthodox defenders of metzitzah b’peh say that a circumcision is not kosher absent the oral suctioning. Public health experts and New York City Mayor Michael Bloomberg have strongly criticized the practice on medical grounds.

In 2005 and 2006, Bloomberg and his public health aides tried, but failed, to convince ultra-Orthodox practitioners to desist from using metzitzah b’peh. At that time, city health officials identified Fischer as the mohel who had, unintentionally, infected the three babies with the virus. City authorities filed a civil lawsuit against him but dropped it after meeting with ultra-Orthodox community leaders. The city officials instead turned over the case to the Satmar Hasidic community’s Central Rabbinical Congress, located in the Williamsburg section of Brooklyn. More than a dozen calls over the course of a week to Rabbi David Niederman, a spokesman for that community and the...
CRC, seeking information about the outcome of that investigation, were not returned.

Following public disclosure of the most recent HSV-1 infant, the New York City Health Department’s spokesman, John Kelly, would say only that “the city and health department are working with members of the community to address this issue.” Asked for details about how they are doing so, Kelly stated in an email, “We don’t yet have further details to share.”

For areas with substantial ultra-Orthodox communities, addressing the issue can be sensitive both culturally and politically. Some health professionals are afraid to antagonize the community. Helene King, a spokeswoman for Sinai Hospital, which serves Baltimore’s large ultra-Orthodox population, declined to answer even a general question about babies with HSV-1 being admitted soon after their circumcisions. “With such a close-knit community as the Baltimore Orthodox one is, I would not want to chance that any family or families would realize they were in an article like this,” she said in an email.

Debate about the practice within the Orthodox community itself is heated.

“There is no requirement to make metzitzah b’peh. The Talmud says plainly it is not part of the ritual but belongs to the medical, post-surgical component,” said Rabbi Moshe Tendler, a medical ethicist and a dean of Yeshiva University’s rabbinical school, where he teaches fourth-year students about circumcision. Tendler, who has a doctorate in microbiology, said, “There is no doubt that insistence on metzitzah b’peh is wrong. I firmly believe that making metzitzah b’peh is a criminal act.”

The procedure’s defenders point to the extremely low number of affected children, considering the high birth rate for Orthodox families and the number of ritual circumcisions that include metzitzah b’peh. Between 10 and 15 children have been admitted to hospitals in the United States, Israel and Canada with the disease in well over a decade.

The incidence of infection is “certainly a minuscule number,” said Fisher of Monmouth Medical Center. “However, you could make that number be zero by not using your mouth to suction the blood. I want to be culturally sensitive, but it’s hard to be in favor of that practice.”

In Israel, the state’s chief rabbinate recommends metzitzah b’peh, but does not require it. Most mohel use a sterile pipette. In the past year in the Jewish state there have been three cases of HSV-1 reported in connection with infant circumcision, but all the babies made full recoveries.

A paper published in the Haredi journal “Dialog” shortly before the Brooklyn baby’s death was made public says that other possible sources of HSV-1 include parents and health care workers. The paper’s author, Dr. Daniel Berman, an infectious disease specialist, challenges public health officials’ conclusion, identifying mohel as the source of the infection.

Berman, along with other defenders of oral suctioning, argue that such an identification is invalid absent a genetic DNA analysis matching the baby’s HSV-1 virus to that of the mohel suspected of having given it to him. Short of such proof, they say, there is no reason to refrain from the practice.

Some defenders of the practice argue that the danger of infection can be reduced significantly through the use of antiseptic mouthwash. But Fisher said there is no practical way of preventing transmission of disease when oral suction is used. “Other than the mohels being on constant antiviral medication, there is nothing they can do except not do the practice,” she said.

No Jewish source interviewed for this article advocated government regulation of any aspect of brit milah. Several said that public health officials should work within Orthodox communities to contain the incidence of babies being infected by their mohels.

“The best thing would be to focus on an intra-community education effort. I know there are Haredi [ultra-Orthodox] physicians trying to re-educate the public to make them more aware” of the risk, said a medical doctor in Boro Park, who insisted on anonymity. “You need a critical mass of rabbis who will set off a chain reaction.”

Another Boy Dies from a Ritual Religious Circumcision

Peter W. Adler
Legal Advisor for the Rights of the Child

Last September [2011] in New York City, a newborn boy died from complications of a ritual religious circumcision. After removing the boy’s foreskin, an Orthodox Jewish mohel used his mouth to clean blood from the wound, thus transmitting the herpes 1 virus to the baby. Newborns are especially vulnerable to infection, and the boy died two weeks later. Mayor Michael Bloomberg stated that he would work within the religious community to prevent more baby boys from suffering the same tragic fate. The District Attorney’s office also started an investigation, but there is no sign that the rabbi will be prosecuted or that the practice will be regulated. A rabbi representing the Orthodox Jewish community stated, “The worst thing that could happen is if the authorities regulate this practice, then it could go underground,” according to The New York Times.

This incident would be tragic enough, but history is repeating itself. In 2004 and 2005, three other newborns contracted herpes from the same oral suction circumcision method. One of them died, but the response then was exactly the same then as now. Mayor Bloomberg vowed to work with the community to prevent such deaths, while a rabbi representing the community stated that the practice was over 5,000 years old. “We do not change. And we will not change.” So it is clear that boys will
continue to die from this circumcision method, and that the government will continue to let them die.

The fact is that although the oral suction circumcision method is particularly dangerous, infants have been dying from circumcision for thousands of years. Infections would have been common in ancient times. The Hebrew Bible states that if the first two of one’s sons have died from circumcision, the third is exempt from it. Even today, when most circumcisions are performed in hospitals, it is estimated that the surgery kills more than one hundred American boys per year out of 1.2 million. Parents are unlikely to know this: how many parents would allow their sons to be circumcised if they knew that it could kill them?

So, what is the law? Is there a right to circumcision for religious (or other reasons), as American medical associations and Jewish religious organizations claim? The answer is clearly “no.” The key case is Prince vs. Massachusetts, decided by the United States Supreme Court in 1944. In Prince, the Supreme Court upheld a Massachusetts statute restricting children from selling religious literature on public highways, which put at risk of injury or death. The Supreme Court held that although parents have religious rights and rights of parenthood, they cannot expose their children to the risk of harm or death for religious reasons. The court famously stated, “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.”

Circumcision is unlawful for many other reasons as well. For example, all Americans, including children, have a common law and constitutional right to personal security or bodily integrity, and hence to genital integrity; to freedom or autonomy to pursue happiness as they please (men choose to do so with their penis intact); and boys and men have the constitutional right to choose their own religion or no religion at all. The federal and state child abuse statutes also make it a criminal offense to endanger children or to harm them without a valid medical purpose. Circumcision is non-therapeutic, elective cosmetic surgery without a valid medical purpose.

Given that 100 out of approximately 1,000,000 boys die per year from circumcision in modern day America, or 1 in 10,000, and that at least two billion boys have been circumcised throughout history, circumcision has killed at least 200,000 boys. The actual number is surely many times higher, as circumcision often has been, and sometimes still is, performed in unsanitary conditions. In addition, mohels may perform it far from a hospital, which may be needed for a lifesaving blood transfusion.

All these boys have died in vain, and their deaths have caused enormous suffering to their parents and relatives. Circumcision is still sacrificial and “still crazy” after all these years. Even if circumcision does not kill a boy, it harms all boys and men. It is well past time to enforce the law and to end this dangerous ritual.

Metzitzah B’peh
Circumcision Ritual
Inconsistent with Jewish Principles
Lisa Braver Moss
Huffington Post
June 14, 2012

In recent weeks, a controversial Jewish circumcision practice gained the national spotlight after the Centers for Disease Control and Prevention reported that between 2000 and 2011, at least 11 New York infants contracted genital herpes following ritual circumcision. Two of the babies died. This is distressing news to all who are concerned about the health and welfare of children.

The practice, called metzitzah b’peh, or oral suction, is used by a small number of Orthodox mohels (Jewish ritual circumcisers). Many assume this practice is a hallmark of strict religious observance -- for better or worse, the ultimate in adherence to Jewish tradition. What's rarely considered is the way in which metzitzah b'peh conflicts with basic Jewish principles.

Metzitzah b'peh is uncommon even among those Jews who opt for religious circumcision of their sons. Following the circumcision, the mohel takes a sip of wine and quickly removes the blood from the penis through the wine, using his mouth. He then spits the mixture out. Instituted in Talmudic times, long before the germ theory of disease was understood, metzitzah b'peh was once thought to disinfect the wound.

Now that we understand that metzitzah b'peh violates basic sanitary precautions, we must question it from the point of view of Jewish principles. It is a basic tenet of Judaism that human life is infinitely valuable, to be preserved at all costs, even if that means failing to fulfill some aspects of religious observance. Additionally, hazardous medical procedures are strictly forbidden in Judaism unless necessary for preservation of life.

Metzitzah b'peh is clearly hazardous and has no life-saving purpose. And herpes is only one of many diseases that we know can be transmitted orally.

Jewish law is constantly evolving. Our practices change as we learn. If we discover that a previously accepted Jewish tradition is dangerous -- or if we simply learn that there's a more compassionate way to act, one that is
more consistent with Jewish principles than the previous interpretation -- it's incumbent on us to modify or discontinue the tradition.

There is ample precedent in Jewish law for change based on new insights. In Talmudic times, for example, the rabbis prohibited deaf Jews from participating fully in Jewish life. Today, deaf people are considered completely equal even among the most observant Jews. That is, Talmudic laws about the deaf are no longer honored even by the Orthodox. Our understanding increased, and our traditions changed.

The practice of Jewish circumcision has evolved over time. Most observant Jews have adopted a modified version of metzitzah, in which blood is removed from the circumcision site with a sterile pipette rather than through oral contact. Another example is the fact that over the last 25 years, many rabbis who are also physicians have started administering local anesthesia. This is in response to current data establishing that infants feel pain acutely, as measured by heart rate, respiratory rate and cortisol levels. In both examples, circumcision practice has been modified to accommodate what we've learned.

The last few decades have brought revelations about the drawbacks of circumcision in general. Researchers are beginning to understand the physiological purpose and erogenous nature of foreskin tissue; many argue that the foreskin is a valuable and functioning part of normal male anatomy. Additionally, even without metzitzah b'peh, circumcision carries the risk of complications and death from sepsis, hemorrhage and other causes. All this has led a small number of Jews to question not only how circumcisions are performed, but the very act itself.

It may be tempting for some to defend metzitzah b'peh. Recently, an editorial appeared in EmaxHealth.com suggesting that anti-viral medicine should be considered for the infant as a prophylactic measure. This proposed solution, involving a risky and unnecessary intervention on a newborn, is no substitute for an honest reappraisal of metzitzah b'peh.

To suggest that we should never make changes based on new information is to imply that Judaism cannot withstand inquiry, that it cannot grow. Judaism has evolved and thrived over thousands of years. May it continue to do so.

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**Rabbis Defend Controversial Circumcision Practice to City Health Officials**

Wilder Fleming  
_City & State_  
July 23, 2012

At a hearing yesterday in Queens, New York City rabbis defended a controversial circumcision practice that has been blamed for infecting infants with herpes, in some cases causing their death.

The practice, called “metzitzah b’peh,” requires the circumciser, or mohel, to suck the infant’s wounds after circumcision, and has led to at least two cases of infant death in New York since 2000. The city wants to amend the health law to require mohels to obtain written consent from parents indicating they are fully aware of the risks involved in the ritual circumcision, or bris.

“I myself have performed 25,000 circumcisions, and, thank God, we have not had one single incident … our guidelines are, I think, much stricter than the medical profession,” said Rabbi A. Romi Cohn, a mohel and a Holocaust survivor who represented the American Board of Ritual Circumcision at the hearing.

But Cohn admitted that some people who are not certified according to Jewish law masquerade as mohels in order to make money, sometimes as much as $500 to $1,000 per bris.

“The city’s interference in the ritual could lead to legal action, the mohels said. “If we feel that our religious freedom is being restricted, we have the right to challenge it in court … we are ready, if needed, to challenge this,” he said.

The Board of Health plans to reach a decision on the proposal in September.
International Condemnation of Circumcision

Strong Opposition to Newborn Circumcision
Jo Hartley
Australian Doctor
August 9, 2012

Half of the Australian Doctor community believe that the circumcision of newborns is tantamount to child abuse and should never be performed, a survey reveals.

Findings from an online poll show that 74% of those responding to the question 'should parents be routinely offered circumcision for their newborns in the public system' said no.

Of these 51% liked the procedure to child abuse, while a further 23% said circumcision was a personal or religious choice and should only be available to parents of newborns in the private sector.

One doctor wrote: "Circumcision is a personal or religious choice. However, it is a choice that is not made by the person that it is being done to. At the age of majority, the decision can be made by the person who is being circumcised."

The survey was carried out in the wake of a call by a group of Australian specialists for the ban on elective infant circumcision in public hospitals to be overturned and Medicare rebates made available for the procedure.

Around one quarter (23%) of the 860 poll respondents agreed circumcision was a good public health measure and parents should be able to make an informed choice.

"As conscientious objectors to vaccination can claim a Government payment why is there not the equivalent for those choosing circumcision?"

"A government payment is allowed despite greater consensus in the medical profession for the benefits of vaccination versus the disparity in opinions for circumcision and no Medicare rebate.

Political correctness wins over reasoned argument," another commentator said.

Just 2% of respondents believed every child should be circumcised as a matter of course.

Tasmania Law Reform Institute Issues Favorable Final Report Citing ARC and Other Intactivists
J. Steven Svoboda

We received the media release reproduced below and dated today from the Tasmania Law Reform Institute, announcing their release of their final report on male circumcision. The report is generally a good one and includes numerous references to our September 2009 submission as well as to submissions by a number of other intactivists.

This link is a bit better than the one given below in the TLRI press release: http://www.law.utas.edu.au/reform/reports_publications.htm#circumcision

Steven Svoboda
Attorneys for the Rights of the Child

Circumcision Row in Austria
Austrian Times
July 25, 2012

A ban on non-medical circumcision in the Austrian province of Vorarlberg has caused controversy amongst religious leaders after the Vorarlberg state governor advised doctors against performing the procedure.

The governor of Austria’s Eastern most province Markus Wallner told provincial hospitals not to perform religiously motivated circumcisions until the legal situation was clarified.

He justified the new measures being introduced into state run hospitals by saying the measures would remain in place until a new uniform approach has been made.

The new measures do not affect private hospitals in the province.
The move follows a ban made by a German court in Cologne back in June which ruled that performing of circumcision amounted to criminal assault.

Members of the Jewish and Muslim community are outraged at the new ruling.

Fuat Sanac, head of the Islamic Community of Austria branded the move "an attack on religious freedom in Austria". He reiterated that "circumcision is a tradition going back thousands of years."  

Meanwhile Oskar Deutsch, the head of Vienna's Jewish Community, said that the practice was "protected by the constitution."  

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**Finns Party Proposes Circumcision Ban**  
*Yle Uutiset*  
March 7, 2012

Finns Party MP Vesa-Matti Sarakkala is calling for the criminalisation of male circumcision in Finland. In a formal inquiry to the government, Sarakkala says expanding the circumcision ban on girls to include boys is an issue of fundamental rights.

The Finns Party parliamentarian wants the courts to adopt a streamlined approach to male circumcision. He points to two recent circumcision court cases. In one a layman and the child's parents were convicted of conspiracy to commit assault. In the other, a doctor who performed a circumcision was not convicted, but the child's father was fined for assault.

Sarakkala is advocating cutting out circumcision for both sexes.

Finland's Supreme Administrative Court has ruled that ritual male circumcision is legal when carried out under medical supervision.

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**Finland Lacks Policy on Religiously-Mandated Male Circumcision**  
Irina Vähäsarja  
*Helsingin Sanomat*  
May 28, 2012

The issue of circumcisions performed on boys for religious and cultural reasons has reached a stage in Finland in which it is difficult to find a solution that is acceptable to all. The Green League voted in favour of a resolution at its party congress a week ago that such procedures should be phased out in Finland either through advice or, if necessary, through legislation.

Finns Party MP Vesa-Matti Sarakkala submitted a legislative initiative in Parliament calling for an outright ban on circumcisions. Earlier in the spring the issue was also taken up by Minister of Justice Anna-Maja Henriksson (Swed. People's Party). In her view, the procedures should be permitted, but legislation, or at least guidelines from the ministerial level are needed on who may perform the circumcisions and under what circumstances.

There are problems involved in both permitting and prohibiting the operations, but there are also problems involved in the Finnish status quo, which has no specific legislation to back it up.

It is estimated that hundreds of non-medical circumcisions are performed on boys each year, but the circumstances under which they might be permitted, and when they would be classified as criminal assault are unclear. A basic guideline has been the decision handed down by the Supreme Court in 2008, in which the religiously motivated circumcision performed on a Muslim boy was not considered a crime, as it was performed in a medically sound manner. The decision has been interpreted in such a way that non-medical circumcisions have been seen as permissible as long as they are performed by a doctor.

However, last year Helsinki District Court took a tougher line. The court ruled, among other things, that the person undergoing the procedure should understand what is happening. This means that circumcision of small children would not be allowed. The court based its decision on the Convention on Human rights and Biomedicine of the Council of Europe, which was adopted by Finland only after the Supreme Court's decision. The case is still in the Court of Appeals, and it is too early to say if the Supreme Court will rule on it someday.

As long as no legislation is passed, or case law established, cases will end up in court. The situation causes uncertainty among parents who do not know if they could face charges. If the surgeries are banned, there is a danger that they will be performed abroad, or that quacks might be enlisted for the purpose, and that if complications occur, the parents might be afraid to take their children in for treatment. In addition, both the Jewish and Muslim communities oppose any ban. However, if the procedures are permitted, Finland will be giving its approval to medically unnecessary surgery that interferes with the integrity of the body. The Finnish Medical Association takes the stand that child circumcisions are in conflict with medical ethics.

The Ministry of Social Affairs and Health favours a compromise. It does not take a stand in either direction on the issue of legislation, but it is preparing a set of guidelines for health care professionals. Ministry official Marie Kolima is not disclosing the content or schedule of the guidelines. “There are many things that remain open”, she says. This is certainly easy to believe. A number of thorny questions need to be considered:

Should public health care be used for the performance of a religious ritual? What if all doctors refuse on ethical grounds? If the procedures are consigned to the private sector, is it still possible to get a public subsidy?

There is also the question of basic principles, which the Greens also referred to. Should Finland seek to act in such a way that non-medical circumcisions of boys would become less common, or be eliminated completely? If so, what would be the means to that end?
Ban Ritual Circumcision of Boys: Centre Party  
The Local [Norway]  
June 13, 2012

The practice of ritually circumcising infant boys is outdated, dangerous, and should be banned, according to Centre Party justice policy spokeswoman Jenny Klinge.

“In my view, this is a custom that we cannot accept in a modern, civilized society. Our aim is to prioritize the rights of small children. Fortunately, it has become forbidden to circumcise girls, now it’s time for boys to get the same legal protection,” Klinge told newspaper Dagbladet.

Although the Centre Party is itself a junior partner in Norway’s Red-Green coalition government, the politician also criticized the government’s decision to consult experts on the possibility of introducing circumcision into the public healthcare system, a move she fears would legitimize the practice.

She stressed that she was not opposed to circumcision in cases where it was deemed a medical necessity.

“But circumcision based on ritual and religion is actually about holding down a newborn baby boy and cutting off part of a healthy sexual organ, with all the consequences that this might have for an individual’s future health and sex life,” said Klinge.

With this in mind, performing a circumcision on religious grounds ought to be made a criminal offence, she added.

Jan Helge Solbakk, a professor of medical ethics at Oslo University, agreed with Klinge’s criticism of the practice.

“It represents an irreversible operation on a boy who is not in a position to protect himself, and as such is in breach of basic human rights,” he told Dagbladet.

Zimbabwe's Stamps Scoffs at Circumcision  
Rutendo Mawere  
The Standard [Zimbabwe]  
July 22, 2012

President Robert Mugabe’s health advisor, Timothy Stamps, has rubbish claims that male circumcision reduces HIV and AIDS prevalence rates at a time the country had embarked on a foreskin cutting crusade, ostensibly to lessen chances of contracting the deadly disease.

The former minister of health said circumcision did not make any difference to the adult prevalence rate, noting researches had shown that countries with a higher number of circumcised men, like the US, also had a high HIV prevalence rate.

He said instead of channelling funds towards circumcision, the money must be used to save pregnant mothers who die in huge numbers in this country.

“When we are losing 960 mothers for every 100,000 pregnancies, should circumcision be a priority?” said Stamps.

He said circumcision had led to men being more reckless in sleeping around.

“Young men are happier to take risks and chances without the use of condoms or any other preventive measures because they are told circumcision will protect them,” he said.

Last week, the Ministry of Health and Child Welfare insisted that circumcision helped in the reduction of HIV infection.

It said evidence of randomised controlled trials conducted in 2007 in Kenya, Uganda and South Africa demonstrated that male circumcision reduced the risk of female to male sexual transmission of HIV by 60%.

“It is therefore important to recognise that male circumcision does not eradicate the chances of acquiring HIV but reduces by 60%, meaning that there is still a 40% chance of acquiring HIV.”

New Zealand Surgeon: Circumcision Risks too Great  
Jarrod Booker  
The New Zealand Herald  
March 10, 2012

Auckland paediatric surgeon has hit out against calls for routine circumcision of newborn boys, saying the risks of the painful "non-consensual mutilation" far outweigh any benefits.

Dr Neil Price, of Starship Children’s Health, questioned a study led by Sydney University professor of medicine Brian Morris which claimed evidence in favour of infant circumcision was overwhelming.

Dr Price said any health benefit was very small when put into context and compared to the risk of complications such as bleeding and damage to the penis.

He also questioned the ethics of performing such a "painful procedure on a non-consenting infant."

"If anyone believes that this is not painful they should just listen to the screams that accompany blood testing and immunisation in babies and they should get an idea that 'yes, infants do feel pain'."

About 10 per cent of New Zealand's male babies are circumcised - often for cultural or religious reasons.

The Government pays for the procedure only for medical reasons, such as frequent infections.

The research by Professor Morris and his colleagues found the risk of urinary tract infection and kidney inflammation in uncircumcised infants was 10 times greater than in those who were circumcised.

Later in life the uncircumcised had a higher risk of prostate and penile cancer, and their risk of contracting HIV and syphilis, the risk was three to eight times greater.

But Dr Price said the findings seemed to
be the same "blinker ideology" Professor Morris had been "peddling for years."

"We could prevent 50 per cent of testicular tumours, which are far more common, by removing one testicle from each male. Would Professor Morris be interested in this?"

The purported benefits, when put in context, were insignificant. Recurrent urinary tract infections, for example, were rare in boys less than 12 months old, and penile cancer was a rare disease affecting elderly men.

"The complication rate of circumcision even in the best hands is over 1 per cent, therefore more boys will be harmed than advantaged," he said.

"In the last year I have had to reconstruct two boys who had all of the skin removed from their penis by a 'routine' circumcision, and there have been multiple cases of excessive bleeding," Dr Price said.

To trim or not For:
* Reduced risk of urinary tract infection and kidney inflammation.
* Reduced risk of prostate and penile cancer.
* Reduced risk of contracting HIV and syphilis.

Against:
* Bleeding, which can be severe.
* Meatal stenosis (scarbing of the hole the urine comes out of), which can occur in boys and men who had infant circumcision. This can require multiple surgeries to correct.
* Too much or too little skin can be removed, which can lead to cosmetic and functional issues.
* The penis can be damaged, and amputation, partial amputation, and damage to the urethra are recognised complications of circumcision.

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**Slovenia's Human Rights Ombudsman Says Male Circumcision Violates Human Rights**

**J. Steven Svoboda**

In February, Slovenia's human rights ombudsman announced that "circumcision of boys for non-medical reasons is a violation of children's rights" and "ritual circumcision of boys for religious reasons in our country, [for] legal and ethical reasons is unacceptable, and doctors should not perform it."

Here is the URL for the original announcement in Slovenian: www.varuhrs.si/medijsko-sredisce/aktualni-primeri/novice/detajl/obrezovanje-fantkov-iz-nemedicinskih-razlogov-je-krsteve-otrokovih-pravic?cHash=7364092cc8

Thanks to our newest board member, Marc Angelucci, for calling this to our attention.

**J. Steven Svoboda**
Attorneys for the Rights of the Child

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**Swedish Paediatric Society Calls for Banning of Male Circumcision**

**J. Steven Svoboda**

The Swedish Paediatric Society is now calling for the banning of male circumcision as an assault on boys. http://m.thelocal.se/39200/20120219/

**J. Steven Svoboda**
Attorneys for the Rights of the Child

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**Swedish Does in Circumcision Protest**

Clara Guibourg

_The Local [Sweden]_

_February 19, 2012_

Circumcision of young boys for religious and non-medical reasons ought to be banned in Sweden, urged the Swedish Paediatric Society (Svenska barnläkarföreningen, BLF).
Supreme Court to Hear
British Columbia Botched Circumcision Case
Postmedia News
April 26, 2012

The Supreme Court of Canada will hear the case of a B.C. father who tried to circumcise his four-year-old son with a razor blade and a blood coagulant meant for horses, it was announced Thursday.

The man, who is referred to in court documents only as D.J.W. to protect the identity of his son, was first convicted in a British Columbia court in October 2009.

He was found guilty of criminal negligence causing bodily harm following the botched April 2007 procedure.

But, after the man appealed the decision, three B.C. Court of Appeal judges stayed the conviction and upped the charge to aggravated assault last December.

The previous sentence imposed was one year in jail, with two years' probation and a 10-year prohibition on owning a firearm. An aggravated assault conviction carries a maximum sentence of 14 years in jail.

According to the documents, D.J.W. had "changed his world view: after the birth of his son and felt he had to "make things right with God."

The original trial judge found D.J.W. had asked two rabbis and four physicians to perform the circumcision but was told the procedure would require a general anesthetic, which could not be justified for his four-year-old son.

The man then attempted to enroll in a course that trained mohels to perform circumcisions, but was told only trained doctors could take it, the documents stated.

Despite having botched a circumcision on himself a couple of years earlier which caused an infection, the man decided to circumcise his son himself, in his kitchen.

According to court documents the kitchen was not sterile, or even sanitary. The documents also say that D.J.W. gave his son a quantity of honey wine, placed him on garbage bags on the kitchen floor, then cut away the foreskin with a razor blade. The documents further state that D.J.W.’s hand slipped when his son shuddered and cried, and that D.J.W. used a veterinary blood coagulant called Wonder Dust — meant for horses and livestock — on his son's bleeding penis.

The boy had to have corrective surgery.

According to a summary of the case in the 2009 ruling, D.J.W. had told his son the procedure would grant him "extra special protection from God" and allow him to eat Passover lamb, ice cream and pick all the movies he wanted for a week.

D.J.W. is banned from seeing the boy, who now lives with his mother.

As is customary, the Supreme Court gave no reason for its decision Thursday.

Boy Died After Circumcision in Oslo
Bergens Tidende
May 12, 2012

A two-week-old boy died of complications two days after he had been circumcised by a doctor in Oslo.

A circumcision was performed at a doctor’s office on the East side, and both the police and county physician in Oslo are now investigating the matter, writes Aftenposten.

The boy was circumcised last Sunday and died two days later. County medical officer Peter Schou confirms that the child died of complications following circumcision.

“We have created a formal investigation against two unnamed doctors,” said Schou.

According to him there have been several cases of investigation of medical offices in Oslo regarding circumcision.

Scarc Complaints
These are very difficult cases to investigate because patients rarely complain about circumcision, but we have serious concern from hospitals that get these kids into therapy later, he says to Aftenposten.

Each year an estimated 2000 boys circumcised in Norway, many of them privately and without professional controls.

The Health and Care Services is now considering tighter laws to make circumcision more safe, but both within government and within the coalition parties, there are disagreeing views on the circumcision of boys. Some want to ban it, while others want to offer the procedure in the public health system. A bill has recently been circulated that would ban or limit it by age.

Ban or Limit
Many prominent organization think that circumcision of male children should be banned. The Medical Association, Nurses, Children, NHA, Resource for men and Medical Sciences at the University of Oslo want the practice banned.

Child Ombudsman Reidar Hjermann wants a debate about minimum age, but believes that ritual circumcision should be banned for children under 15-16 years.

Justice Policy Center spokeswoman, Jenny Klinge, said ritual circumcision of young boys should be banned in line with the circumcision of girls.
Infant Sustains Partial Amputation During Bris  
Massachusetts Lawyers Weekly Staff  
June 21, 2012

Parents say they suffered severe emotional distress; $700,000 settlement

A 8-day-old baby suffered an amputation of a portion of the ventral glans of his penis at a Jewish brit milah circumcision ceremony, or bris, at a private residence. The plaintiffs maintained that the doctor/mohel was negligent in his performance of the procedure.

The doctor/mohel allegedly failed to re-examine the child between the ceremony and the time that the child left for the hospital. Upon arrival, the child was rushed to an operating room for emergency surgery as a result of an amputation of his ventral glans and a traumatic hypospadias, or damage to the opening of the urethra.

The child was released from the hospital the following day with a catheter inserted into his penis, only to return to the hospital later that night because the catheter had fallen out. After a lengthy effort to re-insert the catheter, during which time the child screamed in agony, a decision was made to have family members insert a tube into the child’s penis numerous times a day over a 10-day period.

The child suffers from a permanently disfigured penis, a hypospadias and remaining foreskin. He has experienced night terrors and may require further surgery for medical and/or cosmetic reasons.

His parents, who claimed to have suffered severe emotional distress, fear the emotional difficulties the child will face as he matures and deals with, among other things, school locker rooms and/or romantic relationships.

Queen’s Park [London] Baby Bled to Death Two Days after being Circumcised  
Brent & Kilburn Times [London]  
June 22, 2012

Inquest hears 28-day-old tot lost three-quarters of his total blood volume

A one-month-old baby from Queen’s Park [London] bled to death less than two days after he was circumcised, an inquest heard.

Angelo Ofori-Mintah’s operation went according to plan, but a few hours later the incision began to bleed.

Westminster Coroner’s Court heard it eventually stopped and his mother Maame Abrafi, who lives in Ashmore Road, thought he was fine.

However the following day he became cold and pale and was rushed to hospital with dangerously low oxygen levels.

He suffered a cardiac arrest and died in the early hours of February 17.

Tests revealed he had lost about three-quarters of his total blood volume and died as a result of an acute haemorrhage due to circumcision.

The inquest heard Mrs Abrafi had received clear aftercare instructions from Rabbi Mordehai Cohen, who carried out the procedure.

The qualified practitioner gave her a printed guide which included his contact details in case of emergency.

He also explained that she was to leave the bandage on for 24 hours ‘at all costs’.

But realising her 28-day-old son was bleeding, the court heard, Mrs Abrafi who is originally from Ghana, removed it within nine hours.

She was unable to call the Rabbi because she did not have enough phone credit so texted a friend who contacted him for her.

The friend said the Rabbi had suggested applying petroleum jelly but as she hadn’t seen the baby she was relying on Mrs Abrafi’s description.

This created a ‘tragic break-down in communication’ said Deputy Coroner Shirley Radcliffe, which left Rabbi Cohen unaware of the full circumstances.

Rabbi Cohen was entirely blameless for the tragedy.

Directing her comments to Mrs Abrafi, Mrs Radcliffe said: “This is simply a tragic accident, an unforeseen consequence of the surgical procedure that this baby undertook.

“My deepest condolences.”

AMA Reports that Nearly Half of US Boys Are Being Left Intact, Creditin Intactivists  
J. Steven Svoboda

The American Medical Association has issued a report stating that nearly half of newborn US boys leave the hospital intact, the highest intact rate since the US starting keeping track nearly two decades ago. This data partially contradicts the Centers for Disease Control and Prevention’s (CDC’s) data released in 2010 suggesting an even lower in-hospital circumcision rate of only about one in three, but that report was not believed by most observers. The new data sounds credible and, as suggested by this report, is largely due to the success of intactivist efforts.

J. Steven Svoboda  
Attorneys for the Rights of the Child

Male Newborn Circumcision Rate Falls to Lowest Level  
Kevin B. O'Reilly  
American Medical News  
March 2, 2012

The drop coincides with the American Academy of Pediatrics’ neutral position on the procedure. That policy, however, is being re-examined.

The proportion of newborn boys circumcised in U.S. community hospitals is at its lowest level,
54.5%, since the federal government starting tracking the statistic in 1993.

The rate has fallen from its peak of 62.7% in 1999, when the American Academy of Pediatrics adopted a neutral position on the procedure.

However, the academy's stance, which many credit as a factor in the decline of circumcision, is being revisited in light of new evidence about the potential health benefits of circumcision. Since the AAP took its position, evidence has mounted that links higher prevalence of circumcision to lower rates of penile cancer, urinary tract infections, phimosis, balanitis and meatitis, as well as HIV and other sexually transmitted diseases.

"I don't doubt that the academy's position is influential," said Douglas S. Diekema, MD, MPH, a member of the academy's Task Force on Circumcision that is re-examining the policy. "When the neutral policy came out, more pediatricians changed their tone to a more neutral tone with parents."

In 1999, the academy said existing scientific evidence was "not sufficient to recommend routine neonatal circumcision," a position that was reaffirmed in 2005. According to a statistical brief released in February by the Agency for Healthcare Research and Quality, the rate of male newborn circumcisions sunk to 57.3% by 2001. In the ensuing years, the rate hovered between 54.9% and 57.9%, until falling to a low of 54.5% in 2009, the latest year measured.

The AHRQ brief cited the AAP's position as a factor in the decline of male newborn circumcisions.

Another factor was the rising population of Hispanics, who are less likely than other racial or ethnic groups to have their baby boys circumcised. Also, 18 state Medicaid plans now refuse to pay for routine nontherapeutic circumcision, with Western states such as California, Oregon and Washington among them.

Circumcision rates vary dramatically by region, with 75% of Midwestern newborns undergoing the procedure, compared with less than 25% of boys born in the West, said the AHRQ report (www.hcup-us.ahrq.gov/reports/statbriefs/sb126.pdf).

Experts said the AHRQ figures may under-represent the prevalence of circumcision, because some circumcisions take place outside the hospital as part of a religious ceremony or in a physician's office. Nonetheless, the data can accurately show which way the trend is going.

Growth of anti-circumcision advocacy Opponents of circumcision have become more vociferous in the last decade, said Dr. Diekema, director of education at the Seattle Children's Hospital Treueman Katz Center for Pediatric Bioethics.

"The rise of the anti-circumcision groups on the Internet is another influence," he said. "That's a voice that's very loud and very prevalent on the blogs. Every news article on circumcision that appears prompts hundreds of comments and blog responses, and parents read those things."

The rising tide of opposition to circumcision is not limited to the Internet. In 2011, anti-circumcision activists collected enough signatures to place the San Francisco ballot a measure that would have banned circumcision for males younger than 18 unless medically needed.

But County of San Francisco Superior Court of California Judge Loretta Giorgi struck the measure from the ballot in July 2011, ruling that it would have interfered with religious freedom and illegally regulated medical practice. In October 2011, Democratic Gov. Jerry Brown signed legislation supported by the California Medical Assn. that prevents local authorities from prohibiting or restricting male circumcision.

Dr. Diekema said it is important for pediatricians to talk with parents about the risks and benefits of circumcision and take into account parents' religious or cultural beliefs about the procedure.

The AAP's Task Force on Circumcision has submitted its report to the academy's board of trustees, which is likely to act by the end of 2012, Dr. Diekema said. He could not divulge specifics on the task force's work because it is under embargo while the board considers it.

However, Dr. Diekema said the policy on routine circumcision will probably shift away from strict neutrality because of new data about the procedure's health benefits.