

National Organization of Circumcision
Information Resource Centers
and
Doctors Opposing Circumcision

present

THE NINTH INTERNATIONAL SYMPOSIUM
ON CIRCUMCISION, GENITAL INTEGRITY,
AND HUMAN RIGHTS



PROGRAM & SYLLABUS OF ABSTRACTS



SEATTLE SKYLINE

PHOTO: SEATTLE'S CONVENTION AND VISITORS BUREAU

24-26 August 2006

UNIVERSITY OF WASHINGTON, SEATTLE

Symposium Organizers

Marilyn Fayre Milos, RN, National Organization of Circumcision Information Resource Centers,
John Geisheker, JD, LLM, General Counsel and Executive Director, Doctors Opposing Circumcision. Seattle, WA USA.

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PROGRAM

Thursday, 24 August

- 8:00 Registration
- 8:30 **Welcome and Opening Remarks** – *Marilyn Milos, John Geisheker, and Peter Ball*
- 9:00 **The Delusional Psychologies of Circumcision and Civilization** – *David Chamberlain*
- 10:00 **Determining the Best Interest of the Child: A comparative approach to professional medical guidance for relating male circumcision**
– *Marie Fox and Michael Thomson*
- 11:00 Break
- 11:20 **Cultural Relativism at Home and Abroad** – *Zachary Androus*
- 11:40 **Circumcision in Perspective** – *Jody McLaughlin*
- 12:00 **Circumcision Mythologies in Conflict with Logic, Reason, and Common Sense** – *Steve Scott*
- 12:30 Lunch – On Your Own
- 2:00 **Consequences of Female Genital Mutilation on Global Health and Sexuality** – *Olaoye Olusoji Emmanuel*
- 2:20 **Medical Interventions on Women’s Genitals: Historical Texts and Contemporary Discourse** – *Noel Gazzano*
- 2:40 **Female Genital Modifications in Malawi: A Field Research** – *Debora Moro*
- 3:00 **The Ritual Use of Herbs for Female Genital Modifications in Africa** – *Franco Viviani*
- 3:20 **Ten Years of Merka’s Alternative Rite in Somalia (1996-2005): From “Sunna Gudnin” to “Gudnin Usub”** – *Franco Viviani*
- 3:40 Break
- 4:00 **Muslims and Circumcision** – *Mostafa K. Al-Madawi*
- 4:20 **Changing People’s Minds about Circumcision** – *Patricia Robinett*
- 4:40 **Special Guest: Singer/Songwriter** – *Jess Grant*
- 5:00 Dinner On Your Own

Friday, 25 August

- 8:00 ***Birth As We Know It***, a feature film by Elena Tonetti.
- 8:30 Registration
- 9:00 **“Toxic Irritation of the Nervous System” Abraham Wolbarst and the Industrial Implementation of Eugenic Circumcision**
– *Frederick Hodges*
- 9:30 **Excuses for Circumcision: Some Byways of Penile Anatomy** – *Ken McGrath*
- 9:50 **The Perils of Circumcision** – *James Snyder*
- 10:10 **Methicillin-Resistant Staphylococcus Aureus: A Risk of Circumcised Boys** – *George Hill*
- 10:30 **Conservative Management of Foreskin Problems** – *John Dalton*
- 11:00 Break
- 11:20 **Fine Touch Pressure Thresholds in the Adult Penis** – *Morris Sorrells*
- 11:40 **Fitting In and Getting Off: Elective Adult Male Circumcision in the USA** – *Zachary Androus*
- 12:00 **Image: Are We Right or Wrong?** – *David Smith*
- 12:30 Lunch on Your Own
- 1:30 ***Breakthrough***, a 30-minute documentary on female genital cutting by *Morgan Pollack*
- 2:00 **“Real Men”: Foreskin Cutting and Male Identity in the Philippines** – *Leonard Glick*
- 2:20 **Filipino Male Experience of Ritual Circumcision: Perspectives and Insights for Philippine-Based Anti-Circumcision Advocacy** – *Romeo B. Lee*
- 2:40 **Traditional Male Circumcision in West Timor, Indonesia: Practices, Myths, and their Impact on the Spread of HIV/AIDS and Gender Relations** – *Primus Lake*
- 3:00 **Report from NOCIRC of Ireland** – *Linda Massie*
- 3:20 **News from NORM-UK** – *John Warren*
- 3:40 Break
- 4:00 **Male Circumcision in Europe: Is There Anything We Can Do?** – *Yngve Hofvander*
- 4:20 **Foreskins for Keeps: A Midwife’s Project to End Circumcision** – *Gloria Lemay*
- 4:40 **Circumcision in the Mass Media** – *Hugh Young*
- 5:00 Dinner On Your Own

Saturday, 26 August

- 8:00 *Birth As We Know It*, a feature film by Elena Tonetti.
- 8:30 Registration
- 9:00 **Coding, Reporting, and Analyzing Circumcision Data** – *Georganne Chapin*
- 9:30 **A Treatise From the Trenches: Why Are Circumcision Lawsuits So Hard to Win?** – *J. Steven Svoboda*
- 9:50 **Winning and Losing on the Circuit** – *David J. Llewellyn*
- 10:10 **Switching Gears in Washington State: From Individual Lawsuits to Writ of Mandamus** – *John Geisheker*
- 10:30 **The MGM Bill Proposals: A Legislative Strategy for Protecting US boys from Circumcision** – *Matthew Hess*
- 11:00 Break
- 11:30 **Ending Non-religious Circumcision: Supply vs Demand** – *A Moderated Discussion*
- 12:30 Lunch On Your Own
- 1:30 *Breakthrough*, a 30-minute documentary on female genital cutting by *Morgan Pollack*
- 2:00 **Defining What is Sacred** – *Miriam Pollack*
- 2:20 **Beyond the Bris: One Jewish Mother's Experience** – *Rebecca Wald*
- 2:40 **Resolving Circumcision Trauma: Neurological Repatterning and Healing Action** – *Stephanie Mines*
- 3:40 Break
- 4:00 **Ending Circumcision for Children: A Total Paradigm Shift** – *Suzanne Arms*
- 4:45 **Tribute to Jeannine Parvati Baker** – *Marilyn Milos and Suzanne Arms*
- 5:00 Close of symposium
- 7:00 **No Host Banquet Dinner and Premier Performance** – Composer Ron Romanovsky and Betty Katz Sperlich, co-founder, Nurses for the Rights of the Child, present *IT'S A BOY!* (a circus opera). The performance includes five vocalists and two accompanists.

Speakers confirmed but are subject to change. ~

INTERNATIONAL SYMPOSIA ON CIRCUMCISION, GENITAL INTEGRITY, AND HUMAN RIGHTS

The International Symposia on Circumcision, Genital Integrity, and Human Rights, a special project of the National Organization of Circumcision Information Resource Centers (NOCIRC), provides a forum for discussion about the sexual mutilation of infants and children from historical, anthropological, cultural, religious, social, psychological, medical, ethical, legal, and human rights perspectives. NOCIRC is a non-profit educational organization that provides information about circumcision and protecting the rights of children.

INTERNATIONAL SYMPOSIUM ON CIRCUMCISION, GENITAL INTEGRITY, AND HUMAN RIGHTS

presents

ACADEMIC ACHIEVEMENT AWARDS

Robert Darby, PhD

Leonard B. Glick, MD, PhD

HUMAN RIGHTS AWARDS

Gary Burlingame

W. Keith C. Morgan, MD

John Sawkey

ACHIEVEMENT AWARDS

Dan Bollinger

John Geisheker

George Hill

SYLLABUS OF ABSTRACTS

MUSLIMS AND CIRCUMCISION

Mostafa K. al Madawi

This paper examines the important distinction between Islam and Muslim identity. To be Muslim requires no effort or understanding of the Quran. Today, it merely means to belong to a Muslim tribe or to live in a Muslim country. Being a Muslim, as opposed to following Islam, also means giving credence to the myths and legends attributed to the Prophet Mohamed rather than to the Quran itself. The ugly practice of forcible male and female circumcision is an example of a tradition that has no basis in the Quran and is therefore not a genuine Islamic practice. There are other examples that demonstrate the important differences between Muslim identity and Islam. For instance, a true follower of Islam may not bear false witness and may not fight or kill another human being except in self defense. Islam forbids slavery and polygamy. These practices are prohibited in the Quran. Nevertheless, most Muslims falsely believe that these practices, including circumcision, are condoned in the Quran. It will be impossible to convince any Muslim to abandon circumcision until one first proves to him that circumcision is not mandated or even mentioned in the Quran.

The difference between Muslim and Islam is that it is very easy to be a Muslim, simply by following a party, a tribe, or a Muslim state, which are divided all over the world. Following different talks and stories predicated to Mohamed the Apostle, against the message of the Quran, such as the ugly habit of circumcising boys and girls against their will, I shall give other examples to prove that no one can be a real Muslim unless he is following the message of the Quran, separate from all false talks and stories, such as a Muslim has no right to kill or to fight any human being who is not fighting him first or a Muslim has no right to have a slave or a captive or more than one permanent wife, it is all according to false stories against the Quran. I believe you will never convince a Muslim to abandon circumcision unless you prove that it is against the Quran. People believe the Quran, which is covered by those talks and stories. My intention is to remove this cover completely.

Mostafa K. al Madawi is former president of the Court of Appeal of Benghazi, former Professor at the University of Benghazi, and former Judge of the Administration Court of the Arab League, now working on research and writing. Benghazi, Libya.

CULTURAL RELATIVISM AT HOME AND ABROAD: AN AMERICAN ANTHROPOLOGIST CONFRONTS THE GENITAL MODIFICATION OF CHILDREN

Zachary Androus

Cultural relativism acknowledges the meaningfulness of cultural behaviors for those who practice them, and is a central tenet of anthropology. In cases of apparent conflict between cultural practices and universal human rights, anthropologists articulate sophisticated positions that move beyond the simple dualisms inherent in absolutist condemnations or defenses of controversial behaviors. Approaching cultural practices that

are contrary to the researcher's own values does not require the suspension of the researcher's moral or ethical sensibilities; however, it does require the researcher to remain sensitive to the values of the people with whom they work, especially when dealing with contested practices like circumcision. Anthropologists who encountered female genital modification have written extensively on their application of cultural relativism. In my work on American neonatal circumcision, I consciously apply the principles of cultural relativism, despite my personal opposition to the practice. This paper describes the importance of a relativist perspective and considers its implications for inactivism in an American context.

FITTING IN AND GETTING OFF: ELECTIVE ADULT MALE CIRCUMCISION IN THE UNITED STATES

Zachary Androus

The majority of male circumcisions in the United States are performed on infants upon parental request. Most scholarly attention towards American circumcision focuses on the neonatal practice; however, significant numbers of adult American men elect circumcision for themselves, and many men circumcised as infants elect further surgical adjustment of their penises as adults to meet their preference or standard for what they perceive to be a desirable penis. Illuminating insights into the American cultural values that underlie the persistence of non-therapeutic infant circumcision can be found in the expressions of desire for circumcision or re-circumcision offered by adult men who elect the surgery for themselves. Using primary ethnographic data, this paper surveys those justifications, which include the preference of sexual partners for circumcision (or re-circumcision); social conformity; aesthetic appeal of the circumcised penis; and sexual fetishization of the circumcised penis, the act of circumcision, or the experience of being circumcised.

Zachary Androus, BA, MA, and PhD Candidate in Race, Gender, and Social Justice, Department of Anthropology, American University. His research interests include neonatal circumcision in the United States and the relationship between transgressive body modifications and sexuality. He teaches anthropology at the Lorenzo de Medici University, Florence, Italy.

ENDING CIRCUMCISION FOR CHILDREN: WHAT THE OLD PARADIGM HAS BRED AND WHAT THE NEW PARADIGM PROMISES

Suzanne Arms

The paradigm that has driven circumcision has to shift, and it is. The old paradigm has resulted in cultures where adults (including parents) feel entitled to control the body, mind, and spirit of children. The new paradigm will bring forth a world culture where everyone respects the integrity of every child and honors what each child brings. The old paradigm includes a sub-group of people who believe that children are born with evil or with the propensity toward evil and that their will must therefore be bent or broken. If this is not done, the child will grow up "out of control"

and in reality the underlying fear is that these children will dominate their elders and destabilize the culture.

At the other end of the spectrum are those cultures who, for religious or non-religious reasons, believe that children must endure painful (even life-threatening) practices and rituals in order to be socialized into the group. The focus is upon maintaining the status quo and group cohesiveness. There are many historical reasons for the existence of the old paradigm and it did succeed in maintaining a certain amount of control over individuals and ensuring the survival of the group.

There are several outcomes and one is preparing children who will become adults willing to die for the group. One is to yield adults who will sacrifice their very lives for the group and will not question authority when they are sent into battle. The unexpected and largely unrecognized outcome of this old paradigm is the unconscious anger that results from it and is then projected toward the feminine. The first focus of this anger is the child's own mother, although it often gets generalized and expressed toward all women with whom these children grow up to have intimate relations. Whenever a child has shock and pain as an infant or newborn, it is likely to produce a primal wound – to the heart and at the very cellular and neurological level. As with all primal wounds, the earlier it occurs the stronger and more lasting the impact is likely to be, unless it is addressed and healed.

First, cultures must name these wounds in order to be able to see them. Until we see, we cannot address or help heal the child. It is women who must take responsibility for the fact that injury done to their children is viewed, at the deepest level of the psyche, as a primal betrayal by the mother. Accepting this is very painful, for most mothers would give their life for their child and do not wish to cause any harm. Nevertheless, we who are born into a feminine body and bear children carry a different level of responsibility for healing the world.

Thus, the issue is one of shifting consciousness and thereby changing our beliefs and our behavior toward the newest members of our society, our babies.

Suzanne Arms is an author, photojournalist, film maker, founding member of the Coalition to Improve Maternity Services (CIMS), founding board member of the Alliance for Transforming the Lives of Children (aTLC), and founder and director of Birthing the Future. Bayfield, CO, USA.

MASTER OF CEREMONIES

Peter Ball is a retired family practitioner, Vice Chairman of NORM-UK, and the producer and director of a non-surgical foreskin restoration video. Turnbridge Wells, Kent, UK.

THE DELUSIONAL PSYCHOLOGIES OF CIRCUMCISION AND CIVILIZATION

David B. Chamberlain

The presenter brings forty-eight years of clinical experience, half of it as a pioneer in birth psychology, to a critical analysis of the delusions of pediatricians, parents, and tribal practitioners of male and female genital cutting and the similar delusions of politicians, religious leaders, and parents about creating a "civilization" born and bred in fear and violence. In the end, he finds hope in a new quality of independent and

humane parenting that reaches critical mass, as the only real basis for any future civilization that goes beyond the isolated parenting successes already visible in different societies almost anywhere in the world.

David Chamberlain is a California psychologist and one of the international pioneers creating the emerging field of prenatal and birth psychology. In a landmark study with mother and child pairs in 1980, he proved that birth memories were reliable memories and not fantasies. His book, *The Mind of Your Newborn Baby* (1998) is in its 3rd edition, making its way around the world in twelve languages.

In 1983, David helped to create the Association for Prenatal and Perinatal Psychology and Health (APPPAH), served as its President for eight years, and has served on its board of directors ever since. He is also Editor of *Birthpsychology.com*, the Association's popular website, which he founded in 1996.

Dr. Chamberlain has taken his message about intelligent prenatals and newborns to sixteen countries and his fifty publications are studied and quoted around the world. He was a founding faculty member of Santa Barbara Graduate Institute. Currently, he and his wife Donna live in the foothills of the Sierras, where he continues with his writing and the practice of psychotherapy. Nevada City, CA, USA.

GARBAGE IN, GARBAGE OUT: CODING, REPORTING, AND ANALYZING CIRCUMCISION DATA

Georganne Chapin

Calculating the prevalence and rate of routine (i.e., non-medically necessary) circumcision in infants and children requires an understanding of hospital and physician billing and coding (including such practices as bundling and DRGs), as well as medical practice conventions. These appear to vary depending on locale, insurance coverage (or lack thereof), coding and billing competence, and the level of sophistication and accuracy of data recording, reporting, and analysis in a given entity – be it hospital, insurance company or government agency. Using data from New York's Medicaid program, this paper will demonstrate the difficulty of collecting valid service and cost data for routine circumcision. It will also show how both states and insurers consistently under-report both the frequency and cost of circumcision. Finally, it will suggest some implications of this under-reporting for advocates working to end non-therapeutic circumcision in the United States

Georganne Chapin is President and CEO of Hudson Health Plan, a not-for-profit Medicaid managed care company in New York's Hudson Valley. She is also an adjunct faculty member of Pace University School of Law, where she has taught courses in Medicaid and disability law, as well as Bioethics. Georganne holds an undergraduate degree in anthropology, a Masters in Sociomedical Sciences, and a JD, and she is on the Board of Directors of Attorneys for the Rights of the Child (ARC). Terrytown, NY, USA.

CONSERVATIVE MANAGEMENT OF FORESKIN PROBLEMS

John Dalton

Circumcision is seen as a valid, and often necessary, medical treatment even in parts of the world where infant circumcision is rarely performed outside the religious arena. This paper looks at the justifications for circumcision “for medical reasons” in the context of BMA advice that circumcision is unethical and inappropriate where non-invasive treatment is safe and effective.

The common clinical indications given for circumcision are reviewed against the evidence for the availability of conservative or non-invasive treatment.

This review concludes that the effective treatment, preserving the foreskin, is available in almost all cases commonly treated by circumcision. The only common condition that may justify circumcision is preputial lichen sclerosis that does not respond to potent topical steroids. New developments suggest that circumcision may perhaps be avoided even in these cases.

John Dalton received his first degree in biochemistry and his MSc in Radiation Biophysics. He has been researching the medical literature in relation to the foreskin and its removal since 1984, has accumulated an archive of more than 3,000 documents related to this subject, and has concentrated on accumulating the literature showing that the medical necessity for therapeutic male circumcision is doubtful. Staffordshire, UK.

CONSEQUENCES OF FEMALE CIRCUMCISION ON GLOBAL HEALTH AND SEXUALITY

Olaoye Olusoji Emmanuel

Female circumcision is associated with some health consequences but no statistically significant associations are documented for a number of health conditions. This is in part a result of the difficulty of designing studies on the more extensive operations (infibulations). The findings of the analysis can be summarized as follows: statistically higher risks are documented for some but not all types of infections; the evidence regarding urinary symptoms is inconclusive; the evidence on obstetric and gynecological complications is mixed: increased risks have been reported for some complications of labor and delivery but not others, and for some symptoms such as abdominal pain and discharge, but not others, such as infertility or increased mortality of mother or infant. Concerning sexuality, most of the existing studies suffer from conceptual and methodological shortcomings, and the available evidence does not support the hypotheses that circumcision destroys sexual function or precludes enjoyment of sexual relations. This review highlights the difficulties of research on the health and sexuality consequences of FGC, underscores the importance of distinguishing between more and less extensive operations, and emphasizes the need to go beyond simple inventories of physical harm or frequencies of sexual acts.

Olaoye Olusoji Emmanuel, founder of Media for Ethnic Equality (MEE), motivating and inspiring youths to affect others positively by building and maintaining culture, productivity, the core values of integrity, and respect for diversity; creating awareness and publicity about the AIDS epidemic; and campaigning for absolute peace in the world through the media. Ikeja, Lagos, Nigeria.

DETERMINING THE BEST INTERESTS OF THE CHILD: A COMPARATIVE APPROACH TO PROFESSIONAL MEDICAL GUIDANCE RELATING MALE CIRCUMCISION

Marie Fox and Michael Thomson

Recently the ethics of infant male circumcision has generated a considerable debate in bioethics journals. In previous publications we have sought to argue that, by contrast, healthcare lawyers have unjustifiably neglected the topic, accepting a dominant characterization of male circumcision as a standard and benign medical practice, which parents can choose for their children free of legal scrutiny. In this paper, we seek to problematize both the way in which male circumcision is debated in the ethics literature and how it is constructed as a non issue for healthcare lawyers. We are concerned here particularly with the cost/benefit analysis that has underpinned professional guidance and court decisions on the legitimacy of male circumcision. We argue that how these costs and benefits have played out in the ethico-legal debates and assessments as to what is in the best interests of the child are highly problematic.

The debate on male circumcision, in contrast to that on female circumcision is marked by an absence of statute law. There are also few reported cases. In the absence of clear legal authority, ‘soft’ law sources, particularly guidance issued by professional medical bodies, assumes enhanced significance. In the United Kingdom, the British Medical Association issued revised guidance as recently as 2003, but it is currently being re-considered. The current General Medical Council Guidance dates from 1997, while in 2001 a Joint Statement on Male Circumcision was issued by the British Association of Paediatric Surgeons, The Royal College of Nursing, The Royal College of Paediatrics and Child Health, The Royal College of Surgeons of England, and the Royal College of Anaesthetists. A common theme of this guidance is the way in which it constructs the issue of male circumcision as a legitimate parental choice – a position which we argue is in need of review.

In this paper we adopt a comparative approach in order to examine guidance on male circumcision issued by professional medical associations in countries that share a similar tradition of circumcision to the United Kingdom. Thus, we examine guidance issued in the United States, Canada, Australia, and New Zealand. Our focus is on professional guidance that adopts a more progressive and less tolerant approach to the issue of elective neonatal circumcision. Thus, we seek to explore what the medical profession in the United Kingdom and the United States could learn from guidance issued by the Fetus and Newborn Committee of the Canadian Paediatric Society in 1996 (currently under review) and in a Policy Statement on Circumcision issued by the Paediatric and Child Health Division of the Royal Australian College of Physicians in 2002.

Marie Fox is Professor of Law at the University of Keele. Her main research interests are in the field of healthcare law, and particularly the issue of how law regulates human and animal bodies. She is currently completing a co-authored monograph entitled *Framing the Clinical Body in Law*. Staffordshire, UK.

Michael Thomson is Professor of Law, Culture & Society at Keele University. His research interests include healthcare law, law and gender, and law and literature. His particular focus has been on the regulation of reproduction and the

relationship between law and gender. The focus of his most recent work is on masculinity and legal responses to the male body. He is currently completing a monograph titled *Medicine man: Regulating the male sexed body*. Staffordshire, UK.

MEDICAL INTERVENTIONS ON WOMEN'S GENITALS: HISTORICAL TEXTS AND CONTEMPORARY DISCOURSE

Noel Gazzano

In Italian media and professional medical discourse, medical interventions on bodies are described in non-cultural terms and are presented as necessary responses to material problems considered objectively assessed. Far from being a mere linguistic process, this categorization is dense with meaning: it removes medicine from the realm of culture, transforming it from a sociocultural process to an historical object, a given.

The controversy around a proposal for a ritual alternative to FGM in a Florence clinic triggered my reflection on the aforementioned medical view that organizes human reality into two conflicting spheres: medical practices on one side and cultural actions on the other. In the context of a reflexive perspective on biomedicine, I analyze 19th century Italian medical journals that consider female genital surgery as a cure for a variety of ailments; this analysis gives useful insight on the contemporary debate – alive in Italian biomedical environments – on the definition of medical practices in relation to interventions on patients' bodies and on doctors' roles in Italian society.

Noel Gazzano is a medical anthropologist who, after working as staff anthropologist at the Centro Ricerche in Ergonomia, Firenze, recently received her PhD from the University of Firenze, with the dissertation, *Biomedical Rituals: Women and the Embodiment of Gender in Italian Healthcare Environments*. Her current research focuses on male and female body modifications in contemporary and historical medical environments, ranging from aesthetic surgery to FGM and circumcision. Florence, Italy.

SWITCHING GEARS IN WASHINGTON STATE: FROM INDIVIDUAL LAWSUITS TO WRITS OF MANDAMUS

John Geisheker

The fault-finding requirement in Anglo-American tort law means that individual circumcisers will always steadfastly defend themselves at nearly any cost, and thus the focus shifts immediately away from rights of the child or the extent of his or her injury. This situation is aided by historical deference to parental wishes, prestige of the medical profession, ignorance of normal infant anatomy, and tolerance of surgical mishaps to minors.

In the legal setting, the high cost of litigation, the collegiality of medical professionals, (and hence their reluctance to step forward), makes the situation worse. Any intransigence of the bench just adds insult to expensive injury.

Even when the case of an individual child is won, these are too few in the aggregate, and too short-lived in the national press, to impact the \$2 billion circumcision market.

Perhaps a better tack is a campaign to expose widespread

anatomical ignorance and patently fraudulent medicine that wastes public Medicaid and individual insurer resources at a steady rate. Such a strategy removes the focus from the individual physician and puts it on the local medical society in an administrative setting. While a less aggressive and more diffuse tactic, it has the advantage of being affordable and manageable, with the potential to change policy and thus protect many more children in a single campaign, as has occurred in Manitoba, British Columbia, and New South Wales.

John Geisheker, JD, LLM, General Counsel and Executive Director, Doctors Opposing Circumcision. Seattle, WA, USA.

“REAL MEN”: FORESKIN CUTTING AND MALE IDENTITY IN THE PHILIPPINES

Leonard B. Glick

Most Filipino boys submit to foreskin cutting as an essential experience in the transition from childhood to adulthood. Usually this means not circumcision but supercision, which consists of a single dorsal incision with relatively minimal tissue destruction. As a further important contrast to the situation in the United States and other Anglophone countries, in the Philippines foreskin cutting is seldom touted for its ostensible medical benefits; rather the practice is embedded in broadly accepted social norms connected with male identity, social maturity, and sexual acceptability. Moreover, although beliefs about cleanliness are part of the picture, the dominant theme is not *foreskin rejection* but *penis improvement*, and the anticipated reward is not disease prevention but social acceptance as a properly formed man.

The Philippine Islands are geographically and ethnically diverse. While most Filipinos in the northern and central islands of Luzon, Mindoro, and the Visayas are nominally Christian (although with significant admixture of pre-Christian beliefs and practice), some in the southern region (Mindanao and the Sulu archipelago) are Muslims practicing circumcision as an Islamic rite. There is good evidence that supercision is an indigenous practice that long antedated the arrival of either Christian or Muslim missionaries, and that although Islamic circumcision replaced the older practice, the Christian population retained supercision.

Filipino beliefs about foreskin cutting correspond closely with those of Polynesians, who also practice supercision. In all these societies, foreskin cutting is so firmly embedded in entire cultural systems that it will probably endure until the cultures themselves change radically.

Leonard B. Glick, MD (University of Maryland), PhD (University of Pennsylvania), Professor Emeritus of Anthropology, Hampshire College, Amherst, Massachusetts (retired), is the author of *Abraham's Heirs: Jews and Christians in Medieval Europe* (1999), “Religion and Genocide,” in I.W. Chaney, ed., *The Widening Circle of Genocide* (1994), articles on religion and ethnicity, and author of *Marked in Your Flesh: Circumcision from Ancient Judea to Modern America* (Oxford University Press, 2005). New Salem, MA, USA.

FOR MY FORESKIN

Jess Grant is a singer and writer of songs to provoke and amuse, fusing lyrical intensity with diverse pop styles and

working-class ethics. He appeared at the NW Folklife Festival in 2005, was heard on NPR's Car Talk in 2004, and has opened for Utah Phillips, John Trudell, and Jello Biafra. When not playing his own material, Jess can be heard rocking out as the leader of Jett City, the world's tribute to Joan Jett. Seattle, WA, USA.

THE MGM BILL PROPOSALS: A LEGISLATIVE STRATEGY FOR PROTECTING U.S. BOYS FROM CIRCUMCISION

Matthew Hess

The goal of MGMbill.org is to pass federal and state laws that would protect boys in the USA from circumcision the same way that girls are protected under existing female genital mutilation statutes. Our MGM Bill proposals have been submitted to each member of Congress and the California State Legislature three times, and in 2006 the effort was expanded to include 14 additional state legislatures.

In addition to encouraging the American public to write lawmakers in support of our proposed legislation, MGMbill.org is lobbying Amnesty International and the United Nations to classify male circumcision as a human rights violation.

Matthew Hess is the founder and President of MGMbill.org, a San Diego-based group seeking to pass US laws that would protect boys from non-therapeutic circumcision. San Diego, CA, USA.

METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS: AN EMERGING RISK FOR CIRCUMCISED BOYS?

George Hill

Staphylococcus aureus has been treated with antibiotic regimens for more than six decades. The organism has shown a remarkable ability to evolve resistance to commonly used antibiotics. The resistant strains commonly are called methicillin-resistant *Staphylococcus aureus* (MRSA). The antibiotic-resistant varieties, which commonly had been found in hospitals, recently have entered the community, where their prevalence, in many areas, are reaching epidemic proportions.

MRSA is carried on the skin and in the nares of healthy people. Healthcare workers and parents may colonize newborn infants with MRSA. Any open wound, including the circumcision wound, increases the risk of infection. *Staphylococcus aureus* commonly causes skin infections, but it may also cause fulminating necrolytic pneumonia, meningitis, necrotizing fasciitis, and other life-threatening systemic infections. The community-associated strains (CA-MRSA) have developed new virulence factors not previously seen in hospital-associated strains (HA-MRSA). Treatment should be aggressive and immediate, but the death rate is high. This paper reviews the evidence of this potential risk for circumcised newborn boys.

George Hill is the Vice-President for Bioethics and Medical Science, Doctors Opposing Circumcision. Seattle, WA, USA.

"TOXIC IRRITATION OF THE NERVOUS SYSTEM": ABRAHAM WOLBARST AND THE INDUSTRIAL IMPLEMENTATION OF EUGENIC CIRCUMCISION

Frederick Mansfield Hodges

One of the leading ideologues of the first half of the twentieth century and a forceful contributor to the medical profession's demonization of natural male reproductive anatomy and its demolition through eugenic surgery was Abraham Leo Wolbarst (1872-1952). This paper will examine the life and career of Wolbarst and illustrate how a single, well-placed, ruthless, and determined individual could exert a malignant influence over a nation and transform its culture in order to satisfy his own interests.

Frederick Mansfield Hodges, D.Phil. (Oxon), medical historian, is the co-editor of *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice, Understanding Circumcision: A Multi-Disciplinary Approach to a Multi-Dimensional Problem, Flesh and Blood: Perspectives on the Problem of Circumcision in Contemporary Society, Bodily Integrity and the Politics of Circumcision: Culture, Controversy, and Change*, and co-author of *What Your Doctor May Not Tell You About Circumcision: Untold Facts on America's Most Widely Performed and Most Unnecessary Surgery*, and the author of many scholarly articles on the subject of circumcision, genital integrity, and human rights. Berkeley, California, USA.

MALE CIRCUMCISION IN EUROPE: IS THERE ANYTHING WE CAN DO?

Yngve Hofvander

About 20 million boys are circumcised annually. Of those, about ten million are Muslim, about one million are Anglo-Saxon, mainly from the US. In the medical literature, the focus is almost entirely on circumcision in the USA, while very little is written and studied from other industrialized countries. In Europe, there has been an influx of many millions of immigrants from the Middle East, Africa, and Southern Asia – all areas that practice circumcision in boys (and, to some extent, in girls).

In Sweden, it is estimated that some 3,000 circumcisions are performed annually on Moslem boys but only some 40 on Jewish boys. For four years, we have had a law regulating circumcision but this can be applied only to Jewish circumcision. For the rest, we know nothing of where, how, by whom, or the cost or complications.

I am attempting to compile whatever information can be obtained from ten European countries that are known to have a large influx of Muslim immigrants and, thereby, probably tens of thousands of circumcisions annually. Who is performing circumcision, where, how, at what cost, who is paying, the number of complications, attitudes from the original population, etc., are the elements I am trying to determine.

My findings will be presented and discussed, including what can be done to achieve a change of attitude and to limit the present high rate of circumcision and, thereby, unnecessary suffering.

Yngve Hofvander, MD, is a pediatrician and Professor, International Child Health, Uppsala University, consultant to the

Swedish International Development Authority, World Health Organization, and UNICEF. Uppsala, Sweden.

TEN YEARS OF MERKA'S ALTERNATIVE RITE IN SOMALIA (1996-2005): FROM "SUNNA GUDNIN" TO "GUDNIN USUB"

Mana Sultan Abdurahman Isse,
Pia Grassivaro Gallo, Franco Viviani

A temporary compromise solution in Merka, Somalia, aiming at a gradual passage towards the total eradication of female circumcision in Somalia, is presented here. It encompasses the following features: the abolition of every invasive intervention on female genitalia; the maintenance of a medical practitioner (nurse or traditional obstetrician); a sham operation that takes place by means of clitoral puncture; and the maintenance of rite of passage and related ceremonies and celebrations. Between 1996 and 2005 this compromise was actuated according to the phases depicted in the following table.

Years	Alternative Rite	Girls Involved
1996-2000	<i>Sunna Gudnin</i>	1300
2000-2002	<i>Gudnin 'Usub</i>	1080
2003-2004	Presence of medical practitioners (no intervention)	562

At present, Merka's alternative ritual is practiced in 32 villages of the Lower Scebelli, between this river and the coast of the Indian Ocean. It has been successfully applied in nearly 3,000 cases. We stress the interest that the Merka's Gudnin 'Usub' project assumes for Italy, as it exactly follows the proposal, with request for authorization, done by Dr. Abdulcadir Omar Hussein and Dr. Lucrezia Catania (Centre for the Prevention and the Cure of FGM Complications in Florence), to whom authorization was refused (Bioethic Regional Commission, March 9, 2005).

Mana Sultan Abdurahman Isse, Water for Life-Merka (NGO).

Pia Grassivaro Gallo, PhD, Associate Professor of Anthropology, Faculty of Psychology, University of Padua. Since 1988, she has organized Padua's Working Group on FGM, dealing with Africans and African immigrants in Italy. Padua, Italy.

Franco Viviani, PhD, is Professor of Functional Anthropology, University of Udine, Professor of Psychobiology, Faculty of Psychology, Padua Working Group on FGM, University of Padua, and Director, NOCIRC of Italy. Padua, Italy.

TRADITIONAL MALE CIRCUMCISION IN WEST TIMOR, INDONESIA: PRACTICES, MYTHS AND ITS IMPACT TO THE SPREAD OF HIV/AIDS AND GENDER RELATION

Primus Lake

In my presentation, I will provide a complete description of harmful practices of male circumcision of both Atoni Meto and Belunese in Timor. This presentation is based on my research, Plan Indonesia and Indonesia HIV/AIDS Prevention and Care Project (AusAID), funded by the Ford Foundation. After my first research on Traditional Circumcision of Atoni Meto in 1997, I worked with Plan Indonesia to campaign a

healthy circumcision program in 33 Atoni Meto villages. In 1999 and 2004, I did research on traditional circumcision of Belunese people, also in Timor. Based on the result of my research, from 1995 up to the present, I am working with IHPCP (AusAID), promoting healthy circumcision and sexual health to the people of 101 villages in Belu Regency on the border of the Democratic Republic of Timor Leste.

Primus Lake is a Professor at Nusa Cendana University in West Timor, Indonesia. As an Indonesian researcher in South-east Asia, he researched genital enhancement practices, which was funded by the Ford Foundation. In 1988, he established Bina Insan Mandiri (Yabim) Foundation based in Kupang, Timor, to promote healthy circumcision and sexual health. Kupang, West Timor, Indonesia.

FILIPINO MALE EXPERIENCE OF RITUAL CIRCUMCISION: PERSPECTIVES AND INSIGHTS FOR PHILIPPINE-BASED ANTI-CIRCUMCISION ADVOCACY

Romeo B. Lee

Male circumcision is a well-publicized phenomenon, but much of what is known at the international level concerns the West's neonatal medical circumcision. This report offers information instead on the Philippines' ritual prepubescent circumcision. While the report addresses the aforementioned information gap, its perspectives and insights are likewise intended to inform the Philippine-based anti-circumcision campaign of the need to ground its arguments on the culture within which ritual circumcision exists. Currently, the advocacy is anchored on arguments derived from the Western male experience of medical circumcision. Data in this report were derived from a 2002 Philippine circumcision study – a component in a Southeast Asian research on genital enhancement practices – whose aim was to form evidence-based perspectives with advocacy purpose. The study interviewed 114 circumcised Filipino males, of varying ages, who were selected purposively. The report highlights the traditional character of Filipino men's ritual circumcision experience. Among others, it underscores the links of the ritual phenomenon with reasons of masculinity, which are hastened by broader community involvement. The report offers broad strategies to making the anti-circumcision campaign culturally appropriate.

Romeo B. Lee is Associate Professor, Behavioural Sciences, De La Salle University-Manila. His area of specialization is Filipino men's health, a subject he has pursued through research since the 1990s. He is the Immediate Past President and a Current Member of the Board of Trustees, Philippine Population Association, and is an Editorial Board Member of the International Journal of Men's Health. Manila, Philippines.

FORESKINS FOR KEEPS: A MIDWIFE'S PROJECT TO END CIRCUMCISION

Gloria Lemay

Nothing is more powerful than an idea whose time has come. Those words, penned by Victor Hugo, are the foundation of *Foreskins for Keeps: The end of circumcision by January 1, 2007*.

What is an idea whose time has come? Is it possible that mankind could awaken from circumcising slumber and agree to bring this diabolical practice to an end?

How can midwives play a part in fulfilling the dream of a world that welcomes children gently and compassionately? I am empowered by my sister midwives, Nancy Wainer Cohen, Barbara Harper, and the late Jeannine Parvati Baker, who are Jewish and have boldly spoken up for boys for the past 25 years.

With *Foreskins for Keeps*, I am looking for what is needed in this movement that we can do today. Thousands of people can be linked instantly through the miracle of the Internet. An email list for restoring men has been a huge part of my education about the real cost of circumcision in terms of human suffering. The Mothering.com website is an active Internet site for exchanging information and ideas. Through the Internet, we have been able to link activists with those who have inside knowledge about how to end Medicaid funding in the United States. Cutting off the money pipeline to unscrupulous physicians is a quick and efficient means of having a big impact on statistics.

Much work has been done to get ready for this time in history. We are at the tipping point. Websites are in place. Brochures have been written and published. Videos have been produced. Photos, posters, billboards, and advertising have been brilliantly and lovingly designed. We are ready to get the job done! Never doubt that you, as an individual, can make a difference in creating a world where genital integrity of all children is a *fait accompli* – in the words of Margaret Mead “Never doubt that a small group of thoughtful people can make a difference. In fact, it is the only thing that ever has.”

Gloria Lemay is a writer, midwifery educator, childbirth activist, 2002 recipient of the Women’s Voice Award, and 2004 recipient of Waterbirth International Midwifery Award. Vancouver, BC, Canada.

WINNING AND LOSING ON THE CIRCUIT

David J. Llewellyn

Eleven years of litigating wrongful circumcision and other genital injury cases has taught me a great deal about the strong emotions individuals have in regard to their own genital state or the genital state they believe is “correct.” These emotions are often so overwhelming that they overcome any sense of justice or fairness when it comes to the genital state of others. Estranged parents often try to circumcise a child at a later age to satisfy either their sense of the way a penis should look or to “get back” at their ex-spouses. A sense of power and entitlement is often involved. Upon occasion, insignificant, transitory inflammation of the penis can lead to a demand for circumcision. Sometimes it seems a new spouse’s ideas provide the impetus for seeking the circumcision of a boy in the middle of his youth. Courts often are not well prepared to deal with these issues, particularly since many doctors are still ignorant of the very effective medical modalities available to treat foreskin problems without surgery and often recommend circumcision when it is really contraindicated. The recent Chicago case involving a demand for circumcision of an 8-year-old boy is reviewed and considered.

David J. Llewellyn, a trial lawyer, with the firm of Johnson & Ward in Atlanta, Georgia, has over ten years experience litigating wrongful circumcision, circumcision damage, and

related cases in federal and state courts throughout the United States. He is the founder of the Atlanta Circumcision Information Center and he has appeared on radio and television in the United States and Canada about the problem of neonatal male circumcision. A majority of his practice consists of genital injury litigation. Atlanta, GA, USA.

THE RITUAL USE OF HERBS FOR FEMALE GENITAL MODIFICATIONS IN AFRICA

Miriam Manganoni, Pia Grassivaro Gallo, Franco Viviani

Different herbs are commonly used in Africa during ceremonies or for the treatment of various pathologies. This is also true for traditional practices connected to female genital modifications (FGMo). To carry out FGMo, in fact, the various populations acquired empirical naturalistic information that is passed down among generations.

The herbal component is an integral part of the specific ritual of genital stretching, often carried out in the grassy ground (*visiting the bush*, in Uganda; *bois sacré*, in Great Lakes regions), usually these herbs act as lubricants and/or anaesthetics to help labial manipulation.

In the reductive forms of FGMo (infibulation), the post-intervention compresses of herbal origin are placed on the wound with hemostatic and cicatrizing functions. In particular, in the infibulation ritual, substances emitting marked aromatic perfumes are used. In Somalia, in the *unsi* ceremony, incense and myrrh are burned; in Sudan, in the *dukàn* ceremony, sandal and acacia woods: these are the specific smoke ceremonies purifying women. In conclusion: in both expansive and reductive FGMo interventions, a deep knowledge of the local naturalistic aspect is reported; this trait connects the present African populations with those of the past from which they probably inherited the knowledge and the utilization of FGMo interventions.

Pia Grassivaro Gallo, PhD, is Associate Professor of Anthropology, Faculty of Psychology, University of Padua and, since 1988, has organized Padua’s Working Group on FGMo, dealing with Africans and African immigrants in Italy. Padua, Italy.

Miriam Manganoni graduated in Psychology and is a member of the Working Group on FGM, University of Padua. Padua, Italy.

Franco Viviani is Professor of Functional Anthropology, University of Udine, Professor of Psychobiology, Faculty of Psychology, University of Padua, Padua Working Group on FGM, University of Padua, and the Director of NOCIRC of Italy. Padua, Italy.

REPORT FROM NOCIRC OF IRELAND

Linda Massie

It seems a long time since I attended the 1996 4TH International Symposium on Circumcision at the University of Lausanne in Switzerland and began to learn the full magnitude of the problem that faces us in this work to protect children. I returned to Ireland from Lausanne in the knowledge that I had a purpose in my life: to let others know what I had learned. I determined then to change the lives of children in Ireland and to educate people here about the facts.

The task before me seemed easier than that faced by others in this movement, after all, the rates were much lower here, and I assumed that the opposition would not be so great. How wrong I was.

This presentation will provide a brief analysis of my plans for NOCIRC of Ireland in 2006/2007.

Linda Massie, founder and director, NOCIRC of Ireland, has a BSc in Sociology and a Post Graduate Diploma in Social Anthropology. Glen Gormley, County Antrim, Northern Ireland.

EXCUSES FOR CIRCUMCISION – SOME BYWAYS OF PENILE ANATOMY

Ken McGrath

It is clear that the human penis is as individual as a fingerprint, so that no two are alike. Some of the variations have been used as justifications for circumcision, but are they common or genuinely pathological? And can the modern standardized methods (“one size fits all”) provide a predictable result in the face of such variation or any therapeutic value? Three of these variations will be reviewed for their nature and significance.

Ken McGrath, VRD, MSc(Hons), LIBiol, MNZIML, Senior Lecturer in Pathology in the Faculty of Health, Auckland University of Technology, New Zealand, has made a lifelong study of the male genitalia, which he has taught to medical students. His research interests are the innervation of the penis and fungal diseases of the skin. Auckland, NZ.

CIRCUMCISION IN PERSPECTIVE

Jody McLaughlin

This presentation will provide a brief overview of the maternity care system that has been developed and how circumcision is only one of a host of unnecessary, counter-intuitive interventions.

The practice of circumcision does not exist in a vacuum. The whole of the medicalized maternity care system has been deeply influenced by the need to control what are normal physiological processes. This need to control has taken different turns during the last century, with increasing determination with the development and advancement of obstetrics and the institutionalization of the entire maternity-care environment. The third-party reimbursement system is a relatively recent development in medical-care financing. While financially rewarding poorer outcomes and penalizing good outcomes has created an impossibly un-level playing field for practitioners who work to provide care that has been shown to result in the best possible outcomes, the real loss to our society is the number of babies who die in infancy in the US every year (the highest in the developed world) as well as the ones who survive the mismanagement of the entire maternity care process.

Jody McLaughlin, editor, *Compleat Mother* magazine, Director, NOCIRC of ND. Minot, ND, USA.

INTRODUCTION AND CLOSING

Marilyn Fayre Milos is the co-founder and Executive Director of the National Organization of Circumcision Information Resource Centers (NOCIRC), the editor of the *NOCIRC Annual Newsletter*, the Coordinator of the International Symposia on Circumcision, Genital Integrity, and Human Rights, and the co-editor of *Sexual Mutilations: A Human Tragedy, Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice, Understanding Circumcision: A Multi-Disciplinary Approach to a Multi-Dimensional Problem, Flesh and Blood: Perspectives on the Problem of Circumcision in Contemporary Society, Bodily Integrity and the Politics of Circumcision: Culture, Controversy, and Change*. San Anselmo, CA, USA.

RESOLVING CIRCUMCISION TRAUMA: NEUROLOGICAL REPATTERNING AND HEALING ACTION

Stephanie Mines, PhD

Early trauma and how it is addressed shapes neurological development. Learning, relationships, and physical health form directly from the neuronal orchestration that is a response to our first experiences. The template for nervous system behavior that directs later thinking and motor action is built during the prenatal period and the first three years of life. Circumcision is unquestionably overwhelming to the nervous system. It is a shock of the highest magnitude, impacting every aspect of human life. Each individual who has been circumcised will design unique coping strategies. These coping strategies shape synaptic behavior, establishing deeply entrenched patterns for living in the world. These behaviors persist throughout life unless they are reorganized. They are physiologically established and can only be redirected through careful and thorough uprooting.

Behaviors born of shock are easily rekindled by similar experiences, such as sexual contact, violations of any kind, medical treatment, separation from loved ones, being required to be still, touch, intimacy, trust, etc. Lives become conditioned and destinies are shaped by what is stored in the body as implicit, somatic memory.

This presentation will focus on how we can come out of the trap of internalized rage, using empowering resources available to everyone. Freed from the spell of unconscious paralysis, we can make a choice to protect children from such unnecessary barbarism. When early shock is resolved, creativity and will arise spontaneously. The impulse to move forward and to be of service is supported by a clear mind and a healthy body.

I will present the case for repatterning circumcision shock didactically and also through demonstration. Those attending this program will gain practical tools for self-healing that they can share with others with confidence.

Stephanie Mines, PhD, has dedicated her life to researching and employing the most effective tools for healing from trauma, without recapitulating it. She is the founder and director of an international training program, The TARA Approach for the Resolution of Shock and Trauma, and the author of several books and articles on this subject, including *We Are All in Shock: How Overwhelming Experience Shatters You and What You Can do About It* (New Page Books, 2003).

She is committed to preventing unnecessary trauma for the children of the future as a path to the peace and survival of civilization. Boulder, CO, USA.

FEMALE GENITAL MODIFICATIONS IN MALAWI: A FIELD RESEARCH

Debora Moro, Pia Grassivaro Gallo, Alessia Passaquieti

Results on a mission about female genital modifications (FGMo) in Malawi (summer 2004, in the district of Mangochi), are reported here. They deal with a complex intervention, included within the age rite of passage, which comprises *genital stretching*, together with other interventions on genitalia. FGMo consists of a very early first manipulation (7/9 years old): an outdoor play among peers that does not provide the presence of adults. In the graphic production, collected during the mission, these girls, all of them exposed early to the rite, draw themselves with a complete figure, with many somatic traits and the vegetation acting as a background. They display acceptance of the tradition and of their own culture (aiming at marriage) because of their spontaneous and free choice of the rite. The second FGMo intervention, connected to pre-pubertal passage rites (*chiputu*), is carried out indoors by a collective segregation, including midwives and trainers. During the *chiputu*, specific instructions are given (other than genital manipulation), aiming at transforming the initiate into a “new woman.” In the graphic production, those who started the rite later, draw themselves with an incomplete figure, inside a house as a background, and/or furnished a minimalist portrayal of the rite. As their initiation to the rite was non-spontaneous and non-free, they revealed a familiar pressure. For the girl, the period of genital self-manipulation will follow, until her nymphae will reach the length of roughly ten centimeters. In conclusion, results on the graphic production of the Malawian adolescents permitted us to investigate their psychological experiences as to longinymphism. Apparently, two distinct female populations exist: those inclined to accept the modification they were subjected to; those who oppose to it, taking up a critical position.

Debora Moro and **Alessia Passaquieti** are graduates in Psychology and members of the Working Group on FGM, University of Padua. Padua, Italy.

Pia Grassivaro Gallo, PhD, is Associate Professor of Anthropology, Faculty of Psychology, University of Padua and, since 1988, has organized Padua’s Working Group on FGMo, dealing with Africans and African immigrants in Italy. Padua, Italy.

REDEFINING THE SACRED: THE MOTHER WOUND SPEAKS OF CIRCUMCISION

Miriam Pollack

For the baby, circumcision is unquestionably a profound physical and psychological wound, and once this is recognized, it is also an agonizing realization for the mother. Against our best intentions to protect our precious newborns, our culture slips in, telling us that it is holy to cut, trivializing the trauma and denying the permanent damage to our baby boys’ sexuality. Circumcision disempowers

the mother at the height of her deepest biological impulse to protect her newborn. In trust and ignorance, we surrender to the authorities of tradition, to the pressures of family, and to the prevailing myths of the general culture. But, the paradigm is shifting: more and more Jewish women, both in the USA. and in Israel, are understanding that defining what is sacred must be anchored in the deepest, most abiding, and ancient of Jewish values, which is and has always been the primordial maternal passion: reverence for life. We will examine how circumcision has functioned in perpetuating Jewish identity, versus some of the deeper forces that may have influenced its adaptation by Judaism and unquestioning adherence by Jews throughout the millennia. Changing Jewish consciousness about circumcision both in the United States and in Israel has become a women’s issue as well as men’s. With our deepest feminine knowing, we can redefine the sacred so that future generations of Jewish men and Jewish women may celebrate their Jewish identity without the physical, emotional, and spiritual wounding associated with circumcision.

Miriam Pollack, an educator in private practice and the Jewish mother of two circumcised sons, has been advocating for genital integrity for Jewish as well as non-Jewish baby boys for the past 15 years by writing, speaking, counseling Jewish parents, and providing alternative brit b’lee milah ceremonies for interested parents. Boulder, CO, USA.

CHANGING PEOPLE’S MINDS ABOUT CIRCUMCISION

Patricia Robinett

Most Americans believe that elective, non-therapeutic infant circumcision is harmless. We know it is not, but how do we convince someone who is locked into what appears to be a rock solid belief system? How can you help free the heart, held hostage behind the prison of that mind, so it can escape and be happy and free? This presentation offers some powerful, yet gentle, tools that will help friends, acquaintances, adversaries, and colleagues make the shift from “circumcision is harmless and necessary” to “circumcision is harmful and unnecessary.” A belief is only a thought, and a thought can change swiftly and painlessly.

Patricia Robinett, is a Clinical Hypnotherapist, the author of *The Rape of Innocence*, and the Director of NOCIRC of Oregon. Eugene, OR, USA.

IT’S A BOY! A CIRCUS OPERA

Ron Romanovsky and Betty Katz Sperlich

IT’S A BOY! (a circus opera) is presented as a work in progress. The 50-minute score tells the story of one couple’s emotional struggle over whether or not to circumcise their newborn son in a series of poignant, tragic, and humorous songs. This ground-breaking work will be performed Saturday evening as a concert with a talented cast of five vocalists accompanied by accordion and violin.

Ron Romanovsky is a composer and **Betty Katz Sperlich** is a co-founder of Nurses for the Rights of the Child. Together they have written and produced a brilliant score. Santa Fe, NM, USA.

CIRCUMCISION MYTHOLOGIES IN CONFLICT WITH LOGIC, REASON, AND COMMON SENSE

Steve Scott

Many myths are employed to justify the circumcision of newborn males. A few examples include: "The foreskin is a superfluous part of human anatomy." "It's difficult to keep an uncircumcised penis clean." "Infants are incapable of feeling pain." "A son will suffer psychological damage if his genitals are not altered to match his father."

An analysis of these myths reveals two distinct mythologies: one, a collection of old spouse tales that defy common sense and have no scientific basis, and another, an accumulation of archaic medical theories that contradict modern medical knowledge.

These myths often represent the opposite of what is known and are so senseless and illogical they crumble under the slightest scrutiny. Circumcision, then, is an example of a social custom whose survival requires the suspension of rational thought.

Until these myths are dispelled, strapping down a newborn human and cutting off parts of his genitals will continue to be considered a rational and logical part of neonatal care.

Steve Scott, Educational Outreach Coordinator of the National Organization of Circumcision Information Resource Centers, is the Director of NOCIRC of Utah. Salt Lake City, UT, USA.

IMAGE – ARE WE RIGHT OR WRONG?

David Smith

A positive or negative image can have a huge impact and greatly influence how people think. In a fast-moving, short-attention-span world, first impressions play a major role.

Should we be advocating the phraseology of "anti-circumcision" or "pro-foreskin"? Both are equally valid but create a vastly different impression in the mind of the public.

This lecture will explore the ethics and ethos of this question from the British perspective through the foundation and development of NORM-UK.

David Smith is the general manager of NORM-UK and editor of *NORM NEWS*. Stone, Staffordshire, UK.

THE PERILS OF CIRCUMCISION

James L. Snyder

An illustrated talk on unintended injuries caused to a child and his penis during circumcision, both in male newborn infant circumcision and during circumcision performed at later ages. The reasons these injuries are not widely known, either by the general public or, surprisingly, by physicians themselves, will be explored.

James L. Snyder, MD, FACS, is a Diplomate of the American Board of Urology, a Fellow of the American College of Surgeons, Past President of the Virginia Urological Society, Retired Commander, Medical Corps, United States Naval Reserve, and retired from active medical practice in 2000. He has served as expert witness in several circumcision lawsuits. Clifton Forge, VA, USA.

FINE TOUCH PRESSURE THRESHOLDS IN THE ADULT PENIS

Morris Sorrells

Adult male volunteers, without a history of penile pathology or diabetes, were evaluated during the summer of 2005 with a Semmes-Weinstein Monofilament Touch-Test to map the fine-touch pressure thresholds of the penis. A comparison of circumcised and noncircumcised males was made.

The glans of the noncircumcised male had significantly lower pressure thresholds than the glans of the circumcised male (0.2373 grams, SE=0.07383, p=.0016) when controlled for age, location of measurement, type of underwear worn, ethnicity, and highest level of education. There were significant differences in pressure thresholds by location on the penis (p<.0001). The most sensitive location on the circumcised penis was the circumcision scar on the ventral surface. Four locations on the noncircumcised penis that are invariably removed at circumcision had significantly lower pressure thresholds than the ventral scar of the circumcised penis.

The glans of the circumcised penis is less sensitive to fine touch than the glans of the noncircumcised penis. The transitional region from the external to the internal prepuce is the most sensitive region of the noncircumcised penis and significantly more sensitive than the most sensitive region of the circumcised penis. Circumcision ablates the most sensitive parts of the penis.

Morris Sorrells, MD, is a retired pediatrician, consultant, and researcher. Gig Harbor, WA, USA.

A TREATISE FROM THE TRENCHES: WHY ARE CIRCUMCISION LAWSUITS SO HARD TO WIN?

J. Steven Svoboda

Barriers of many different types make successful circumcision-related lawsuits extremely difficult to bring. Actual cases we have brought show that among factors impeding progress are 1) financial risks; 2) a lack of sympathy among judges, lawyers, jury members, the media, and the general public; 3) societal acceptance of the practice; 4) bad case law; 5) societal misconceptions and compassion misallocation; 6) unique role of statutes of limitation and statutes of repose; 7) puritanical culture.

Statutes of limitation and, where they exist, statutes of repose uniquely constrain lawsuits relating to this procedure. Our puritanical culture reinforces our lack of legal and societal compassion for the screaming boys. Most circumcisions do not produce atrocious enough results to justify litigation. We will discuss one exceptional case that nearly made the cut. (Ouch!) We will look at why judges and juries believe that just having a foreskin is enough reason to have a circumcision.

J. Steven Svoboda, JD, focuses on civil litigation and human rights, and is the founder and executive director of Attorneys for the Rights of the Child (ARC), a non-profit organization addressing the illegality of involuntary genital surgery. Berkeley, CA, USA.

BEYOND THE BRIS: AFFIRMING JEWISH FAMILY IDENTITY ABSENT CIRCUMCISION

Rebecca Wald

Can *not* circumcising be a valid Jewish choice? With the birth of her first child, in 2005, the presenter considered this question and challenged her family and friends to do the same. What she learned was surprising: deciding to leave a Jewish son intact can actually strengthen a family's sense of ethnic belonging instead of tearing it asunder. What's more, she discovered she and her husband are not alone in their decision to leave their boy intact. Instead, they are among a growing group of Jewish parents who are rejecting non-therapeutic infant circumcision.

Scan the parenting section at the local bookstore or pluck one of a dozen child-rearing magazines from the magazine rack, and it is evident that a more natural, more nurturing style of parenting is sweeping the country. Partly because of this trend, and partly because of increased awareness about the harms of male infant circumcision, many parents today have serious doubts about subjecting their children to the procedure. Unfortunately, most Jewish parents have little support for not circumcising within their families, religious communities, and among their peers.

There are excellent books on the market that discuss the negative consequences of circumcision, and a few of these are written from a Jewish perspective. However, there is no book written specifically for today's Jewish parents who are questioning whether circumcision is in the best interests of their child and who may be wondering if leaving a son intact is compatible with Jewish values and a Jewish lifestyle. Inspired by her own experiences, the presenter sought to remedy this void by writing a book to speak directly to this group and these issues, titled *Beyond the Bris: The Jewish Parents' Guide to Questioning Circumcision*.

With respect and without being judgmental, preachy, or overly academic, *Beyond the Bris* explores many facets of the circumcision question from a uniquely Jewish parenting perspective. In addition to providing facts about what circumcision is and what it does, the book discusses the current movement taking place among Jews who are questioning and, in some cases, rejecting circumcision. The book explores rituals to welcome newborn boys into the Jewish faith without genital cutting, it offers advice from mental health professionals about effectively managing conflicts within families over the emotionally charged issue whether to circumcise, and it will help mothers and fathers come to a deeper understanding of their own feelings about circumcision with workbook-style questionnaires.

Because circumcision is viewed as a significant Jewish act, many Jewish parents fear that if they fail to circumcise, an important component of their family's ethnic identity will be lost. Notwithstanding many good reasons to leave a child intact, this fear is an overriding factor that solidly anchors circumcision to the Jewish people. For this reason, the subject of Jewish identity as it relates to circumcision is a central concern of *Beyond the Bris* and is the focus of this talk.

Rebecca Wald received a BA in English from George Washington University in 1995 and a Juris Doctor degree from Brooklyn Law School in 1998, where she served on the

Brooklyn Law Review. She has worked as an attorney, as a newspaper reporter, covering legal issues, and as a newspaper and book editor. She is currently writing *Beyond the Bris: The Jewish Parents' Guide to Questioning Circumcision*, which will be available in 2007. Fort Lauderdale, Florida, USA.

NEWS FROM NORM-UK

John Warren

The trend in the UK seems to be changing from anti-circumcision to pro-foreskin. This talk will give details of a recent working party on the treatment of foreskin conditions by The British Association of Paediatric Surgeons, and on new foreskin-friendly initiatives being undertaken by NORM-UK, which include a foreskin awareness project for parents and teenagers. Both involve forming consultation groups who will develop a range of resources, including literature and an online-consultation service for teenagers.

John Warren, a retired specialist in internal medicine in Britain, founded NORM-UK more than ten years ago. NORM-UK is a charity based in the UK, whose purpose is to educate the public and health professionals about the foreskin and conservative management of foreskin problems, and also to supply information to circumcised men interested in foreskin restoration. Harlow, Essex, UK.

CIRCUMCISION IN THE MASS MEDIA

Hugh Young

Popular television has a subtle but significant role in promoting circumcision in the US. It seems almost obligatory to have at least part of an episode of every sitcom and soap opera devoted to the topic. Contradictory messages are given, for example, that only Jews circumcise babies but all men are circumcised. Pain and harm are minimized or treated as comic. Wherever circumcision is treated as controversial, it is also treated as trivial and inevitable. Movies present more mixed messages, and those made outside the US present it as anomalous or even barbaric. Talk radio and television find it good fodder for noisy controversy.

Hugh Young, BSc, graduated in zoology from the University of Canterbury, worked as a journalist and radio producer, and, from 1994 to 1995, reviewed the literature on safe sex for the New Zealand AIDS Foundation. He created and maintains a human rights website, www.circumstitions.com, a resource of references, quotations, arguments, and visuals, particularly for intact males and their parents, treating intactness rather than circumcision as normal. He has an interest in linguistics and lexicography (as the website's glossary shows) and coined the word "circumstition." Pukerua Bay, New Zealand.

Declaration of the First International Symposium on Circumcision

We recognize the inherent right of all human beings to an intact body. Without religious or racial prejudice, we affirm this basic human right.

We recognize that the foreskin, clitoris and labia are normal, functional parts of the human body.

Parents and/or guardians do not have the right to consent to the surgical removal or modification of their children's normal genitalia.

Physicians and other health-care providers have a responsibility to refuse to remove or mutilate normal parts of the body.

The only persons who may consent to medically unnecessary procedures upon themselves are individuals who have reached the age of consent (adulthood), and then only after being fully informed about the risks and benefits of the procedure.

We categorically state that circumcision has unrecognized victims.

In view of the serious physical and psychological consequences that we have witnessed in victims of circumcision, we hereby oppose the performance of a single additional unnecessary foreskin, clitoral or labial amputation procedure.

We oppose any further studies that involve the performance of the circumcision procedure upon unconsenting minors. We support any further studies that involve identification of the effects of circumcision.

Physicians and other health-care providers do have a responsibility to teach hygiene and the care of normal parts of the body and to explain their normal anatomical and physiological development and function throughout life.

We place the medical community on notice that it is being held accountable for misconstruing the scientific database available on human circumcision in the world today.

Physicians who practice routine circumcision are violating the first maxim of medical practice, "Primum Non Nocere" ("First, Do No Harm"), and anyone practicing genital mutilation is violating Article V of the United Nations Universal Declaration of Human Rights: "No one shall be subjected to torture or to cruel, inhuman or degrading treatment ..."

Adopted by the General Assembly

March 3, 1989

Anaheim, California, USA

