

Genital Autonomy,
the National Organization of Circumcision Information Resource Centers,
Intact America, and the Sexpo Foundation

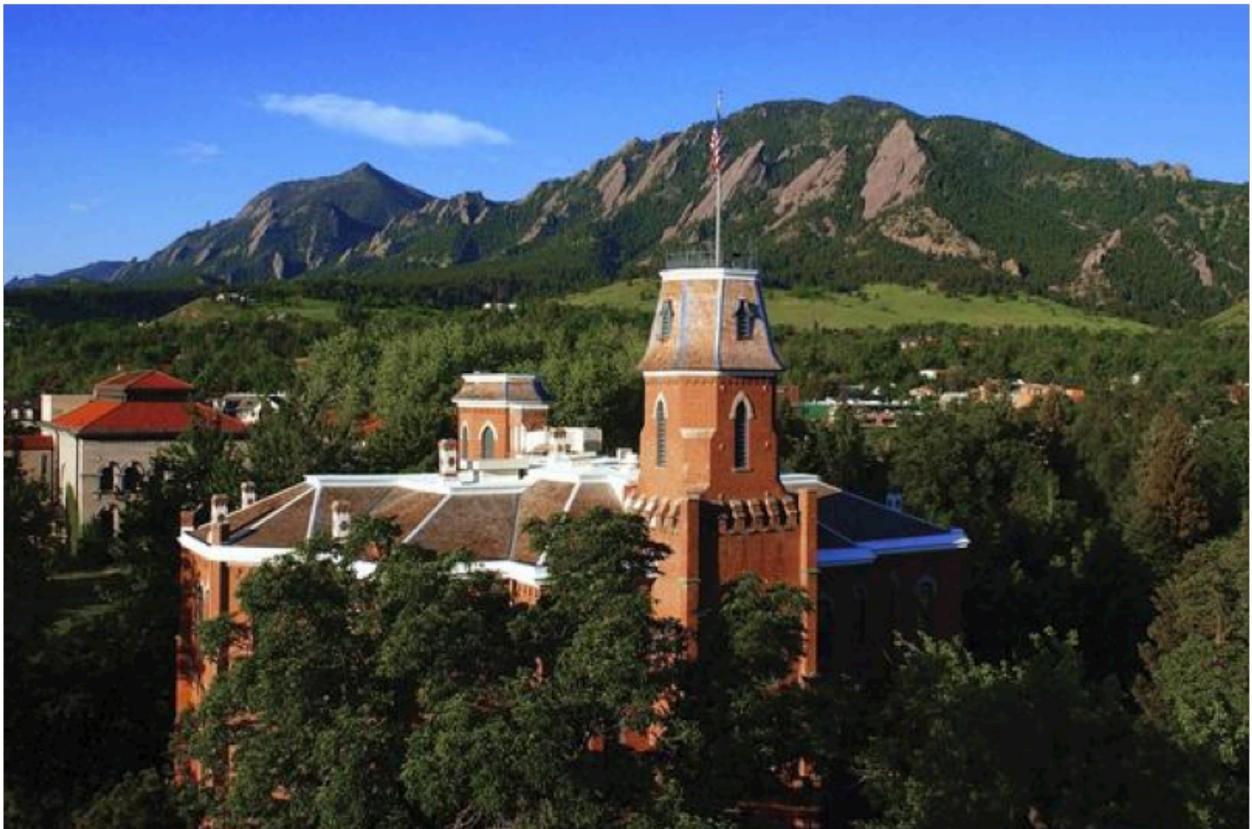
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GENITAL AUTONOMY 2014

13th International Symposium on Genital Autonomy and Children's Rights



Program & Syllabus of Abstracts



24-26 July 2014

University of Colorado, Boulder, USA

INTERNATIONAL SYMPOSIA ON GENITAL AUTONOMY AND CHILDREN'S RIGHTS

The International Symposia on Circumcision has been a special project of the National Organization of Circumcision Information Resource Centers (NOCIRC) since 1989. The symposia provide a forum for discussion about the genital alteration of infants and children from historical, anthropological, cultural, religious, social, psychological, medical, ethical, legal, and human rights perspectives. The name of the symposia has changed as awareness about the rights of the child has emerged. In 2012, an international organization, Genital Autonomy, was established to acknowledge and uphold the rights of all children—female, male, and intersex—to genital integrity and self-determination. This symposium was organized by members of the Sexpo Foundation (Finland), Genital Autonomy International (UK), and NOCIRC (USA). It is sponsored by these organizations as well as an anonymous donor and Intact America, an organization that envisions a world where children are protected from permanent bodily alteration inflicted upon them, without their consent, in the name of personal preference, culture, religion, or profit.

Symposium Planning Committee

Marilyn Milos, NOCIRC and Genital Autonomy North America
David Smith and Margaret Green, Genital Autonomy International
Paul Mason, Genital Autonomy Institute of Australasia
Georganne Chapin, Intact America
Eeva Matsuuke, Genital Autonomy - Finland
Tiina Vilponen, The Sexpo Foundation
Gillian Longley, NOCIRC of Colorado (symposium host)

For Additional Information

GenitalAutonomy.org
NOCIRC.org
IntactAmerica.org
Sexpo.fi



PROGRAM

Wednesday, 23 July 2014
(optional)

1700 - 1930 **Registration for early arrivals – Meet & Greet Reception**
1800 - 1900 **Introduction: Meet Pioneers of the Genital Autonomy Movement** – Marilyn Milos
1930 - 2200 **Screenings: Three films**
Introduction to *Intersexion* – Hida Vioria
Intersexion – Grant Lahood, John Keir, Mani Bruce Mitchell
The Hidden Trauma: Circumcision in America (excerpt) – Brendon Marotta
American Secret: The Circumcision Agenda (excerpt) – Francelle Wax

These films will be screened again for Symposium participants on Thursday evening.

Thursday, 24 July 2014

0800 - 0900 **Registration – tea & coffee**
0900 - 0915 **Welcome**
0915 - 0940 **The cutting edge: Making sense of European legal developments amidst growing recognition of children’s legal, ethical, and human rights to bodily integrity** – J. Steven Svoboda
0940 - 1005 **The Cologne judgment: A curiosity or the start sign for condemning circumcision of male children without their consent as a human rights violation?** –Jonathan Bernaerts
1005 - 1030 **Is circumcision of children a fraud?** – Peter Adler
1030 - 1100 **Break**
1100 - 1125 **“Normalizing” genital surgeries of intersex children** – Hida Vioria
1125 - 1150 **Legislation to end intersex genital mutilation: A social movement whose time has come?** – Markus Bauer
1150 - 1215 **Common types of circumcision injury** – David Llewellyn
1215 - 1240 **Premature, forcible foreskin retraction** – John Geisheker
1240 - 1355 **Lunch**
1355 - 1420 **Does science support male infant circumcision?** – Brian Earp
1420 - 1445 **Math is your friend** – Bob Van Howe
1445 - 1510 **HIV risk and circumcision in developed countries** – Scot Anderson
1510 - 1535 **Human papillomavirus and circumcision: The whole story** – Bob Van Howe
1535 - 1605 **Break**
1605 - 1705 **What parents should know about circumcision and why it’s wrong** – Jonathan Meddings
Shared decision-making for routine infant circumcision – Teri Mitchell
Parent education classes for making an informed decision – Ashley Trueman
1705 - 1730 **First, do no harm: A dialogue on power, privilege, and good intentions** – Opeyemi Parham & M. Thomas Fredericksen
1730 - 1930 **Dinner on your own**
1930 - 2130 **Evening Sessions (Optional)**
1. Screenings: Three films
Introduction to *Intersexion* – Hida Vioria
Intersexion – Grant Lahood, John Keir, Mani Bruce Mitchell
The Hidden Trauma: Circumcision in America (excerpt) – Brendon Marotta
American Secret: The Circumcision Agenda (excerpt) – Francelle Wax
– or –
2. Experiential Workshops (repeated on Friday)
For men: Revealing the wound, restoring dignity – Riun Ashlie
– or –
For all: I am sorry, my beautiful child – Rue Hass

Friday, 25 July 2014

0830 - 0900	Registration – tea & coffee
0900 - 0905	Welcome
0905 - 0930	For their own good: The insidious nature of religious child maltreatment – Janet Heimlich
0930 - 0955	Altered hearts: Circumcision and Christian responsibility – Chelsea Collonge
0955 - 1020	Non-circumcising families in the Jewish community – Lisa Braver Moss
1020 - 1050	Break
1050 - 1115	An unlikely activist's journey Beyond the Bris – Rebecca Wald
1115 - 1140	Celebrating Brit Shalom – Rebecca Wald and Lisa Braver Moss
1140 - 1205	Talking about genital modification: A linguistic approach – Harald Winterling
1205 - 1230	Whose political correctness? Changing language, viewpoints, and tactics in today's intactivist movement – Georganne Chapin
1230 - 1345	Lunch
1345 - 1410	Media-friendly messaging – Glen Callender
1410 - 1435	Moving through regret: A blogging journey – Jennifer Anderson
1435 - 1505	Brain states of experience, brain states of change – Annie Brook
	Pain in hiding: Introduction to evening session – Riun Ashlie
1505 - 1535	Break
1535 - 1600	Circumcision of infants and children: Short-term trauma and long-term psychosexual harm – Gregory Boyle
1600 - 1625	The whole person: Genital cutting, emotional life, and being human – Elwyn Moir
1625 - 1650	How to help? Training and counseling in Finland – Tiina Vilponen
1650 - 1715	Unconscious cruelty: Exploring the emotions behind genital cutting – Richard Schwartzman
1715 - 1730	Question & Answer Session
1730 - 1930	Dinner on your own
1930 - 2130	Evening sessions (Optional)
	Experiential Workshops
	For men: Revealing the wound, restoring dignity – Riun Ashlie
	– or –
	For all: I am sorry, my beautiful child – Rue Hass

Saturday, 26 July 2014

0830 - 0900	Registration – tea & coffee
0900 - 0905	Welcome
0905 - 0930	Intactivism and human rights 'gate-keeping': Agenda-setting and agenda-vetting in transnational human rights networks – Charli Carpenter
0930 - 0955	The business of circumcision – Jennifer Margulis
0955 - 1020	The midwife and circumcision: Guardian of the normal – Donna Macris
1020 - 1050	Break
1050 - 1115	Professional leadership strategies and barriers in Canada – Kira Antinuk
1115 - 1140	Current developments in Denmark – Lena Nyhus
1140 - 1205	An intact penis is better: Intactivism in Israel (via Skype) – Eran Sadeh
1205 - 1230	FGM in Indonesia – Katharina Kunze
1230 - 1345	Lunch
1345 - 1410	The danger of harmful traditional practices: The case of Liberia – Leonid Walter Dunn
1410 - 1435	The CHANGE Project – Katharina Kunze
1435 - 1500	Standing up for the rights of all children – Soraya Miré
1500 - 1530	Break
1530 - 1555	The psychology of circumcision communication and social change – Ronald Goldman
1555 - 1620	Towards the eradication of the genital mutilation pandemic – Harald Winterling
1620 - 1645	Tactics without strategy: Sun Tzu, <i>The Art of War</i>, and GA futures – Paul Mason
1645 - 1710	Why Europe is leading the world – David Smith
1710 - 1720	Closing Remarks
1830 - 2200	Banquet (no host bar) – Stadium Club
	After-dinner speaker: Care for the carer – Brian Luke Seaward
	Music/dancing

SYLLABUS OF ABSTRACTS

Is the circumcision of children a fraud?

Peter W. Adler

Is it a fraud for physicians worldwide to circumcise healthy boys and girls? The implications would be profound since, in the US, the statute of limitations begins to run upon the discovery of fraud. Plaintiffs also would not need to prove intent to deceive: when a fiduciary relationship exists, as here, material misrepresentations and omissions constitute constructive fraud.

Physicians have committed fraud by circumcising millions of boys without parental consent, by falsely diagnosing boys with phimosis, and by charging Medicaid for circumcision since 1965 as Medicaid does not cover unnecessary elective surgery. Physicians also often obtain parental consent by exaggerating the benefits of circumcision while understating, not disclosing, or lying about its disadvantages. If physicians told parents the truth about circumcision, few would consent to it.

Physicians also have created the self-serving myth that parents have the right to make the circumcision decision for religious, cultural, or personal reasons. Even if parents did, no physician in the world has the ethical or legal right to operate on healthy boys or girls. Thus, every circumcision of children is a fraud and exposes the physician to long-term liability.

Peter W. Adler, BA, Philosophy, Dartmouth College; MA, Philosophy, Cambridge University; JD, University of Virginia School of Law; and Editor of Virginia Law Review, is a former trial lawyer and is the Legal Advisor for Attorneys for the Rights of the Child. His publications include “Is Circumcision Legal?,” “Is It Lawful to Use Medicaid to Pay for Circumcision?,” and “Is Circumcision Unethical and Should It Be Illegal?,” co-authored with Svoboda and Van Howe, publication pending, Wellesley, Massachusetts, USA.

Moving through regret: A blogging journey

Jennifer Andersen

I first learned the truth of circumcision online, during Genital Integrity Awareness Week of 2010. I had always known, of course, but I did not know. The time period after this was intense for me, for my own son, four at the time, is circumcised. I have written much about this. The dialogue is open. I am not sure why I was able to accept the truth fully and quickly, but I was. I am an intelligent and self-reflective person, and I believe it is valuable to share with other parents the truth about circumcision, so that they know in time.

I am a child advocate and it has been on my heart for the last two years to speak publicly as a circumcision-regret mother. I come from a place of compassion and directness. By hold-

ing myself accountable, others can see the error of my ways, so that it is not the error of theirs.

My story of moving through circumcision regret: <http://www.ourmuddyboots.com/circumcision-regret/>

Jennifer Andersen is a speaker, writer, blogger, child advocate, and the founder of *OurMuddyBoots.com*, *LIVING! With Kids*. Through her work, Jennifer explores the things that keep us disconnected from our children, so that we can reconnect and know them more fully. Most importantly, Jennifer advocates for children—hoping to inspire others to understand that children are people—fully deserving of the same kindness, compassion, and human rights as their adult counterparts. A guest on *HuffPost* Live, speaker at parenting conferences, and contributor to publications both online and in print, Jennifer’s work focuses on bringing to light the specific ways children are dehumanized—and solutions for changing this. Denver, Colorado, USA.

HIV risk and circumcision in developed countries

Scot Anderson

Circumcision in Africa has been shown to be partially protective for the transmission of HIV from women to men. This analysis shows that in the developed world the situation is rather more complex with circumcision being associated with an increase in HIV prevalence.

Data accumulated over the past several years has shown a protective effect for male circumcision against heterosexual transmission of HIV from women to men. In this study, the author used observational data from English-speaking developed countries to determine if infant male circumcision rates are associated with an expected decrease in HIV rates. Infant circumcision was used as a proxy for circumcision prevalence in the young adult population who are at higher risk for HIV infection. Univariate and bivariate linear regression was used to analyze the data, which showed a strong correlation between infant circumcision rates and HIV infection rates ($R^2 = 0.973$) and lower correlation between population and HIV infection rates ($R^2 = 0.738$). The association between circumcision and HIV prevalence was statistically significant for increased population risk from infant circumcision at $p=0.0019$ with an increase of 0.0085% (95% CI 0.010 – 0.0076) increase in HIV rate in the general population for each 1% increase in infant circumcision. Until this correlation can be explained, infant circumcision cannot be recommended as a prevention strategy for HIV in these countries.

Scot Anderson, BSc, received his degree in physics from the Colorado School of Mines and is a practicing physicist working in industry doing analysis. He has many interests, including human rights, and he is active in supporting

Colorado NOCIRC. He is otherwise unaffiliated within the medical profession. Conifer, Colorado, USA.

Professional leadership strategies and barriers in Canada **Kira Antinuk**

Historically, Canadian grassroots movements that were initiated to address the issue of forced genital cutting faced and continue to face significant resistance. This presentation will explore Canadian professional leadership as a potential model for use in other countries. The Children's Health & Human Rights Partnership will be introduced and its challenges and successes in professional education and advocacy will be discussed. This organization, formed in 2012 by a multidisciplinary team of healthcare professionals and human rights advocates, is Canada's only registered not-for-profit organization dedicated to protecting male, female, and intersex children from forced non-therapeutic genital cutting.

Kira Antinuk, one of the founders and acting Directors of the Children's Health & Human Rights Partnership, has been a children's rights advocate for more than 10 years. She is the recipient of the *2013 Paul Wainwright Nursing Ethics Prize*, awarded in recognition of her paper "Forced genital cutting in North America: Feminist theory & nursing considerations", published in the *Journal of Nursing Ethics* (September 2013). Kira received her training as a nurse in Victoria, BC, where she currently lives with her partner and two children. Victoria, British Columbia, Canada.

For men: Revealing the wound – restoring dignity **Riun Ashlie**

The trauma of circumcision not only affects males and the lives of men, it too has a profound effect upon women, society, and subsequent generations. It is well understood that the procedure (or ceremony) has varied over the past 50 years. Depending upon age, it may or may not have been performed with the use of anesthesia; as well, the type of restraint, which may have varied widely from "Circumstraint board" to being held by a nurse or parent, and in many or most cases there may have been minimal bonding or skin-to-skin contact with mother prior to the circumcision. These elements and many others create a "field" of conditions surrounding the circumcision, which all play a role in how the experience was for a person. All of these conditions are remembered by the body—the nervous system—within the tissues and perhaps even held in the bones. All are precognitive and in most cases not readily accessible today. These body memories, however, continue to be held in the subconscious and continue to bear influence upon relationships with others and certainly one's sense of self.

This evening event is an invitation for men to begin the experiential recall of stored memory—the energy held—and

the opportunity to metabolize and transform stored subconscious events into potential energy to engage in life going forward.

Riun Ashlie is a somatic healing practitioner, workshop facilitator, men's group leader, and currently an intern at Colorado Therapies and Aquatic Center. A graduate of Body Mind Somanautics, an advanced training in somatic attachment, group process, and anatomy re-patterning, and a graduate of the Hendricks Institute 2-year Leadership and Transformation Coaching Program, Riun combines a variety of modalities, including Access Consciousness as well as Reconnective Healing in support of his passion—catalyzing male potency and empowerment with passion and purpose.

Many years ago, during a hypnotherapy regression, the session led directly to my circumcision. I had no idea how deeply this trauma had impacted me—nor did I know that, in spite of over 25 years having elapsed since that regression, it would literally take me that long to develop the capacity to begin to physically, emotionally, and mentally come to terms with and heal this event. At the time (hypnotherapy session), I simply had no way of knowing what my subconscious was trying to convey—its significance, its impact—nor did I have the resources to fully connect with or metabolize this profound imprint. I've lived "cognitive dissonance" and have been witness to the many masks of my pain—and the nature and influence of how circumcision impacts therapy and group dynamic. Nederland, Colorado, USA.

Legislation to end intersex genital mutilation: A social movement whose time has come? **Markus Bauer**

In 1950, systematic early cosmetic genital surgeries on children with variations of sex anatomy were introduced in North America and Europe, and eventually became the de-facto medical standard all over the 'developed world'. In 1993, survivors started organising against this practice, deploring loss of sexual sensation, framing the non-consensual surgeries as grave human rights violations, namely against the right to physical integrity, and as Intersex Genital Mutilations (IGM), calling for legislation.

Since 2012, after a resurgence of political intersex activism, including use of nonviolent action, human rights mechanisms, and lawsuits against perpetrators, this call for legislation has finally been recognised as legitimate and necessary by national and international ethics and human rights bodies, and echoed in parliament.

I'll analyse the ongoing 20-year-struggle to end IGM in terms of grassroots models of social movements, and discuss how an emerging global intersex social movement can succeed in banning IGM within the next decade.

Markus Bauer is the co-founder and campaign organiser of the international human rights NGO *Zwischengeschlecht.org / StopIGM.org* and legally responsible for their online presence. He is the partner of an intersex person, and a decade-long writer, editor, performing artist, political activist, and social organiser. Since 2007, he facilitated countless nonviolent intersex protests in front of mutilators' clinics and medical congresses, as well as parliamentary motions, submissions, and testimonies for ethics and human rights bodies. He has spoken and published internationally on IGM at universities and symposia, and appeared on radio and television, and in newspapers and magazines, including the *Wall Street Journal*. Zurich, Switzerland.

The Cologne Judgment: A curiosity or the start sign for condemning circumcision of male children without their consent as a human rights violation?

Jonathan Bernaerts

This presentation will propose in its first part three distinct types of male circumcision out of a medical analysis of the practice. In the second part, these three types are examined with regard to the Convention on the Rights of the Child. It will be shown that in Type 1, the therapeutic circumcisions of male children necessary out of a medical indication are obviously not a violation of the rights of the child. Whereas a human rights violation is clearly apparent with regard to Type 3, the circumcision of male children lacking either a medically trained or well-experienced circumciser to the level of a medical practitioner, clinical conditions, or the use of anaesthesia. The conclusion for Type 2, the circumcisions where all these conditions are present, is less straightforward, although it is clear that personal integrity, the right to be heard, and the best interests of the child are at the centre of this discussion.

Jonathan Bernaerts, BA, MA, is a Human Rights Researcher at the Thailand Institute of Justice (TIJ), where he focuses on children's rights. He holds BAs in Philosophy and Law from the University of Antwerp (Belgium), a MA degree in international law from the University of Antwerp, and a MA degree in comparative international law from the University of Toulouse (France). He was awarded the European Master Degree in Human Rights and Democratization by the European Inter University Centre in Venice (Italy), for which he spent a semester at the University of Vienna (Austria). His thesis on the circumcision of male children was written under the supervision of Manfred Nowak and Hannes Tretter. Kontich, Belgium.

Circumcision of infants and children: Short-term trauma and long-term psychosexual harm

Gregory J. Boyle

Irreversible penile reduction surgery wantonly imposed on defenceless non-consenting minors is unethical and amounts to sexual child abuse in its most extreme, sadistic, and damaging form. Infant circumcision produces a plethora of both acute and chronic physical and psychological damage, often resulting in pervasive adult psychosexual difficulties as well as life-long post-traumatic stress disorder (PTSD) in many cases. The traumatic circumcision experience itself (particularly when carried out without anaesthesia) is likely to imprint itself permanently onto the child's fragile nervous system, resulting in reduced pain thresholds at least during the several months following the destructive amputation.

Empirical psychological research demonstrates that there are wide individual differences in personality structure, constitution, and the ability to cope with stress. Thus, the significant proportion of males having a more delicate personality make-up are likely to suffer various degrees of debilitating PTSD.

In the main, infant circumcision is promoted by male doctors whom themselves have been sexually reduced without having had any say in the matter and thereby unconsciously seek to perpetuate this cycle of violent sexual child abuse. Circumcision advocates and/or those who carry out genital cutting are usually victims of sexual reduction surgery themselves. Disturbingly, a small proportion of circumcision advocates and/or genital cutters may well be sadistic paedophiles.

Not only is the circumcised male permanently and irrevocably damaged/reduced, but there is evidence that sexual satisfaction of the female partner may be diminished also. Moreover, sexual perversions in post-pubescent males (such as exhibitionism, voyeurism, nudism, paedophilia, sexual aggression) may be a result of being subjected to involuntary circumcision. Not only do there appear to be serious negative psychological consequences of involuntary circumcision, but there also may be serious societal/sociological consequences.

Gregory J. Boyle, PhD (Delaware), PhD (Melbourne), DSc (Queensland), Fellow of the Association for Psychological Science, and Fellow of the Australian Psychological Society, was Professor of Psychology at Bond University, Gold Coast, Queensland, Australia for 20 years. Currently, he is Head of School at the Australian Institute of Psychology, based in Brisbane. In 2005, he was recipient of the Buros Institute of Mental Measurements Distinguished Reviewer Award. He has contributed over 200 publications, and is Senior Editor of several international handbooks in the fields of personality theory and assessment (SAGE Publishers; Elsevier/Academic Press). Currently, he is Senior Editor of the SAGE series on both cognitive neuroscience and on industrial/organizational psychology. Professor Boyle has lectured in many universities, including Oxford University, Stanford University, and

Princeton University. He also served as Associate Dean for Research at Bond University for several years, and as a Research Consultant to the Australian Army Psychology Corps (Hon Rank: LTCOL) for more than two decades. Professor Boyle has conducted empirical studies regarding the adverse psychosexual impact of infant male circumcision. More recently, his detailed critique (with George Hill, *Doctors Opposing Circumcision*) of the serious methodological, ethical, and legal concerns relating to the African circumcision RCTs (published in the *Journal of Law and Medicine* in 2011), attained international prominence. Gold Coast, Queensland, Australia.

Brain states of experience, brain states of change Annie Brook

All experiences are recorded by the body and the pre-cognitive mind. Experiences that feel threatening encode power struggles and response behaviors of fight, withdraw, go numb, or dissociate. The good news is that the bodymind can both remember and repair. Tend and befriend experience, learn to work through the bodymind. Dr. Brook will speak to clinical work in healing early injury, including circumcision, as well as clinical response in memory imprints that influence adult behaviors. She will share case studies, clinical observations, and effective methods of repair. Ways to access and work with precognitive memory, including circumcision, will be addressed.

Annie Brook, PhD, LPC, is an author, international speaker, master therapist, and former university professor who has worked in clinics, hospitals, public schools, and in private practice. She supports community awareness and healing. Her work with men began in the late 1980's when she started men's groups in rural locations where there were no male facilitators. Her professional background in infant development gives her keen insight on the impact of early experience on identity and behavior. She trains therapists in body-based therapy work that includes early attachment. Her training programs have male facilitators leading men's work that is full spectrum and empowering, and includes the tender and outrageous work of recovering from circumcision imprints. She is a somatic psychologist, Registered Movement Educator, and Cranial Sacral practitioner with a Doctorate in Perinatal Psychology and Human Sexuality. She has authored, *Birth's Hidden Legacy, From Conception to Crawling*, and *Sexuality and the Sacred*. Boulder, Colorado, USA.

Media-friendly messaging Glen Callender

Why is the Canadian Foreskin Awareness Project (CAN-FAP) Canada's best-known genital autonomy group? I spent my formative years reading boring press releases at a weekly newspaper, and the lessons I learned there are the basis of the strategies I employ to get CAN-FAP international exposure

in blogs, newspapers, radio, and television. In this presentation, I will discuss the strategies behind some successful CAN-FAP media campaigns, and offer tips on getting your genital autonomy activism into the headlines. To get access to a large audience via the news media, you must understand how journalists think. I will help you get inside their heads.

Glen Callender is a Vancouver-based writer, editor and performance artist. In 2010, he founded the Canadian Foreskin Awareness Project (CAN-FAP)—Canada's best-known and feistiest pro-foreskin advocacy group—to promote his vision of a more positive genital autonomy movement that emphasizes pro-foreskin over anti-circumcision messaging. Glen has performed his educational-comedy foreskin shows *Foreskin Awareness Booth* and *The Revolution Will Not Be Circumcised* to thousands of people across Canada and the USA, and is developing a multimedia guide to the intact penis that he hopes will revolutionize society's understanding of, and respect for, the male organ. Vancouver, British Columbia, Canada.

Intactivism and human rights 'gate-keeping': Agenda-setting and agenda-vetting in transnational human rights networks

Charli Carpenter

Why do some issues become global causes while others are neglected by major human rights organizations? In this presentation, I argue that the answer lies not in the merit of global issues but in the politics of transnational networks themselves: certain organizations play a 'gate-keeping' role in transnational agenda-setting, and the politics by which these influential groups accept or "vet" candidate issues from their agenda results as much from relations within the network itself as from the issue's merit or the wider political context. In this talk, I will first explain this framework—based on seven years of focus groups and elite interviews with human rights and humanitarian law practitioners—and then show how it explains the inattention of major human rights organizations like Amnesty, Human Rights Watch, and the UN to the issue of infant male circumcision so far. I will conclude by showing how and why this is beginning to change, and what this means in terms of practical insights for social change agents in the intactivist movement.

Charli Carpenter is Professor of International Affairs in the Department of Political Science at University of Massachusetts-Amherst. Her teaching and research interests include human rights and humanitarian action, agenda-setting in transnational advocacy networks, and gender violence. She is particularly interested in why some human security problems and vulnerable populations get less attention on the global agenda than others. She has published three books and numerous journal articles, has served as a consultant for the United Nations, and contributes to *Foreign Policy* and *Foreign Affairs*. Her most recent book, *Agenda-Vetting in*

Global Networks and the Shaping of Human Security, includes a case study of the transnational campaign against infant male circumcision. Amherst, MA, USA.

Whose political correctness?: Changing language, viewpoints, and tactics in today's intactivist movement
Georganne Chapin

Since Intact America's founding five years ago, the Intactivist Movement has grown enormously, in the number and diversity of its adherents. As people in their thirties and twenties and even younger join the cause on social media and in the streets, it is becoming obvious that the relative weight and importance of messages and tactics once core to the movement are changing, and that new messages and tactics are emerging to appeal to radically diverse audiences. In particular, the sensitivity to "scientific" and religious arguments among the movement's original leaders are becoming less relevant, as younger men and women—activists with different historical reference points—move to the forefront. Those who consider ourselves to be the elder statesmen of the movement must be willing to embrace—or at least tolerate—language, viewpoints, and tactics that may not have been palatable in the past.

Georganne Chapin, JD, MS, an attorney and healthcare executive, is the founding Executive Director of Intact America. She also holds positions at Hudson Health Plan (President & CEO) and MVP Health Care (Executive Vice President for Corporate Affairs), both located in New York State, and serves as an officer on the board of Attorneys for the Rights of the Child. Georganne holds an undergraduate degree in anthropology from Barnard College, a Masters in Socio-medical Sciences from Columbia University, and a JD from Pace University School of Law, where she has also served as adjunct faculty, teaching courses in Bioethics and Medicaid and Disability Law. Woodstock, New York, USA.

Altered hearts: Circumcision and Christian responsibility
Chelsea Collonge

My presentation traces the history of Christian opposition to Jewish circumcision, Christian influences on the advent of secularized circumcision in the United States, and contemporary Christian attitudes toward circumcision. I propose reasons why progressive Christians are largely silent on this critical and local human rights issue, and critique the small body of progressive Christian academic work that has been done on Jewish circumcision. Finally, I adapt the activist messaging that has been pioneered by Christian intactivists, in order to reach more people of faith from progressive traditions and build a Christian intactivism that crosses denominational, theological, and political lines.

Chelsea Collonge, MA, has a background in peace and nonviolence studies at UC Berkeley and holds a masters

degree in religion from the Episcopal Divinity School in Cambridge, Massachusetts. Her research in the area of feminist liberation theology and sexuality focused on progressive Christian opposition to forced circumcision in the USA. Chelsea lives on a farm in rural California where she works with HIV-positive persons and participates in the Catholic Worker movement. Sheep Ranch, California, USA.

The danger of harmful traditional practices: The case of Liberia
Leonid Walter Dunn

Harmful traditional practices of the body, ranging from the genitals to other sacred parts, remains prevalent in many African settings, referencing cultural beliefs of her forefathers' ancestral obligations.

Liberia has a youthful population, where 90% carry the scar of harmful bodily practices, particularly female genital cutting, in diverse cultural ways and ethnic approaches for many reasons. Girls are unknowingly forced into this ancestral act without any information about the health-related complications associated with these practices.

Our society remains gullible and there are no laws that punish or prohibit these inhumane practices. In the commission of these rituals, most victims—as young as four years—die or are infected with communicable diseases caused by the use of different kinds of sharp objects to carry out the practice.

The girl child suffers devastating risks, as she is subjected to pain and agony and poor indigenous healing methods. The tradition of genital cutting threatens the health of our mothers, sisters, aunts, nieces, and children.

Leonid Walter Dunn, MNS, received his Bachelor of Arts degree in Sociology from the University of Liberia after earning an Advanced Certificate in Statistics from the Institute for Population Studies at the University of Liberia and his Masters of Ntalextuwl (Intellectual) Studies with emphasis in Communications & Public Policy from the Blacology Research & Development Institute based in Maryland, USA. Leonid is a Liberian national, with a portfolio ranging from administrator to professional aide in the Office of the Liberian Presidency prior to his resignation in 2010 to focus on and run one of Liberia's leading child-rights advocacy institutions, *Child Rights Foundation-Children Welfare Foundation International (CRF-CWFI)*, serving as Chairman. CRF-CWFI seeks for compliance to the *United Nations Conventions on the Rights of the Child (UN-CRC)*, international instruments and protocols that protect the child; while seeking prosecution for abusers. Monrovia, Liberia, West Africa.

Does science support infant circumcision?

Brian D. Earp

According to Brian Morris in a series of recent papers, “Science supports infant circumcision” and in fact the foreskin is such a powerful and imminent threat to male health that it must be severed from a child’s body before he can form his own opinion. In this paper, I offer a different perspective. “Science,” I argue, can neither support nor oppose infant circumcision. Nor can it take any normative position, on any subject, all by itself. In the best-case scenario, science could potentially tell us whether intact vs. circumcised men were more/less prone to certain pathological conditions; but the scenario is not best-case. The existing medical data on circumcision, though abundant, are so contested and inconsistent that we are nowhere close to seeing a scientific consensus on this question; and even if we were, we would still have to think through the ethics. “Science”—alone—cannot save us the effort.

Brian D. Earp is a Research Fellow at the Uehiro Centre for Practical Ethics at the University of Oxford as well as a Consultant Researcher with the Institute for Science and Ethics, also at Oxford. He has served as Editor in Chief of the *Yale Philosophy Review* as well as Guest Editor of the *Journal of Medical Ethics*, the leading journal in the field. Brian holds degrees from Yale and Oxford universities and is currently a Cambridge Trust Scholar and Rausing Award recipient studying the history and philosophy of science and medicine at the University of Cambridge. Cambridge, England, UK.

Premature, forcible foreskin retraction

John V. Geisheker

PPFR, premature, forcible, foreskin retraction of intact boys is a zombie descendant of the 19th-century, pre-germ-theory that touching the genitalia causes disease. This iatrogenic injury persists—astonishingly—even in 2014.

Doctors Opposing Circumcision assists in over 100 PPFR cases each year, consoling distressed parents, providing first-aid advice for injured infants and toddlers, and reporting offenders.

Over 100,000 boys each year are likely affected, costing insurers and parents \$100 million or more of scarce resources, not to mention the misery of the boys and their parents’ anguish.

The notion that intact boys need aggressive internal hygiene is, of course, folkloric nonsense—fine-tuned to market circumcision. Our primate ancestors evolved nicely without genital scrubbing. Indeed, they were likely more concerned with food and shelter than worrying about genital hygiene. We are their progeny, with our self-defending and largely self-cleaning genitalia. It could hardly be otherwise.

John V. Geisheker, JD, LL.M, has practiced medico-legal law as an arbitrator, mediator, litigator, and law lecturer for over 30 years. He is the full-time pro bono Director and General Counsel for Doctors Opposing Circumcision, an international physicians’ charity based in Seattle, Washington. D.O.C.’s members and supporters oppose cultural, non-therapeutic genital cutting of children, male or female, on human rights and scientific grounds. John is a native of New Zealand, a country that fully abandoned medicalized male circumcision in the 1960’s. He hopes his adopted USA will someday follow that principled example. Seattle, Washington, USA.

The psychology of circumcision communication and social change

Ronald Goldman

Much of the focus of the movement to protect children from circumcision has been on human rights, in particular the right of the child to bodily integrity. There are strengths and weaknesses of using children’s rights as a guiding principle for creating social change in connection with circumcision practices.

It is clear that those who circumcise for religious reasons are our biggest challenge. They have accused us of being religiously and culturally insensitive. Both sides tend to perceive the conflict in terms of “us” versus “them.” Is there another way? How do we start removing the barriers that restrict helpful dialogue and create a bridge? What is the relationship between feeling and thinking in a circumcision dialogue? This presentation seeks approaches that serve circumcision critics and defenders, fit the reality of the situation, and move us forward.

Ronald Goldman, PhD, is a psychologist, speaker, writer, and Executive Director of the Circumcision Resource Center in Boston, a nonprofit educational organization. His investigation of the unacknowledged adverse psychological and social aspects of circumcision includes hundreds of contacts with men, parents, Jews, and medical and mental health professionals. He is the author of *Circumcision: The Hidden Trauma and Questioning Circumcision: A Jewish Perspective*. Other writing has appeared in medical journals, national newspapers, parenting publications, and Jewish periodicals. He participates in numerous media interviews, gives lectures on circumcision, perinatal health and childcare practices, and counsels parents and circumcised men. Boston, Massachusetts, USA.

I am sorry, my beautiful child

Rue Hass

Finally, here is heartfelt, effective healing support for women and men who have been traumatized by the decision to allow genital cutting of their children. Here also is support for the intactivist who has taken in too many painful stories, and

likely has her or his own. This special evening session offers a framework for self-forgiveness, and release from the burden of deep regret. It will help you to ease and dissolve the tight, sorrowful, hurting places in your mind, body, and spirit. In this safely held, interactive, thoughtful space, I will share some easily taught and guided cognitive interventions and bioelectric energy-based self-treatments for self-blame and regret. We will explore the basics of using a spiritually based process adapted from Emotional Freedom Technique (EFT) tapping. You will leave with practical tools and ideas to work with on your own, and that you can use to assist others. You will gain new approaches to integrating this circumcision experience that has so powerfully shaped your life, and indeed, our sense of our own humanity.

Rue Hass, MA, CCHt., EFT Master, and Ordained Minister is a Spiritual Life Path Coach, Intuitive Mentor, and EFT Master practitioner. Her background includes university teaching, extensive training in psycho-spiritual philosophy and Energy Psychology therapies, and ordination as a minister by the Lorian Association, a spiritual research center that explores a contemporary spirituality. She has authored several books and conducted many trainings on the highly sensitive temperament and spirituality. Boulder, Colorado, USA.

Breaking their will: Shedding light on religious child maltreatment **Janet Heimlich**

After learning about notorious clergy-perpetrated sexual abuse scandals and high-profile “faith healing” child-death cases, the public has come to understand that faith communities are not immune to child abuse and neglect. But can religious belief itself contribute to child maltreatment? In this disturbing yet compelling talk, Janet Heimlich discusses a dark side of faith—*religious child maltreatment*. She will explain how damaging this form of abuse and neglect is, which children are at the greatest risk, and what we can do to ensure that a religious upbringing is a nurturing experience for every child.

Janet Heimlich is an award-winning journalist and the author of *Breaking Their Will: Shedding Light on Religious Child Maltreatment*, which takes an in-depth look at child abuse and neglect in the United States that is enabled by religious belief. She is also president of the *Child-Friendly Faith Project*, a national nonprofit public charity that educates the public about the impact that religious, spiritual, and cultural beliefs and practices have on children. As a freelance reporter for National Public Radio, Ms. Heimlich won nine journalism awards, including the regional Katie and the Houston Press Club’s “Radio Journalist of the Year.” Austin, Texas, USA.

The CHANGE project **Katharina Kunze**

The European Parliament estimates that up to 180,000 girls and young women in Europe are at risk of FGM. Terre Des Femmes conducts the CHANGE Project: Four Anti-FGM NGOs from four European countries recruited people with a solid, multilateral, and trustful network within the African communities. Every one of these Change Agents is obliged to bring up the topic of FGM within his/her Diaspora-network to break the taboo, convince the supporters, and empower the opponents. Simultaneously, we approach key professionals (social workers, kindergarten-staff, pediatricians, and others) to sensitize and motivate them for the protection of girls at risk. The project will finish in February 2015 with an evaluation and a European conference to present results and discuss the collaboration as well as potential optimization.

FGM in Indonesia **Katharina Kunze**

When WHO calculates that about 140 million women have undergone FGM, they counted in the African and a few Arab countries only, but FGM is practiced in Asia as well. In Indonesia alone, approximately two million girls get “circumcised” every year. Although the state signed and ratified all conventions against FGM, the Ministry of Health released a legislation in which the “right” kind of FGM was recommended. Religious groups advocate the genital mutilation of girls and the Ministry of Health provided the sterile, medical conditions. This increased the number of girls getting cut and the social pressure as well as the severity of the result. Terre Des Femmes initiated a Petition in Germany and Indonesia in February 2014 to demand from the Indonesian Government a national law against FGM, a public education campaign, and a proscription against advertising FGM.

Katharina Kunze, MS, has degrees in Cultural Anthropology, Gender Studies, and Philosophy. She explored and discussed in her final thesis how NGOs use social, cultural, and financial resources to work sustainably and effectively. Before she became the section manager against FGM (Female Genital Mutilation) at Germany’s largest women’s rights NGO, Terre Des Femmes, she worked as a copywriter, researcher, campaign manager, and social media expert. She discovered feminism in her early twenties and understood that her privileges oblige and empower her to take action for justice, health, freedom, and security. Berlin, Germany.

Common types of circumcision injury **David J. Llewellyn**

The American medical establishment, without real supporting statistics, assumes that circumcision is a simple and safe procedure with relatively few complications. It is apparent to me, as a practicing attorney with some 19 years of experience

litigating circumcision cases, that this assumption is incorrect. Circumcision is often negligently performed. The result is permanent damage to the male genitalia that goes well beyond the damage caused by a correctly performed circumcision. Physicians are generally ignorant of the wide variation of normal penile anatomy. In particular, they are ignorant of the flexibility of the penile skin system in many infants and adults. Knowledge of normal anatomy is essential to a reasonable outcome. That anatomy is discussed with reference to the performance of circumcision by the most common methods. Examples of the most common types of circumcision injuries are given.

David J. Llewellyn, BA, JD is an attorney whose practice is concentrated in genital injury litigation. He has represented numerous victims of botched circumcisions, both infant and adult, as well as victims of circumcisions performed without consent. He has also represented a number of parents who filed suits to prevent the circumcisions of their sons. He has extensive experience representing the victims of the most common forms of negligently performed circumcisions. Atlanta, Georgia, USA.

The midwife & circumcision: Guardian of the normal **Donna Rigney Macris**

Midwives worldwide, including American certified nurse-midwives, claim the moral, ethical, and clinical high ground of being *guardians of the normal* with regard to childbirth and the childbearing lifecycle. They extend these philosophical and real care protections to both mother and baby. It becomes contradictory, therefore, for the traditional guardian of the normal—the midwife—to respect and promote the natural integrity of the woman’s body, including intact reproductive organs and genital integrity, while simultaneously denying the infant’s/child’s right to intact reproductive organs and genital integrity.

While midwives may seek false comfort under the guise of “informed consent” for circumcision, there exists no informed consent for human rights violations, and destruction of normal human genitals, or portions thereof, in non-consenting minors is a human rights violation.

The complicity of midwives and the sanctioning by midwifery organizations of the excision of normal genitals of infants and children cannot be ethically supported. Midwives who participate in the destruction of the normal genitals of infants and/or children must relinquish their claim to be guardians of the normal.

If midwives are to claim they are “Guardians of the Normal,” they must include, within their sphere of protection, parental education about children’s rights to genital autonomy and safety from circumcision and protect the genital integrity rights of infants and children.

Donna Rigney Macris, RN, CNM, MSN, CLNC, is a decades-long human rights activist in issues of genital integrity who has served on the Board of Directors of NOCIRC, was a co-founder of the International Symposia on Circumcision, and co-authored the *Declaration of the First International Symposium on Circumcision*. Her writings on the issue of circumcision and the rights of infants and children as well as on the normal function of the male genitalia have been published. She has spoken nationally and internationally promoting conscious objector status for nurses and midwives in opposition to newborn circumcision. She has been guest faculty in midwifery programs, including Stanford University’s *Women’s Health Care Training Project*. Her Master’s Degree Research at St. Louis University centered upon informed consent for circumcision. Fresno, California, USA.

The business of circumcision **Jennifer Margulis**

American doctors insist they do not perform circumcisions for the money they make off the procedure but a common “mistake” on hospital bills today is a charge for a circumcision for a baby girl. Botched circumcisions need to be corrected by pediatric urologists and the biomedical industry profits enormously by using foreskin-derived cells to make artificial skin for burn victims and diabetics. In this interactive multi-media presentation, investigative journalist, Jennifer Margulis, PhD, uncovers the dollars and cents behind America’s most unnecessary surgery.

Jennifer Margulis, PhD, is an award-winning investigative journalist and a senior fellow at the Schuster Institute for Investigative Journalism at Brandeis University. She is the author of the groundbreaking exposé, *The Business of Baby*. Ashland, Oregon, USA.

The Hidden Trauma: Circumcision in America **Brendon Marotta**

Come view select clips from the upcoming feature-length documentary, *The Hidden Trauma: Circumcision in America*, which explores the impact of male circumcision in the United States. Shot over the course of three years, the film includes interviews with the most prominent figures on both sides of the circumcision debate.

Topics covered in the film include the effect of circumcision on human sexuality, early life trauma, and the efforts of activists to change the practice. *The Hidden Trauma: Circumcision in America* contains a strong emphasis on personal stories, weaving together the perspectives and personal experiences of many different subjects from across the country.

The film will include a brief introduction by the director, and an opportunity for audience feedback afterward. Note: the film may include explicit images and adult language.

Brendon Marotta is an award-winning filmmaker. He graduated from the University of the North Carolina School of the Arts Film School, and works as a professional film editor and director. His work can be found online at www.brendonmarotta.com. Charlottesville, Virginia, USA.

Tactics without strategy - Sun Tzu, *The Art of War*, and GA futures

Paul Mason

In 2008, Genital Autonomy (GA), a UK-based organisation, was established. Its novelty was to remove gender from the debate about therapeutically unnecessary male circumcision and tie it to analogous rights of all children to protection from unnecessary genital surgeries and other procedures. Girls in some cultures undergo “mutilations” (described in Type IV of the four WHO/UNICEF categories) that involve no tissue removal. Intersex children often undergo hormonal treatments that commit their bodies to either male or female future sex at a time when intersex adults are telling us they have the right to grow up proud in their non-binary status.

This paper looks at a selected number of highlights in the development of this children’s rights focus. It examines how the public debate has developed since 2008 and in 2013 how the proponents of all forms of “child genital mutilation” (CGM) have been finessed in their own responses. The paper considers how some of the marketing “messages” adopted by the GA movement have contributed to this change. It concludes with a discussion of how gains made can be continued and expanded.

The paper focuses on the UN Convention on the Rights of the Child (CRC), Articles 12, 14, 19, and 24(3) and explores the limits of parents’ own rights to religious freedom under, e.g., the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights.

Paul Mason, BA (Hons), LLB, is a family law barrister of 35 years experience. For 3½ years, from 2007 to 2010, he was the statutorily independent Commissioner for Children for the Australian State of Tasmania. During that time, amongst his other work, he pursued raising awareness of the human rights of children to protection from all forms of violence and from harmful traditional practices (HTPs). He, with Dr. Comfort Momoh, is an inaugural co-patron of the UK-based charity Genital Autonomy and in 2013 was instrumental in establishing the Antipodean child rights organisation, Australasian Institute for Genital Autonomy Inc. (AIGA). Brisbane, Queensland, Australia.

The final cut: What parents should know about circumcision and why it’s wrong

Jonathan Meddings

Although debate surrounding circumcision rages on in the legal and medical literature, this hasn’t translated into the public sphere in the way it needs to in order to eradicate the practice. Part of the reason for this is a failure to adequately engage those who are in the position of power to do so—parents. Most parents want what is best for their children, yet many choose to circumcise them, some without even questioning the practice, such is the degree it has been normalized in some societies. There are six arguments supportive of circumcision. They are the arguments from aesthetics, conformity, religious freedom, parental rights, moral relativism, and medical benefits. We need to deal with all these arguments and present a comprehensive case against the practice of circumcision in a way that is accessible to all parents, not just members of the medical and legal communities.

Jonathan Meddings has a degree in medical science with honors from James Cook University and is currently a student of philosophy at Macquarie University. He is a member of *Friends of Science in Medicine*, an organization campaigning against the teaching of the pseudoscience that is alternative/complementary medicine in Australian tertiary institutions, as well as a board member of the *Rationalist Society of Australia* and writer for the *Young Australian Skeptics*, organizations devoted to the promotion of rational and skeptical thinking in all areas, including medicine. Jonathan is currently writing a book on circumcision. Melbourne, Australia.

Meet the Pioneers

Marilyn Milos

The Anti-Circumcision Movement has been growing exponentially for the past 35 years. I will introduce many of the people who have played instrumental roles in bringing this movement to where it is today and highlight some of those who can’t be with us. Now known as the Genital Autonomy Movement, you’ll meet the movers and the shakers as they offer you their sentiments about the movement and what they’ve learned from their Intactivism. The Pioneers will be videotaped by James Loewen to preserve the history of this crucial human rights movement.

Marilyn Milos, RN, is the co-founder and director of the National Organization of Circumcision Information Resource Centers (NOCIRC) and co-founder of the International Symposia on Circumcision, Genital Autonomy, and Children’s Rights. She is the co-editor of eight symposia books and the editor of the *NOCIRC Annual Newsletter*. San Anselmo, California, USA.

Standing up for the rights of all children **Soraya Miré**

All children need our protection and, if they are not protected, their private pain needs to be heard, whether these are girls, boys, or intersex children who have experienced genital cutting. I was 13 years old when I underwent this devastating rite of passage in my native Somalia. I was blessed with the courage to heal my wounds and then tell how this wrongful rite has transformed my life. I realize now that chronicling the struggle of circumcised women to free themselves and their daughters from those who have crippled their minds and mutilated their bodies is my never-ending vision, my voyage, and my struggle. I am determined to break the cycle of pain in all children!

Soraya Miré is an award-winning director, writer, and activist. Her credits include a featured segment of the *Vagina Monologues* on FGM and the award-winning documentary *Fire Eyes*, which highlights the barbaric practice of FGM. *Fire Eyes* was featured at the International Women's Conference in Beijing, the United Nations International Conference on Population and Development in Cairo, the Sundance Film Festival in the USA, and The United Nations in Geneva. Miré's activism has been recognized with many awards, such as the "Humanitarian Award" at the United Nations Sub-Commission Sessions, the John Jay College of Criminal Justice "Winnie Mandela Award," "Best documentary" at the United Nations International Conference on Population and Development in Cairo, the "Human Rights Award" at the Third International Symposium on Circumcision at the University of Maryland, and Intact America's "Personal Courage Award 2009." She was born in Somalia and immigrated to Europe in 1978 at age 17. She studied literature and political science at the University of Grenoble in France. Miré left her studies to expand her mission to end violence toward women and children. In 1984, Miré moved to Los Angeles and began a career in film. She appeared on the *Oprah Winfrey Show*, CNN, and *Nightline* with Ted Koppel. She has lectured at numerous universities, including Harvard, UCLA, Vanderbilt University, and Stanford University. She has stood before committees at the United Nations, the US Senate Human Resources and Health Assembly, and the World Health Organization. She has worked with medical professionals, government officials, with women, and with families who have been affected by FGM, all in her tireless pursuit of protection of human rights for women and girls. Los Angeles, California, USA.

Shared decision making for routine infant circumcision **Teri M. Mitchell**

The decision regarding routine infant circumcision of the male newborn in the US is made by parental assent. It is the position of the American Academy of Pediatrics (AAP, 2012) that the decision should ultimately be made by the parents, once the parents have received accurate and unbiased information about the benefits and risks of circumcision,

as well as the benefits and risks of having an intact foreskin. Unfortunately, today's expectant parents are not receiving standardized, unbiased, evidenced-based information on male anatomy, circumcision, and the potential outcomes of deciding for or deciding against RIC. In an effort to provide such information, a doctoral capstone project was conducted using the Shared Decision Making model to guide expectant parents through a three-step decision-making program about routine infant circumcision.

Teri Mitchell, RNC, CNM, DNP, LCCE, IBCLC, a Registered Nurse certified in maternal newborn nursing for the last 10 years, is also a Lamaze Certified Childbirth Educator and an Internationally Board Certified Lactation Consultant. She completed a Doctorate of Nursing Practice degree in midwifery at Baylor University in May 2014 and is a certified nurse midwife. Her doctoral focus has been on parental decision making about routine infant circumcision, as well as the impact of tongue-tie on breastfeeding. She currently works as a nurse-midwife and lactation consultant at a freestanding birth center and homebirth practice in Texas. Frisco, Texas, USA.

The whole person: Genital cutting, emotional life and being human **Elwyn Moir**

"The body is our general medium for having a world... The flesh is at the heart of the world"
– Maurice Merleau-Ponty, *The Phenomenology of Perception*

Alexithymia is a personality trait characterised by an outwardly focused thought-style and difficulty identifying and describing one's experience of emotions. When present in someone unwell, clinical support can be confounded by unexplained physical distress, leading to prolonged diagnostic investigations and ineffective treatments in both physical- and mental-health realms of medical care.

Prevalence studies have suggested the presence of alexithymia in between 10% - 28% of the adult population. In a preliminary investigation in 2011, Dan Bollinger and Robert Van Howe found that circumcised men in their sample were over one-and-one-half times more likely to have alexithymia than intact participants, were 2.30 times less likely to have low alexithymia scores, and that these results were likely environmental rather than genetic.

My presentation pursues two aims. The first concerns the imperative for further research in light of the Bollinger-Van Howe investigation, which will be discussed in context of my current study on this through the University of Queensland School of Medicine. The second aim considers the broader context of humanity's academic pursuit of knowledge and enquiry as a whole. I examine the implications for knowledge and understanding across a range of disciplines more generally by exploring the meaning of alexithymia for the experience of being human.

Elwyn Moir, BA, has worked in mental health for a decade. His practice principally concerns mood, self-concept, and suicide prevention, and provides clinical supervision and training. His work was recognised with the award of a National Emergency Medal in 2012. Elwyn's nation-reaching advocacy has included published opinion pieces and long-form television appearances. He co-founded (with Paul Mason and others) the Australasian Institute for Genital Autonomy and, in addition to his clinical practice, is Secretary of the AIGA and a Master of Mental Health (Psychotherapy) candidate with the Department of Psychiatry in the School of Medicine at the University of Queensland. Fortitude Valley, Queensland, Australia.

Non-circumcising families in the Jewish community

Lisa Braver Moss

More Jewish parents are choosing to leave their newborn sons intact. How is mainstream Judaism addressing this new reality? I began a dialogue with the clergy and administration of my own congregation, a large, progressive Reform synagogue in Oakland, California. I then interviewed Reform rabbis from around the country to get a sense of how Reform Judaism, the largest denomination of American Jews today, is dealing with this issue. The Reform movement has no stated policies regarding families wanting to opt out of circumcision, so I was curious: Are these families welcomed or shunned? Are intact boys discouraged from having bar mitzvahs? Do Reform rabbis offer *brit shalom* ceremonies if asked? How do these rabbis counsel families in conflict over circumcision? In my presentation I'll discuss the surprising things I learned. I'll also introduce an innovative way to frame the topic of circumcision when conversing with the Jewish religious establishment.

Lisa Braver Moss, BA, is a writer specializing in health, family issues, Judaism, and humor. Her work has appeared in the *Huffington Post*, *Tikkun*, and *Parents*; she has also written several nonfiction books and an essay collection. Lisa is the author of two seminal articles addressing the problems inherent in Jewish circumcision, and was a speaker at the 2nd International Symposium on Circumcision. In 2010, Lisa published *The Measure of His Grief*, the first novel ever written about male circumcision and foreskin restoration. Lisa is co-author of the new book *Celebrating Brit Shalom*. She holds a BA in English from UC Berkeley. Piedmont, California, USA.

Current developments in Denmark

Lena Nyhus

Intact Denmark is founded by circumcised and intact men and women, Jews, Muslims, and Christians, some of faith, others not. We cover the entire political spectrum and are in dialogue with all parties, however, the organisation is without political affiliation. We work for children's rights to their own

bodies and to protection against unnecessary operations, to which they cannot give informed consent. We work for each person's right to their own sexual organs and to choose their own religion. Obviously, healthy children shouldn't be cut. The Intact Denmark and 'Just a Snip' teams consist of highly qualified professionals, including medical doctors, religious historians, and more. Within a very short time span, the team has achieved great political results, which will be reported in this presentation. www.intactdenmark.dk.

Lena Nyhus heads the intactivism effort in Denmark based on her experience in leadership, communication, and lobbyism. Farum, Denmark.

First, do no harm: A dialogue on power, privilege, and good intentions

Opeyemi Parham and M. Thomas Fredericksen

Dr. Opeyemi Parham, a Black, 56-year-old female, is a retired family doctor turned "healing artist." In July of 2012, she created a piece to inspire and provoke dialogue on male circumcision: <https://www.youtube.com/watch?v=1Eo3zvXsBc0>

M. Thomas Fredericksen, a White, 38-year-old male, circumcised at birth in a routine hospital procedure, responded to that piece.

A 20-minute prose poem will be the foundation of a six-month dialogue between a Cutter and One Cut. It is our hope—since the abstract is presented just as the dialogue enters its active, witnessed phase—that we two will have a multi-media presentation of depth and power. It will explore aspects of culture, class, and privilege relating to male circumcision—the one practice of genital mutilation still condoned as a rational medical practice.

Opeyemi Parham, MD, is a 56-year-old retired physician who became dissatisfied with the ethical disconnect between her oath of "primum non nocere" and the day-to-day reality of doctoring. Since leaving conventional medicine, she has explored alternative healing modalities (e.g. spiritual ministry and the creative arts) and names herself "healing artist". Greenfield, Massachusetts, USA.

M. Thomas Fredericksen, is a machinist and tool maker who studies engineering. His four-fold circumcision experience is: He considers his circumcision at birth a sexual assault. He's restored his foreskin. Unlike most doctors, he has studied foreskin restoration extensively. He has sought psychological help, which was a grueling ordeal. Clearwater, Florida, USA.

Care for the carer Brian Luke Seaward

Human rights activists are one of the most recognized groups of people noted for their devoted public service. The service of caring, however, is not without its drawbacks. Burnout (passion fatigue and compassion fatigue) is a common problem, and activists are no strangers to the stress of burnout. This presentation highlights the nature of stress, the quadrants of holistic wellness, signs of mismanaged anger, the relationship between stress and physical health, and several ageless coping skills and relaxation techniques proven to help restore one's personal energy levels in their efforts for social change. Inspiring and rejuvenating.

Brian Luke Seaward is an international expert in the fields of stress management, mind-body-spirit healing, and health promotion. Additionally, he is an award-winning author, photographer, teacher, film director/producer and inspirational speaker. His mission, as expressed through his legacy of books and public appearances, is to make this a better world in which to live by having each of us reach our highest potential. Luke's words can be found quoted in PBS specials, the *Chicago Tribune*, *The Huffington Post*, and more. Currently, he serves as the executive director of the Paramount Wellness Institute in Boulder. See www.Brianlukeseaward.net. Boulder, Colorado, USA.

An intact penis is better: Intactivism in Israel Eran Sadeh

- My journey to intactivism
- Intactivism in Israel
- Elinor's case - the mother who was told by a rabbinical court to circumcise her son against her will or pay the equivalent of US\$140 every day until she complied.
- Changing social norms—what can we learn from the campaigns to end foot binding in China and FGM in Muslim countries?

Eran Sadeh is a computer instructor and the publisher of Protect the Child website, (www.gonnen.org). Eran is married and the father of a girl (10) and a boy (8). When his son was born, he stumbled upon anti-circumcision websites and started to research. He and his wife eventually decided to leave their son intact. Eran later started a website with the aim of educating Israeli parents about the advantages of an intact penis and the disadvantages of a cut penis, and about the growing movement of parents who decide to leave their son intact. Ever since, he has appeared in many media interviews promoting intactness. In 2007, he gave a lecture about the harm of circumcision to students in Tel Aviv. In 2012, he went to Berlin, Germany, and delivered a statement in a press conference, supporting a court ruling that called circumcision a violation of bodily integrity. Tuval, Israel.

Unconscious cruelty: Exploring the emotions behind genital cutting

Richard Schwartzman

The practice of subjecting infants and children to body modification exists in many cultures and has for thousands of years. Whether it was the foot binding of Imperial China, FGM as it continues today, or male infant circumcision, such practices are always vehemently defended and extremely well rationalized. Without understanding the root cause of such societal behavior, little sense can be made of why it continues. In this lecture, psychiatrist Richard Schwartzman explores some of the emotional factors responsible for these unnecessary and cruel practices.

Richard Schwartzman, DO, is a practicing psychiatrist, board-certified by the American Board of Psychiatry and Neurology. Prior to becoming a physician, he was a licensed, practicing pharmacist. He is a graduate of Temple University School of Pharmacy (1961) and the Philadelphia College of Osteopathic Medicine (1966). He completed his psychiatric residency training at Hahnemann University (1974), and a fellowship in forensic psychiatry at Temple University School of Law and Medicine (1976). In addition to maintaining a private clinical practice throughout his career, Dr. Schwartzman also served as Hahnemann's Medical Director of Psychiatric Services to the Philadelphia Prisons from 1978-2000, where he was Associate Clinical Professor of Psychiatry. In his private practice, he employs the unique therapeutic method pioneered by Wilhelm Reich, MD, and is considered to be a leading training therapist in this method. Solebury, Pennsylvania, USA.

Why Europe is leading the world David Smith

Europe has not been recognised in the past as the bastion of reform and change; the world has previously always looked to the USA to take the lead. Recent developments within the Council of Europe on the issue of non-therapeutic genital surgery have reversed this trend and the USA is now trailing behind the innovations in Europe. This talk will explore the reasons and potential opportunities for change that Genital Autonomy is harnessing.

David Smith was educated at St. Joseph's College, Market Drayton, and qualified in business studies at Underwood College. He is the General Manager of NORM-UK, a charity dedicated to giving men a choice about their own bodies. He created and now edits *NORM NEWS*, the organization's magazine. In addition, he is the Chief Officer of Genital Autonomy, an international organization working to protect the genital autonomy of all children—females males, and intersex—and co-sponsors the International Symposia on Genital Autonomy and Children's Rights. Stone, Staffordshire, UK.

The cutting edge: Making sense of European legal developments amidst growing recognition of children's legal, ethical, and human rights to bodily integrity

J. Steven Svoboda

The 2012 Cologne and 2013 Hamm court cases from Germany upheld a child's human and legal rights to bodily integrity. Previous decisions along similar lines were handed down in Dusseldorf in 2004, in Frankfurt in 2007, and in Austria in 2007. These cases—particularly the Hamm one—were decided in a context of increasing acknowledgement of children's right to bodily integrity from the United Nations, the Council of Europe, and numerous influential medical, ethical, legal, and political bodies.

The legislation passed to reverse the Cologne decision suffers from four core problems. The contention that the Cologne and Hamm decisions violate religious rights is erroneous. Germany lacks a church-state separation and accords parents a level of religious control that is not available in the United States. Also, Germany lacks the precedent-based legal system of US common law. Accordingly, while these favorable cases retain their validity, they must be used with care.

J. Steven Svoboda, MS, JD, received a Master's Degree in physics from UC Berkeley and graduated cum laude from Harvard Law School. He founded Attorneys for the Rights of the Child (ARC) in 1997. In 2001, Steven presented the first and only known document ever accepted by the United Nations focusing on male circumcision. Steven received a Human Rights Award for his work with ARC. In October 2013, Steven successfully debated two members of the American Academy of Pediatrics (AAP) Task Force at the Medical University of South Carolina; a paper from that conference is forthcoming in the *Journal of Law, Medicine, and Ethics*. Steven has published three articles in the *Journal of Medical Ethics* and has also published in the *Journal of the Royal Society of Medicine*, *Medical Anthropology Quarterly*, and all eight Springer books containing circumcision symposium proceedings. Berkeley, California, USA

Parent education classes for making an informed decision **Ashley Trueman**

“The Foreskin and Circumcision” is a 2-hour class curriculum geared toward expecting parents navigating the pros and cons of circumcision. The class dispels the myths surrounding the foreskin and circumcision and clarifies the potential benefits with evidence-based information backed by the top medical associations and health professionals in the world. Foreskin facts, circumcision information, and proper intact care, as well as the medical, cultural/religious, legal, and ethical considerations necessary to make a truly informed decision are discussed.

With support and referrals from the local midwives and doulas, the class has consistently drawn 20+ attendees for classes

every 4-6 weeks. Pre- and post-class anonymous questionnaires have shown attendees leave confident in their decision to leave their children intact.

Ashley Trueman, BS, MS, is a labor and postpartum doula and a childbirth educator. She has been the director of Intact Arizona since February of 2013 after several years of independent activism. Circumcision first entered her radar after the death of a patient the day after his circumcision by the pediatrician/mohel she worked for during college. Over the past year, Ashley has developed a curriculum she teaches to expecting parents. Ashley has a BS in Kinesiology from Arizona State University and two MS certificates in Business Marketing and Management from Tulane University. Scottsdale, Arizona, USA.

Math is your friend

Robert S. Van Howe

Mathematics is a tool, but like any tool it can be used correctly or used incorrectly. This presentation will explore how numbers are properly used and manipulated in the conversations about the health impact of circumcision. The difference between relative risk reduction and absolute risk reduction will be delineated. The derivation of number needed to treat and number needed to harm will be discussed, as well as how the number needed to treat for a urinary tract infection miraculously dropped from 195 to 4. The construction of mathematical models and their dependence on accurate assumptions and the need for sensitivity analysis will be looked at. The outcomes of three randomized clinical trials of circumcision's impact on HIV incidence showed remarkably similar results: were the similarities too remarkable? Examples of the abuse of mathematics in the circumcision debate will be presented.

Human papillomavirus and circumcision: The whole story

Robert S. Van Howe

Genital infections with human papillomavirus (HPV) may be the most common sexually transmitted infections, but most infections with HPV are transient. While HPV infections may cause cervical cancer, only a handful of the hundred or so types of HPV are carcinogenic. Some have claimed, using a selective bibliography, that circumcision in males reduces the risk of HPV infections and the risk of cervical cancer in female sexual partners. This presentation will consider the breadth and the quality of the epidemiological research regarding any association between male circumcision and HPV infections in general and carcinogenic HPV in particular. It will also be explored whether associations found in some studies can be attributed to other factors.

Robert S. Van Howe, MD, MS, FAAP, is Professor and Interim Chairman of Pediatrics at the Central Michigan University College of Medicine. He has lectured and been published internationally on the topic of circumcision and has been

a consultant to the American Academy of Pediatrics, the Centers for Disease Control and Prevention, and the World Health Organization. Much of his research has focused on secondary research, including meta-analysis and cost-utility analysis. Saginaw, Michigan, USA.

“Normalizing” genital surgeries of intersex children **Hida Viloria**

“Normalizing” cosmetic genital surgeries on intersex babies, also known as intersex genital mutilation, are driven by societal prejudice. As a prominent pediatrician stated in defense of the surgeries in 2002: “Society can’t accept people of different colors, and now we’re supposed to accept somebody with genitalia that don’t match what their gender is? I do not believe this society is ready for it.” <http://www.youtube.com/watch?v=oHbBTEeayEU>.

This presentation will explore negative social attitudes towards intersex people, how these views informed the creation of “normalizing” medical treatments, and why these protocols still exist today, despite being condemned by the UN Special Rapporteur on Torture. It will also examine strategies to end “normalizing” treatments and victories in intersex people’s struggle for genital autonomy, and provide free resources that everyone can use to help create a world which is safe for intersex people to live freely and openly as they are.

Hida Viloria is Chairperson of OII, the world’s largest intersex advocacy organization, and director of its American affiliate, OII-USA. She has a degree in Gender and Sexuality with high honors from UC Berkeley, has written about intersex in *The Advocate*, *Ms.*, CNN.com, the *American Journal of Bioethics*, and others, and has been a guest on numerous television shows, including 20/20 and Oprah. On December 10, 2013, she became the first openly intersex person to speak at the United Nations, with Martina Navratilova, and others, for their Human Rights Day event, *Sport Comes Out Against Homophobia*. You can follow her blog, *Intersex and Out*, on Tumblr. Oakland, California, USA.

How to help? Training and counseling in Finland **Tiina Vilponen**

In this presentation, I introduce how we in the Finnish Sexpo Foundation educate future sex advisors and therapists in our training programs, so that they are well aware of the foreskin and what genital mutilation means physiologically and psychologically. I also bring forward how the foreskin and genital mutilation are seen in our counseling services and what happens when men come to us and seek help. Sexpo Foundation has been training and helping since 1969 and has always fought against human genital mutilation.

Tiina Vilponen, MTh, Sex Therapist, and Communications Manager, the SexpoFoundation. Helsinki, Finland.

An unlikely activist’s journey beyond the bris **Rebecca Wald**

Beyond the Bris is a unique web-based multimedia project within the much broader movement to combat the genital cutting of minors worldwide. Focusing on the niche topic of Jewish circumcision (religious and secular), a primary aim of *Beyond the Bris* is to encourage activism on this issue. The heart and soul of the project is an ever-growing list of Jewish contributors who share their knowledge, stories, and views with the site’s global visitors. In this talk, publisher Rebecca Wald discusses some of the challenges she has faced in creating, maintaining, and promoting this resource. She will also share a few of the lessons she has learned in her journey to help unlikely activists, like herself, find their voice.

Rebecca Wald, JD, grew up in Philadelphia, PA, the daughter of iconoclastic psychiatrist Richard Schwartzman. She first became aware of the harms of circumcision from her father’s work. She is a graduate of The George Washington University and Brooklyn Law School, where she served on the Law Review. In 2010, Rebecca launched *Beyond the Bris*, a web project about the Jewish movement to question circumcision. The site has become a go-to resource for those interested in this topic and has been widely noted in the media, including the *New York Times*, *The Huffington Post*, and *The Village Voice*. Rebecca is co-author of the new book *Celebrating Brit Shalom*. Ft. Lauderdale, Florida, USA.

Celebrating brit shalom **Rebecca Wald and Lisa Braver Moss**

The trend of new parents in the US skipping circumcision includes a number of Jewish families, and *brit shalom* (a welcoming ritual for baby boys who will be left intact) is growing in popularity. Now, the first book about this emerging ritual has been written, complete with different ceremonies that parents can choose from, along with original music to accompany the services. The book is designed to be used by both parents and rabbis. In this presentation, the book’s authors will give an overview of their work. They will discuss the powerful symbolism used in the ceremonies, read an excerpt or two from their book, and play a sample of the music.

Rebecca Wald [see above].

Lisa Braver Moss [see above].

American Secret: The Circumcision Agenda **Francelle Wax**

American Secret examines the history behind popularizing male infant circumcision in the United States and the economic and cultural incentives responsible for its continued practice. The film pushes back against this rarely questioned cultural norm, which, though ingrained domestically, has long since fallen out of favor abroad.

On the face of it, *American Secret* is about circumcision. At core, the film is an examination of how memes proliferate, how ideas spread, and how thought patterns take hold. The film also explores questions we rarely ask ourselves, such as how we decide what we're going to think about, what we're going to reconsider, what we're going to resist, and what we aren't. The film's overarching questions being: "How do we come to believe what we believe?" and "What role do reason and fact play in establishing or changing our beliefs?"

Francelle Wax began shooting *American Secret* in 2006, while working full time as a production manager for DC's top political strategy firms. In June 2012, she gave notice to devote herself fully to *American Secret*, preparing it for an initial funding round. In July 2013, she ran a successful Kickstarter that was matched by Intact America. A hobbyist around the issues of rational thought and cognitive errors, Francelle was thrilled to be able to examine this intriguing subject matter using the medium of film. New York, New York, USA.

Talking about genital modifications: A linguistic approach **Harald Winterling**

The choice of words—more or less consciously—always has been part of the battle over genital integrity. This presentation analyzes the necessary elements for an appropriate discourse on the topic of genital autonomy from a linguistic viewpoint. These are compared to linguistic choices made by different groups that have raised their voice in the discussion. The relevant motivations, fears and effects are explored on the basis of the relation between language and perception.

On the word level, etymology and semantic component analysis are employed. Various examples from the field of genital integrity show the logical relations between concepts, like hyponymy and hyperonymy, and the effect of substituting one term for another. On the level of the phrase, possible collocations will be explored. Sociolinguistic considerations facilitate the identification of desirable versus dangerous discourses and the motivations behind them.

Towards the eradication of the genital mutilation pandemic: Global strategic perspectives **Harald Winterling**

Genital mutilations are a global problem, directly affecting around one billion males and 300 million females alive today. However, its distribution is quite heterogeneous. While in some parts of the world, males and females alike fall victim to that practice, in other regions only males are at risk to different extents. The same is true for the public opinion and politicians' stance on the matter.

This presentation suggests that any strategy towards ending genital mutilation must take that heterogeneity into account,

arguing that some societies are ready for certain kinds of action while others need different approaches. There seems to be a logical order of premises that must be fulfilled for success. Failing to respect this order can cause dangerous backlashes, as recent developments in Europe have made clear.

I will employ some metaphors from medicine to discuss these ideas: genital mutilation will be looked at as a disease, like smallpox or cholera. The factors that make societies—the patients—more or less susceptible to the pandemic need to be explored as much as the carriers of the disease. It will be argued that a positive view of sexuality, pride of one's genitals, and awareness of their functions can immunize a society from the risk; therefore, education about these things would serve as a kind of vaccination. This may be done, for instance, by celebrating them in literature or arts. As in the case of vaccination, a high number of people educated in that matter will help to protect the others as well.

So far as more heavily affected societies are concerned, the appropriateness and effectiveness of the cure depend on the conditions of the patient. Education will be required again for stabilizing the patient prior to operation, but it may need to take a different shape depending on the respective culture. Legal action and political initiatives are compared to rather complicated operations that must be well-understood and require proper preparation. If they fail, they will lead to serious drawbacks, but if they succeed, they can prove very effective.

Harald Winterling, an economist and linguist working in the transportation industry, has followed literature on genital integrity and foreskin restoration since the early 1990s. Shocked by the amount of ignorance present in politicians' statements in Germany following the Cologne ruling in 2012 on what had been one of the country's last taboos, he felt the obligation to contribute to more thorough information. Harald is one of the founding members of Germany's first registered charity fighting for the right to genital integrity for girls, boys, and intersexuals alike. Frankfurt, Germany.

A special thanks to all our presenters for taking the time to share your expertise with us. Thank you to our donors and other contributors for your time, energy, and financial support, and to NOCIRC of Colorado members for hosting this event.

~ The Symposium Committee

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

THE 2012 HELSINKI DECLARATION OF THE RIGHT TO GENITAL AUTONOMY
12th International Symposium on Law, Genital Autonomy & Children's Rights
Helsinki, Finland
29 September to 3 October 2012

Whereas it is the fundamental and inherent right of each human being to security of the person without regard to age, sex, gender, ethnicity or religion as articulated in the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights and the Convention on the Rights of the Child.

Now we declare the existence of a fundamental right of each human being a Right of Genital Autonomy, that is the right to:

- personal control of their own genital and reproductive organs; and
- protection from medically unnecessary genital modification and other irreversible reproductive interventions.

We declare that consistent with the Right of Genital Autonomy the only person who may consent to medically unnecessary genital modification and other irreversible reproductive interventions is:

- in the case of a person who is competent to give free and informed consent, being fully informed about the nature, the risks and benefits of the intervention – the person undergoing the intervention; and
- in the case of an incompetent person including a young child – only a properly constituted public authority or tribunal appointed to balance the human rights and the best interests of the person after considering the views of family members, professionals and an independent advocate for the person.

We recognise the fundamental right of parents and guardians to freedom of thought, conscience and religion. Those rights of parents and guardians are not absolute, they are limited by the same fundamental human rights of others, in particular their children.

We declare that healthy genital and reproductive organs are natural, normal, functional parts of the human body. Governments and healthcare providers have a duty to educate parents and children about non-invasive hygiene, care of genital and reproductive organs, and to explain their anatomical and physiological development and function.

We encourage and support further research into the adverse consequences of such interventions.

We oppose research and experimentation that involves the performance of medically unnecessary modification and other irreversible medical interventions affecting genital and reproductive organs upon non-consenting children and adults.

We call on all governments to acknowledge the Right of Genital Autonomy for every child and adult, that is the right to:

- personal control of their own genital and reproductive organs; and
- protection from medically unnecessary genital modification and other irreversible reproductive interventions.

We call on all States members to the Convention on the Rights of the Child to honour their commitments under that instrument in particular Articles 2, 12, 14, 19 and 24.

Done at Helsinki, Wednesday 3 October 2012

Notes

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