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Adverse Childhood Experiences (ACE)

Family Health History and Health Appraisal questionnaires were used to collect information on child abuse, neglect, and other socio-behavioral factors in the original CDC-Kaiser ACE Study. The questionnaires are not copyrighted and there are no fees for use in research.

“Child Genital Cutting as an Adverse Childhood Experience” by Intact America’s (IA) Dan Bollinger and Georganne Chapin suggests and supports inclusion of child genital cutting in the ACE questionnaire. IA’s new website, AdverseChildhoodExperiences.net, is “designed to encourage researchers and public health agencies to include child genital cutting in the standard questionnaire.”

“Fondling a child’s genitals is considered an ACE, but cutting off genital tissue is not. Childhood genital cutting is painful, traumatic, and alters adult sexual experience,” Bollinger said. Chapin added, “[F]rom the child’s perspective, genital cutting is painful and invasive and has both short-term and life-long consequences. This common but traumatic practice should be universally measured. Our solution is simple and easily implemented.”

“Adding one Adverse Childhood Experience to the ACE scores for circumcised men shifts millions of American men into a higher risk level for significant health problems than previously thought. Until we acknowledge and investigate these traumas,” Bollinger suggests, “we will have no idea who or how to help... [E]ffects show up decades later....such as smoking, alcohol and drug abuse, promiscuity, obesity, and ill health, including depression, heart and lung disease, cancer, and decreased lifespan.”

NYC Says No to ‘Fixing’ Intersex Kids

An official statement by New York City Health Commissioner, Dr. Oxiris Barbot, and Charmelyn Malalis, head of NYC’s Commission on Human Rights, stated that the two are “joining forces as vocal and active allies for intersex people.”

Intersex children are as prevalent in every society as redheads or twins. One in 2,000 babies in the USA is intersex and at risk of being subjected to “normalizing” surgeries. Parents often are given no other options. However, surgery during infancy or childhood can be damaging, traumatic and are done without knowing the adult’s gender identity choice. Side effects include sterilizations, urinary incontinence, and scarring.

Genital autonomy (personal choice) is crucial because coping with surgeries, secrecy, and shame is devastating for children. Waiting until the child is old enough to make their own decision is crucial because many prefer to keep their genitals and their intersex genders. The statement is a strong plea for doctors to implement gender-affirming care. No one should be forced to undergo gender assignment. <https://www.hivplusmag.com/2019/7/09/nyc-says-no-fixing-intersex-kids>.

President’s Emergency Plan for AIDS Relief (PEPFAR) Guidelines

PEPFAR is considering ending the program of circumcising African infants due to high rates of botched circumcision and proposing use of a Chinese device, the ShangRing, for circumcision of males over 14 years. PEPFAR stated in its proposed guidelines that they’re testing the ShangRing to determine its botched circumcision rate.

Steven Svoboda, Director, Attorneys for the Rights of the Child, along with Drs. Michel Garenne and Antony Lempert, submitted comments on PEPFAR’s November draft guidelines and issued a press release expressing appreciation for PEPFAR’s recommendation that Voluntary Medical Male Circumcision (VMMC), the term for the world’s first mass surgical campaign targeting Africans, be discontinued for boys under 14 years, which cannot be considered voluntary circumcision, while criticizing other aspects of the guidelines. ARC called for the immediate end to the African circumcision program, outlining the many reasons why this ill-conceived, economically unsound, unethical, inhumane, and failing practice must end. www.arclaw.org/wp-content/uploads/ARC-Press-Release-on-PEPFAR-Guidelines-Final-Issued-12-13-19.pdf.

Letter from the Editor



Greetings,

Every year a growing number of people are protecting and respecting the rights of infants and children. I am grateful for those who are diligently working to end the non-therapeutic genital cutting of children, the organizations of doctors, nurses, attorneys, parents, those who have been harmfully impacted by genital cutting, and those who now are collaborating to write articles for publication in medical, legal, and ethical journals. You'll find some of these articles referenced in this newsletter.

Meanwhile, the more successful we are, the greater the backlash from genital-cutting advocates with their publication of articles repeating old excuses, referencing their own articles, and claiming new or exaggerated reasons for genital cutting. The good news, of course, is that we have right on our side and no excuse is good enough to excuse cutting normal genitals of non-consenting minors!

For current information on the issue, please sign up for Intact America's monthly newsletters at <http://intactamerica.org/>.

The 16th International Symposium will be sponsored by the law firm of David Llewellyn, along with co-sponsors ARC (Attorneys for the Rights of the Child), GA - America, and Intact America. See page 14 for more information about the symposium.

I am lucky to live in the San Francisco Bay Area where I can join in some of the Bay Area Intactivists (BAI) educational outreaches throughout the year. This past year, I joined them for the Santa Cruz Pride Parade on June 2, and it was a victory march. People clapped, hooped and hollered, gave us thumbs up and, all along the way, many said "Thank you!" It's amazing to have gone from *death threats* 40 years ago to people *thanking* us today!



Photo by James Loewen

Of course, this was Santa Cruz and we've not yet made it to Kansas but with time we will and one day babies in the USA will be safe from those who want to cut off parts of their perfect little bodies!

More people joined BAI for the San Francisco Pride Parade than ever before, and it was quite a celebration, too!

The support of so many people along the parade route was inspiring and gives us all hope that because of our presence there more babies will be spared.



Photo by Frank McGinness

I joined BAI's booth at the Solano Stroll and fair in Albany and Berkeley where we educated passersby all day. People have become more curious, willing to listen, and interested in learning.

I also helped with the San Francisco Baby Fair again this year. The woman at the booth next to ours told us her 2-1/2-year-old son is intact because she'd received our information three years earlier.



Jeff Brown, Marilyn and Scott White.

Photo by Frank McGinness.

That was a good start to our day! One woman with a confused look on her face said, "My daughter is not going to do that to her baby." I said, "She's protecting her baby from the pain and trauma of circumcision." She wanted to know more and after I'd

answered her questions, she said, "I'm going to be the proud grandmother of an intact boy!" Many people told us their sons are intact. One man, after wanting to learn more, said in a sweet, tender voice, "They're just so little!" With just those words, he said it all! I knew his son was safe! These events get easier and more joyful every year.

On May 7, we will again be at the San Francisco Ferry Building for Worldwide Day of Genital Autonomy. If you're in the neighborhood, please join us for this fun and important event!

Thank *you* for whatever it is you are doing to educate others about protecting the rights of all children to their own bodies and for your support and contributions, which keep us going.

With appreciation and gratitude,

Marilyn Niles

Letters to the Editor

~ Hi Marilyn: I wanted to thank you for your wise guidance eight years ago. You may be happy to know that our son is now 15 years old. He has never had any foreskin issues after that one infection. Additionally, as he grew older, around age 12 as his puberty kicked in, his foreskin automatically started retracting fully and naturally.

I am very glad that I reached out to you and got the wise advice from you. I should also mention that I had taken him to a local urologist in our town for that simple foreskin infection many, many years ago and he immediately told me to circumcise our son and, in a very confident way, said he will definitely have phimosis and will not be able to ever retract his foreskin. Needless to say, I decided to not use his services. Thank you for guiding me in the right direction. - A Grateful Father

~ Marilyn, Advances in Sexual Medicine published a critique by Brian Morris and co-authors of "Long-term Adverse Outcomes to Men from Newborn Circumcision" by Hammond and Carmack. Among the rebuttal's references is a new article by Özer, as well as supporting work by Earp, Bossio and Allan. Allan's work is noteworthy for its documentation of men's opposition to circumcision in men's and gay men's magazines dating back to the 1960s. Hammond's rebuttal: <http://circumcisionharm.org/morris%20evaluation.bt>
- Tim Hammond

~ Dear Editor, What are your thoughts about the puberty blockers and sex reassignment surgery being given to children to "help them transition" to the opposite sex? Until 1970 psychotherapy was the primary treatment for Gender Dysphoria (GD), but now prepubescent children who are diagnosed with GD are often prescribed puberty blockers, a class of drugs that inhibit the action of testosterone. The rationale is to "stop the development of features that the

child considered their wrong sex, with the intent to provide transgender youth more time to explore their identity." Once again, it would seem, minors' genital integrity is being violated in the name of health, and parents are going along because they think doctors know best. -- Name Withheld by Request, Seattle, WA.

~ **Kenya's First WWDOGA Demonstration** - "Thank you, and a thank you to Victor Schiering for funding this day in Africa. We made history when we held the first WWDOGA demonstration on May 7 in Kenya. We reached more people and many were empowered to resist lies about child circumcision in the war against HIV.



Please support this powerful and strong resistance movement in Africa that fights to abolish slavery of child circumcision in the war against HIV. We offer evidence-based facts that empower African communities to reject lies of mass child circumcision to prevent HIV in Africa. Circumcision never prevents HIV infections but increases them. Safe sex practices and condoms protect against HIV infections. We are the voice of the voiceless and defenseless children in Africa in the face of brutal, forced circumcision. We need your financial support for our work to continue. Thank you for your intactivism mother Marilyn Fayre Milos, my role model. I could not stand this storm in Africa without you." - Prince Hillary Sebe Maloba, Kenya

[Earmarked contributions to GA - America, will be sent to Prince Hillary for his work in Kenya and Uganda.]

Laws, Lawsuits, Legislation, & Ethics

Circumcision Registry

Background: In 2017 Ploug and Holm argued that anonymizing individuals in the Danish circumcision registry was insufficient to protect these individuals from what they regard as the potential harms of being in the registry (over-reaching social pressure, stigmatization, medicalization of a religious practice, discrimination and promoting polarized research). *Discussion:* We argue that Ploug and Holm's fears in each of the areas are misguided, not supported by the evidence, and could interfere with the gathering of accurate data. The extent of the risks and harms associated with ritual

circumcision is not well known. The anonymized personal health data supplemented with the circumcision registry will enable more precise research into the medical consequences of ritual circumcision, and allow parents to make more fully informed decisions about circumcision with minimal, if any, adverse consequences. Circumcision registry promotes precise research and fosters informed parental decisions." Van Howe RS, Frisch M, Adler PA, and Svoboda JS. BSC Medical Ethics (2019) 20:6. <https://doi.org/10.1186/s12910-018-0337-7>.

Evidence and Ethics on: Circumcision

“In this article, we explore the research evidence as well as the ethical debate around routine circumcisions performed on healthy newborn males. The focus of our blog is ‘Evidence Based Birth®.’ So why are we discussing the ethics along with the medical evidence on circumcision?”

“We believe a discussion about this particular topic cannot take place without ethical context. Routine male newborn circumcision is the irreversible, surgical removal of tissue from the sexual organ of a healthy minor. It goes without saying that there are ethical questions about removing or altering any minor’s genital tissue, regardless of whether or not there is research examining purported medical benefits.” Evidence and Ethics on: Circumcision. Rebecca Dekker, PhD, RN, and Anna Bertone, MPH, July 19, 2019. <https://evidencebasedbirth.com/evidence-and-ethics-on-circumcision/>.

Female Genital Cutting

“Recent events, including the arrest of physicians in Michigan, have renewed bioethical debates surrounding the practice of female genital cutting (FGC). The secular discourse remains divided between zero-tolerance activists and harm-reduction strategists, while Islamic bioethical debates on FGC similarly comprise two camps. “Traditionalists” find normative grounds for a minor genital procedure in statements from the Prophet Muhammad and in classical law manuals. “Reformers” seek to decouple FGC from Islam by reexamining its ethico-legal status in light of the deficiencies within narrations ascribed to the Prophet, the health risks posed by FGC, and contemporary perspectives on human rights, and thereby delegitimize the practice. This paper argues that alignment between secular and Islamic views can be found in a harm-reduction strategy by demonstrating that the impetus to reduce harms is found within Prophetic statements on FGC. From an Islamic ethico-legal standpoint, it is justified to acknowledge the permitted status of FGC procedures that do not harm—in other words, the ritual nick—and at the same time the prohibited status of procedures that lead to credible medical and psychological harms. Bringing these multiple perspectives and data points into conversation forges a common ground to delegitimize and eradicate harmful genital procedures among Muslim communities.” The Problem of Female Genital Cutting: bridging secular and Islamic bioethical perspectives. Rosie Duivenbode and Aasim I. Padela. In: *Perspectives in Biology and Medicine*, Volume 62, Number 2 (Spring 2019): 273–300. Johns Hopkins University Press. DOI: <https://doi.org/10.1353/pbm.2019.0014>. <https://muse.jhu.edu/article/728487>.

California Rejects Intersex Surgery Ban

“California lawmakers have rejected a ban on medically unnecessary treatment for infants born with ambiguous or conflicting genitalia. The measure would have banned all procedures on intersex children 6 and under unless the Medical Board of California deemed them medically necessary. State Sen. Scott Wiener, a Democrat from San Francisco who wrote the measure, called it a civil rights issue and said the bill would ‘ensure that people who are born intersex are able to make their own choices about their health and their gender identity instead of having other people make those irreversible surgical choices for them.’ But a majority of state lawmakers on a key legislative committee thought the bill’s definition of ‘intersex’ was too broad, especially after hearing testimony from a pediatric urologist who said it would limit doctors’ ability to treat patients with complex medical issues.” 1/14/20. <https://apnews.com/aa38740d8906996ce-1e137c30d814823>

Is Circumcision Unethical and Unlawful?

“In 2016, we argued that non-therapeutic male circumcision before the age of consent is unethical and unlawful. In a response article published in 2018, Morris and colleagues sought to undermine our claims, raising a number of arguments that, we will demonstrate in the present essay, lack both logical and empirical support. The authors also advanced the unprecedented suggestion that physicians have an ethical duty to recommend male circumcision to parents. Here, we evaluate this novel suggestion and find it lacking. Indeed, as we will argue, the opposite is true: physicians are ethically proscribed from recommending and performing medically unnecessary surgery on healthy children, including the genitalia of both boys and girls. Moreover, boys have the same legal rights as girls under US and international law to bodily integrity and self-determination; parents’ constitutional rights do not extend to modifying their healthy children’s bodies; and even if parents had such rights, it is unlawful for physicians to circumcise healthy boys.” J. Steven Svoboda, JD, Peter W. Adler, JD, Robert S. Van Howe, MD. Is Circumcision Unethical and Unlawful? A Response to Morris et al. *Journal of Medical Law and Ethics* 2019, Vol. 7 NR. 1, 75-95.

Litigation Involving Pediatric Surgery

“Litigation involving pediatric surgical conditions is diverse, but appendicitis and circumcision comprise almost a third of cases. A greater understanding of these trends can help steer efforts in quality and safety as well as guide improved communication with families.” Litigation Involving Pediatric Surgical Conditions. Rich BS, Shelton K, Glick RD. *Journal of Pediatric Surgery*. DOI: <https://doi.org/10.1016/j.jpedsurg.2019.08.047>.

Medically Unnecessary Genital Cutting and the Rights of the Child

“[W]e seek to clarify and assess the underlying moral reasons for opposing all medically unnecessary genital cutting of female minors, no matter how severe. We find that within a Western medicolegal framework, these reasons are compelling. However, they do not only apply to female minors, but rather to nonconsenting persons of any age irrespective of sex or gender. Keeping our focus exclusively on a Western context for the purposes of this article, we argue as follows: Under most conditions, cutting any person’s genitals without their informed consent is a serious violation of their right to bodily integrity. As such, it is morally impermissible unless the person is nonautonomous (incapable of consent) and the cutting is medically necessary.” *Medically Unnecessary Genital Cutting and the Rights of the Child: Moving Toward Consensus. The Brussels Collaboration on Bodily Integrity. The American Journal of Bioethics, 19(10): 17-28, 2019. DOI: 10.1080/15265161.2019.1643945.*

Zurich Supreme Court Protects Muslim Boy

A Muslim mother lost her case to have her son circumcised. The Zurich Supreme Court says the 10-year-old boy, who has a deep fear of medical procedures, can make his own decision in a few years. He is under the protection of social services who took the case to court. The court’s decision is final and there is no possibility of appeal. <https://worldradio.ch/news/2019/09/25/muslim-mothers-son-will-not-be-circumcised-supreme-court-rules/>.

Woman Posing as Baby’s Mother Sentenced

Pharmacist Martina Obi-Uzom, 70, posed as the mother of an 11-month-old boy left in her care. She took him to a mohel in London and had him circumcised without the parents’ consent. She was sentenced to 14 months imprisonment, suspended for 18 months at Inner London Crown Court after she was convicted by a jury of causing grievous bodily harm to the boy. She was ordered to pay £1500 costs and a £140 victim surcharge. <https://www.dailymail.co.uk/news/article-7426595/Pharmacist-sparedo-jail-posing-mother-11-month-old-boy-circumcised.html>.

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BXO aka Lichen Sclerosus

“BXO remains an important cause of phimosis in boys....The frequency of this condition appears unclear but seems likely to be less than 1% of males. There is increasing awareness of non-surgical modalities that may be used in adjunct to surgery including topical corticosteroids, immune modulators, intralesional triamcinolone and ozonated olive oil. Awareness of meatal stenosis-related BXO has led to the development of surgical techniques such as preputioplasty as well as buccal mucosal inlay grafts.” Nguyen ATM, Holland AJA. Balanitis xerotica obliterans: an update for clinicians. *Eur J Pediatr.* 2019 Nov 23. doi: 10.1007/s00431-019-03516-3 [Epub ahead of print]. www.ncbi.nlm.nih.gov/pubmed/317670506

[*Editor’s note:* A Florida pharmacist recommends two over-the-counter creams — 1% Clotrimazole and 1% hydrocortisone — a small amount of each mixed together and rubbed into affected tissue, three times a day. Within the first week, healing is noted, and the foreskin is usually restored to health within the next three to four weeks.]

Care of the Intact Penis According to Urologists

“Concerns regarding the uncircumcised penis are often referred to pediatric urologists. While pediatric urologists

reported being confident in advising parents on the care of the uncircumcised penis, they displayed a range of responses regarding when to begin retraction of the foreskin, how often to retract the foreskin, and when phimosis requires treatment. To better educate parents and pediatricians and to avoid conflicting information, developing more consensus on the topic may be warranted.” Belinda Li, Rachael Shannon, Neha R. Mathotra, Itina Rosoklija, Dennis B. Liu. Advising on the care of the uncircumcised penis: A survey of pediatric urologists in the United States. *Journal of Pediatric Urology* (2018) 14, 548.e1 - 548.e5.

Care of the Intact Penis According to Residents

“Eighty-three residents completed the survey for a response rate of 34%. Less than half (45%) of the residents surveyed were likely, or extremely likely to voluntarily offer advice to parents on care of the uncircumcised penis....Forty-nine percent of residents reported never being taught care of the uncircumcised penis. Of those who received education, 72% reported learning informally from a senior resident or attending and only 9% learned from a formal lecture. Pediatric residents varied greatly on advice given to parents in regards to the frequency of retraction and 40% offered no advice.... This study demonstrates that pediatric residents currently

lack confidence in providing parents advice on preputial care and are unlikely to offer such advice. When offered, the advice given is highly variable. This study emphasizes the need for improved education of pediatric residents.” Malhotra NR, Rosoklija I, Shannon R, D’Oro A, Liu DB. Frequency and Variability of Advice Given to Parents on Care of the Uncircumcised Penis by Pediatric Residents: A Need to Improve Education. *Urology*, 2019 Nov 22. doi:10.1016/j.urology.2019.09.057 [Epub ahead of print] www.ncbi.nlm.nih.gov/pubmed/31765653.

[Editor’s note: *Informed parents and intactivists know what many doctors fail to learn in medical school:*

- *the average age for foreskin retractability is 10.4 years,*
- *retraction is a slow natural process that occurs at different times for each child,*
- *the first person to retract a boy’s foreskin should be the boy himself,*
- *no one should attempt to retract a boy’s developing foreskin,*
- *premature retraction can cause problems (including acquired, iatrogenic phimosis),*
- *phimosis is a normal physiological condition until the end of puberty, which may take 25 years.*
- *Some males live their entire lives with a non-problematic non-retractile foreskin, which is normal for them and simply a variation on the theme.]*

Concealed Penis

“Concealed penis is an uncommon genital abnormality that requires surgical repair. Several techniques are offered but not fully accepted. we present a novel standardized approach that is suitable for concealed penis and penoscrotal webbing.... The ‘two-corners’ technique allows easy and effective correction of the concealed penis in both congenital and acquired conditions. It can be performed as outpatient procedure and results are stable at long-term follow-up.” *Minerva Urol Nefrol.* 2019 Nov 4. doi:10.23736/S0393-2249.19.03532-X [Epub ahead of print].

Foreskin Reconstruction

“The aim of this study was to present a cohort of men seeking assistance with foreskin reconstruction, with the objective to broaden the general understanding for this specific request. All men between January 2015 and May 2019 seeking assistance with foreskin reconstruction were included. We prospectively collected data on patient demographics and outcomes such as their motivations, treatment trajectory, and experiences. A total of 11 patients were identified and

included (age range 20–62). The majority were circumcised during adulthood for medical reasons. Among the most prominent motivations to pursue reconstruction were experiencing impairment of body integrity, feeling mutilated, increasing glans sensitivity and having issues with an imposed cultural or religious identity. Most patients stated that they experienced little support from healthcare professionals and that the Internet was their main source of information. Furthermore, almost all patients practiced penile tissue stretching to reconstruct the foreskin with unregistered devices. Foreskin reconstruction is a scarcely reported topic and is sought out for different reasons. Although rare, these patients experience a heavy burden and will go to great lengths to reconstruct their foreskin, more often so without the involvement of healthcare professions. In contrary to the surgical treatment options, the nonsurgical methods seem promising, but these rely heavily on lay-sources found online.” An insight into circumcised men seeking foreskin reconstruction: a prospective cohort study. Özer M, Timmermans F. *International Journal of Impotence Research*, January 2020. DOI: 10.1038/s41443-019-0223-y.

SIDS

“In my latest study, I analysed the data on SIDS and male neonatal circumcision across 15 countries — where post-mortem examination of infants is mandatory — which included 40 US states. The results show a strong correlation between early circumcision and cot death. So where male neonatal circumcision rates are high, higher rates of cot death occur.” Neonatal circumcision could increase the risk of sudden infant death syndrome in babies. Eran El-halk. *The Conversation.* 1/11/19. <https://m.medicalxpress.com/news/2019-01-neonatal-circumcision-sudden-infant-death.html>.

UTIs

“Urinary tract infections (UTIs) are common serious bacterial infections in early infancy. Ritual circumcision in neonates may increase the risk of UTI within 2 weeks of the procedure....Four hundred and sixty eight cases of UTI were included. Infants with post-circumcision UTI in our study were more likely to have associated bacteremia and abnormal renal function tests. VCUG was done for 166 infants (35%). There was no statistically significant difference in the prevalence of abnormal VCUG between infants with UTI following circumcision, in comparison to infants with UTI not following circumcision (30% vs. 36%). The decision regarding the need for radiographic evaluation and prophylactic antibiotic treatment following UTI should be

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made regardless if infection was related to circumcision.” The prevalence of vesicoureteral reflux in infants with first urinary tract infection following circumcision is similar to infants with UTI not following circumcision. Megged O, Koriat Y. *Int Urol Nephrol*. 2019 Nov 29. doi: 10.1007/s11255-019-02352-6 [Epub ahead of print]. www.ncbi.nlm.nih.gov/pubmed/31784897.i

Voluntary Medical Male Circumcision and HIV in Zambia

“The study analysed the HIV/AIDS situation in Zambia six years after the onset of mass campaigns of VMMC. The analysis was based on data from Demographic and Health Surveys conducted in 2001, 2007 and 2013. Results show

that HIV prevalence among men aged 15-29 (the target group for VMMC) did not decrease over the period, despite a decline in HIV prevalence among women of the same age groups (most of their partners)...[C]ircumcised men were found to have the same level of infection as uncircumcised men, after controlling for age, sexual behaviour and socioeconomic status. Lastly, circumcised men tended to have somewhat riskier sexual behaviour than uncircumcised men. This study, based on large representative samples of the Zambian population, questions the current strategy of mass circumcision campaigns in southern and eastern Africa.” Voluntary Medical Male Circumcision and HIV in Zambia: expectations and observations. Garenne M, Matthews A. PMID: 31608845. Oct 14, 2019. DOI:10.1017/S0021932019000634.

International News

Africa

Kenya – “A vicious scramble for money within the US-funded anti-HIV male circumcision project in Kenya has exposed the targeted boys to risks. Data published by the Kenya Medical Research Institute and the US researchers blames ambitious money-based targets for the tragedy. To get as much funding as possible, the report says, project implementers have thrown the rule book out of the window. Vices being employed include recruiting underage children, bribing them, engaging unqualified circumcisers and even inadequate stitching of the boys. The project, which has circumcised about 1.6 million males since 2007, works through community mobilisers who recruit clients, boys above 10 years and present them to project clinics.” “Millions Minted from Anti-HIV Male Cut”. www.standardmedia.co.ke/article/2001348778/how-unethical-groups-minted-millions-from-anti-hiv-male-cut. 12/7/19.

- Prof. Greg Boyle, PhD, posted the following comment for the article in *The Conversation*: “The sub-Saharan African RCTs into circumcision and HIV sexual transmission were seriously methodologically flawed from the very outset. Why has the relative reduction (60%) rather than the absolute reduction (1.3%) in HIV been touted by PEPFAR, UNAIDS, WHO etc., in promoting the circumcision of African males? The absolute risk reduction (ARR) was so small as to be almost meaningless. According to Van Howe, the first big problem was that half of the men did not get HIV from sexual contact, so that would reduce the ARR from 1.3% — down to 0.65%. The lead-time bias would reduce the ARR by 17% — down to 0.54%. Early stoppage of studies associated with an

overestimate of treatment effect by 30% — so the ARR becomes 0.38%. There is also the expectation bias in both the researchers and participants and the Hawthorn effect this produced. This could have reduced the treatment effect by another 10% at least, so the ARR is now 0.34%. This does not even account for the missing data problem in which there were several men lost to follow-up for every man who became infected...to the point where the results are basically worthless.

“Given the long list of serious methodological flaws in the sub-Saharan African RCTs, it is time for the United States Agency of International Development (USAID) to suspend its unethical and ineffective program of paying hundreds of millions of dollars annually to support non-therapeutic male circumcision in Africa (VMMC), as it is clearly counter-productive.

“The serious methodological flaws of the sub-Saharan African RCTs have been enumerated in detail in both Boyle & Hill (2011), and Boyle (2013):

“Boyle GJ, & Hill G. (2011). Sub-Saharan African randomised clinical trials into male circumcision and HIV transmission: Methodological, ethical and legal concerns. *Journal of Law and Medicine*, 19(2), 316-334. PMID: 22320006.

“Boyle GJ (2013). Critique of African RCTs into male circumcision and HIV sexual transmission. In G. C. Denniston, F. M. Hodges, & M. F. Milos (Eds.), *Genital cutting: Protecting children from medical, cultural, and religious infringements* (Ch. 15, pp. 219-242). Dordrecht, South Holland, The Netherlands: Springer. ISBN: 978-94-007-6406-4 ISBN: 978-94-007-6407-1 DOI: 10.1007/978-94-007-6407-1.

- The **VMMC Campaign** targets African communities with the goal of creating and maintaining an 80 percent male circumcision rate across the continent. Many men refuse circumcision, so in 2016 infant boys were added to the campaign. Prince Hillary Maloba, director of the grassroots organization, The VMMC Experience Project, and a man from a traditionally circumcising community who is fighting against the mass campaign, and Kennedy Owino, director of Intact Kenya, and a man from the non-circumcising Luo tribe trying to halt the practice being imposed on his people, have written guest articles for CRIN on “The African resistance to the mass male circumcision campaign,” and the grassroots resistance to the campaign to circumcise men and boys across Africa. <https://home.crin.org/latest/the-african-resistance-to-mass-circumcision-campaign? 6/28/19>.

- The **International Day to End FGM/C** (Female Genital Cutting) was celebrated globally on 6 February. In Kenya, 3000 Loita

Maasai gathered together to take a public stand against FGC. This gathering was facilitated with help from



S.A.F.E. Kenya, a charity that has campaigned for almost a decade through engagement with the Loita Maasai, using culture and theatre as educational vehicles to develop an understanding of the dangers of FGC and encourage communities to abandon the practice. In 2014, 74% of women and girls in the tribe had experienced FGC. In 2019, the community publicly committed to ending the practice. In its place, the cultural leaders developed and blessed an alternative cultural rite of passage for young women and girls—one that does not endanger their lives and leaves them free to decide what to do with their bodies.

- Jelida Gaichuiru, 14, died in Mwanika from cardio-respiratory arrest due to severe pneumonia and sepsis as a result of an infected FGM wound. Up to 15 girls are hospitalized due to circumcision-related complications every year. www.nation.co.ke/counties/meru/Girl-died-after-FGM-procedure/1183302-4996162bslrz/index.html.

Malawi – The *Demographic and Health Survey* for Malawi reports 7.4% HIV prevalence in circumcised men, aged 16–54 years vs. 7.0% in intact men (2015–16) (see <https://dhsprogram.com/publications/publication-FR319-DHS-Final-Reports.cfm>, page 243).

The *Malawi Population-based HIV Impact Assessment* MPHIA 2015–16 reports that circumcised men account for 27.1% of all HIV-positive men aged 15–64 years, but only 23.6% of all HIV-negative men (https://phia.icap.columbia.edu/wp-content/uploads/2018/10/MPHIA-Final-Report__10.25.18.pdf). The report obscures what they found calculating from the numbers in the table: **12.6% of circumcised men are HIV-positive vs. 9.3% of intact men.**

Somalia – Ifrah Ahmed, 32, suffered FGM at the age of eight and now is publicly speaking out about FGM in Somalia, where an estimated 98% of females have been cut. Her story has been dramatized in a film, *A Girl from Mogadishu*, that had its UK premiere at the Edinburgh film festival and will be released in the UK this year. https://www.theguardian.com/global-development/2019/jul/07/ifrah-ahmed-girl-from-mogadishu-fgm?CMP=share_btn_link.

South Africa – “South Africa, one of the wealthiest countries in Africa, has one of the world’s worst HIV epidemics with 30.8% of pregnant women HIV-positive at the first antenatal visit in 2015. The government has been making good progress testing people for HIV and treating those found infected, with an estimated 54% of HIV-infected adults having suppressed viral loads in 2017. However, government has not investigated unexpected infections (not from sex, mother-to-child, or injection drug use) despite many surveys finding that large proportions of infections are unexpected. Investigations of unexpected infections in countries outside Africa have found outbreaks from blood-borne transmission with hundreds to more than 55,000 HIV infections. With more HIV testing, more South Africans are finding they have unexpected infections; more public awareness could push government to investigate. If, as some evidence suggests, blood-borne risks contribute a sizeable proportion of infections, investigations could dramatically reduce HIV transmission. In any case, investigations demonstrate government commitment to health care safety, warn everyone to be more careful with skin-piercing instruments, and undermine the stigma that all HIV comes from sex.” Addressing a Running Sore: HIV in South Africa. David Gisselquist. SSRN. 3/23/19. <https://papers.ssrn.com/sol3/papers.cfm?abstract-id=3344800>.

Australia

The circumcision of baby boys is akin to “mutilation”, according to the founder of an Australian movement aiming to abolish the practice. Michael Winnel is the leader of *Foreskin Revolution*, a program targeting Australia, the US, and Canada—the three developed countries where parents still have their male babies’ foreskins cut in significant numbers. “You’re not allowed to do scarification on your children, you’re not allowed to do foot binding. Yet, you’re allowed to hack off the most sensitive part of their penis for the rest of their life.” Winnel said. “I think the medical establishment needs to stand up. That’s their duty of care. Their Hippocratic oath is to do no harm.” <https://www.sbs.com.au/nes/the-feed-the-movement-to-save-men-s-foreksins-has-coome-to-australia>. 7/30/19.

Brazil

Alberthy Camargos took his 3-year-old son for a circumcision the doctor said he needed because the boy had phimosis, a normal condition at three years. The father became suspicious after four hours but was reassured by Dr. Pedro Abrantes who said everything was fine. When Camargos checked his son’s dressing, he found his son’s penis was missing and had been replaced by a rolled-up piece of gauze. The doctor, with no previous problems in his 30-year career, was found dead from a cardiac arrest several days later. The boy will undergo penile reconstruction. www.dailymail.co.uk/news/article-7622091/Boy-three-penis-amputated-botched-circumcision-Brazil.html.

Egypt

A one-month-old baby had his penis amputated after a botched circumcision. Hahraf Helmi took little Mohammed to a hospital in Northern Cairo for vaccinations but was persuaded to have his son circumcised. He allowed a nurse to perform the surgery because she claimed to be a doctor. Mohammed was rushed to a hospital after developing an infection and his gangrenous penis was amputated. <https://www.health24.com/Parenting/News/one-month-old-baby-has-his-penis-amputated-after-botched-circumcision-20190716>.

Indonesia

A 5-year-old boy climbed onto the medical clinic’s roof in Jakarta and refused to come down for three hours to avoid circumcision. His teacher talked him down and he was circumcised. <https://www.newsnation.in/lifestyle/health-and-fitness/5-year-old-boy-from-indonesia-climbs-onto-medical-clinics-roof-to-avoid-circumcision-article-230505.html>



Israel

Tens of thousands of teen boys and men from the former Soviet Union were herded into Israeli operating rooms beginning in the ‘90s to undergo circumcision. Years later, they recall the resulting trauma and pain. and the damage wrought on their sex lives:

- “There were a few other Russian children and men there, and we all had to lie on tables. A kind of assembly line. No one thought to explain what was about to happen.” Yaakov Zisser
- “People talk about impotence, but the damage is a lot deeper—in the body, in my independence, masculinity. A realization that the life I could have lived was taken from me.” Dima
- “We had only been in Israel for a few months, still in shock. To decline to have an operation, that was not really an option.” Guy Grankovich

“They Felt Pressured to Get Circumcised After Moving to Israel. They Now Regret It.” Hilo Glazer. *Haaretz.com*, 12/8/19.

“Infant circumcision is Anti-Semitic because it harms Jewish babies. If intactivists were fighting to save all babies except for Jewish babies, that’d be Anti-Semitic. Your religion stops where my body starts, and cutting off my foreskin without my consent is the opposite of religious freedom because it removes my religious freedom.” ~ Daniel Tati, Jewish Intactivist. Posted on Facebook by James Loewen, August 15, 2019.

Ireland

A couple from an African nation were convicted of genital mutilation of their daughter in 2016, the first case of its kind in Ireland’s history. At Dublin Circuit Criminal Court, the couple both pleaded not guilty to one count of carrying out FGM on their then one-year-old daughter. When the girl’s wound didn’t stop bleeding, her father took her to a hospital saying she had fallen on a toy. The wound was suspicious and Dr. Sinead Harty gave evidence during the trial that the glans of the victim’s clitoris had been completely removed. No blood was found on the toy. The sentence is five-and-a-half years for the father and four years and nine months for the mother. Chief Superintendent Declan Daly of the Garda National Protective Services Bureau said the mutilation of children and young girls is not and will not be tolerated. “It is a heinous and barbaric practice, which is a criminal offence in Ireland....Ireland has a long and proud history of embracing traditions and customs from abroad,

however there can be no ‘welcome’ for any activity which brings harm to children.” “Parents jailed over female genital mutilation of daughter.” *Irish Times*, 1/27/20.

Italy

A 5-month-old baby was circumcised at home and taken to a hospital in Bolgna by helicopter, where he died from cardiac arrest. A manslaughter investigation has been opened and the infant will undergo an autopsy. *Daily Journal*, 3/24/19.

New Zealand

“The purpose of this paper, drawing on the voices of women from FGM/C practicing communities in New Zealand, is to consider areas where the health system can partner with affected communities to better help in preventing FGM/C. New Zealand needs to intensify efforts locally working hand-in-hand with refugee and migrant communities to promote open dialogue, counter stigma, and prepare the next generation for a life without FGM/C. In addition, training for key workers in culturally sensitive approaches is needed so that they can take better care of those who are living with FGM/C. New Zealand is a signatory to the Universal Declaration of Human Rights and the Convention on the Rights of the Child (CRC), and...has a responsibility to at least address the issue locally and preferably provide an example of excellence globally so that FGM/C is eliminated rapidly.” Avan Said, Cath Conn, Shoba Nacar. *New Zealand should intensify efforts to eliminate female genital mutilation by 2030: the views of women from communities that practice FGM/C. Pacific Health*, 2018; 1(1):1-7.

United Kingdom

A man who was mistakenly circumcised in a hospital mix-up has been awarded \$24,000 compensation. Terry Brazier, aged 70, went into Leicester Royal Infirmary for a bladder procedure known as a cystoscopy but was mistaken for another patient by hospital staff and circumcised. Brazier told the British newspaper the *Daily Star* that he was so distracted talking to hospital staff that he didn't notice he was getting the incorrect procedure until it was too late. *CNN*, 8/5/19.

London -- The global anti-FGM community gathered across the world for the International Day of Zero Tolerance for Female Genital Mutilation. February 6 marks one year since the NoFGM Ribbon, the upside-down symbol—transformed into the Arabic word for “no”—was launched in Egypt. Since then, the ribbons have been worn by participants at events around the world, including events in the UK, the United States, Somalia, Kenya, Nigeria, and Sierra Leone.



Cuttin' It, Charlene James's 2016 play about female genital mutilation, is a tale of friendship between two British Somali schoolgirls who meet on a bus. The play, which was recently performed at the Royal Exchange Theatre in Manchester through February 1, 2020, addresses the terrible power of FGM, combining a powerful social message with bursts of humor. <https://www.theguardian.com/stage/2020/jan/14/cuttin-it-review-fgm-royal-exchange-manchester>.

USA



Illinois – Intactivist Jessica Rigdon with her new necklace - the International Child for Genital Autonomy. We send congratulations on the recent birth of her third child, Nathan. Jessica now has two intact sons and an intact daughter!

Pennsylvania – During the regular 2019-2020 session, the Senate Judiciary Committee passed Thomas P. Murt's legislation to criminalize FGM. House Bill 325, *Criminalization of Female Genital Mutilation* (Prior HB 2460/2526). Under the bill, FGM, a crime of violence against women, would be a felony of the first degree.

Massachusetts - The State Medicaid office pays for non-therapeutic circumcisions, an administrative decision that costs taxpayers millions of dollars. State regulations require Medicaid services to be medically necessary. State officials can be sued to have officials comply with the law. The Circumcision Resource Center has prepared a lawsuit against MA Medicaid for violating regulations. See page 12, under Ronald Goldman, for more information.

Texas – Adrienne Carmack, MD, wrote: “As you may recall, in 2015 I worked with a Texas family to submit a letter hoping to convince the Texas Medical Disclosure Panel to require specific disclosures to families from whom consent for circumcision is being sought. Other than a letter acknowledging receipt and a promise to give this issue due consideration, I never heard anything else. But...I learned that the change was made! Circumcision has been moved to List A, which is the list for which specific disclosures are required. The specific disclosures required are risks of injury to the penis and need for further surgery. This means that when obtaining informed consent, patients/parents are going to have to be explicitly told of these risks. The new rules go into effect January 1, 2020.” *Thank you, Dr. Carmack!*



Worldwide Day of Genital Autonomy

Saturday, May 9, 2020

The 8th anniversary of the *Cologne Ruling*, granting boys the right to self-determination, will be celebrated around the world.

10am - 1pm: Demonstration - San Francisco Ferry Building

1pm - 3pm: Walk to restaurant for Jonathon Conte Memorial Luncheon (no host)

• **The Average Joe 2020 calendar.** "This is what the other 90% of us look like and we are not afraid to admit it." Proceeds go to benefit Intact America. https://intactivistgear.com/index.php?route=product/product&product_id=62.

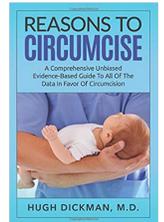
• **Eric Clopper** is currently raising money to sue Harvard. You can watch Eric tell his story by visiting his website at www.clopper.com. For those interested in following up on the lawsuit and Clopper's next projects, you can subscribe to his email list.

• **Ronald Goldman**, PhD, Director of Circumcision Resource Centers (CRC), has organized a GoFundMe campaign to raise funds for a historic legal challenge to Medicaid. Federal and state regulations require that all Medicaid paid services shall be medically necessary. According to Massachusetts law, state officials can be sued to have the court order them to comply with the law. CRC is preparing to bring this lawsuit against Massachusetts Medicaid for violating regulations requiring medical necessity. State law requires 24 residents to be petitioners for standing to submit the legal case and CRS has them! This particular kind of case has not been filed before. Since most other state Medicaid offices also violate regulation requirements for medical necessity, this case has the potential to make a significant difference in the practice of circumcision in the US and protect millions of future males from this sexually and psychologically harmful practice! To donate: <https://www.gofundme.com/f/legal-challenge-to-medicaid-circumcision>. Your donations are tax deductible.

• ***This Is Where We Do It*** ~ A contributor to VICE Media is searching for couples in which at least one partner has lost part, most, or all of his penis as a result of a botched circumcision, penectomy, trauma injury, or some other circumstance who would be willing speak (using a pseudonym if desired) about their experience navigating sex and intimacy. Through these interviews, VICE hopes to push back on the idea that people who have lost part or all of their penises are necessarily desexualized. The series, entitled *This Is How We Do It*, is currently running on VICE.com. Interested couples can reach the writer, Mark Hay, at mark@markehay.com.

• ***FGM AND SOCIAL NORMS: A GUIDE TO DESIGNING CULTURALLY SENSITIVE COMMUNITY PROGRAMMES.*** June 2019. 28 Too Many. [https://www.28toomany.org/static/media/uploads/Thematic%20Research%20and%20Resources/Social%20Norms/fgm_and_social_norms_report_v1_\(june_2019\).pdf](https://www.28toomany.org/static/media/uploads/Thematic%20Research%20and%20Resources/Social%20Norms/fgm_and_social_norms_report_v1_(june_2019).pdf)

• ***A Comprehensive Unbiased Evidence-Based Guide to All of the Data in Favor of Circumcision***, by Hugh Dickman. *Reasons to Circumcise*, aside from chapter titles, this is a book of 153 blank pages. Available on Amazon.



• **George Hill has created the following Internet resources:**

<https://en.intactiwiki.org/index.php/Category:Symposium>
https://en.intactiwiki.org/index.php/First_International_Symposium
https://en.intactiwiki.org/index.php/Second_International_Symposium
https://en.intactiwiki.org/index.php/Third_International_Symposium
https://en.intactiwiki.org/index.php/Fourth_International_Symposium
https://en.intactiwiki.org/index.php/Fifth_International_Symposium
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https://en.intactiwiki.org/index.php/Eleventh_International_Symposium
https://en.intactiwiki.org/index.php/Twelfth_International_Symposium
[https://en.intactiwiki.org/index.php/Declaration_of_Helsinki_\(2012\)](https://en.intactiwiki.org/index.php/Declaration_of_Helsinki_(2012))
https://en.intactiwiki.org/index.php/Thirteenth_International_Symposium
https://en.intactiwiki.org/index.php/Fourteenth_International_Symposium
https://en.intactiwiki.org/index.php/Fifteenth_International_Symposium
<http://en.intactiwiki.org/index.php/Foreskin>
http://en.intactiwiki.org/index.php/Canada_and_circumcision
http://en.intactiwiki.org/index.php/Canadian_Paediatric_Society
http://en.intactiwiki.org/index.php/New_Zealand
http://en.intactiwiki.org/index.php/Australia_and_circumcision

Role of the US Government in Promoting Circumcision

George Hill

Although there are no medical indications for the non-therapeutic circumcision of children, American medical doctors remain more than willing to perform them. Despite a plethora of organizations opposed to circumcision with websites to provide information to the public, the percentage of American boys being circumcised is still about 50%.

By comparison, in other English-speaking nations such as the United Kingdom, Australia, Canada, and New Zealand the practice of non-therapeutic infant circumcision is dead or dying. Why? The difference is that those nations provide little or no financial support for non-therapeutic circumcision of infants and children. By comparison, the United States pours out money on circumcision both domestically and in foreign nations.

The government of the United States provides support for non-therapeutic circumcision of minor boys and others through:

- Medicaid (Medicaid pays for about 45 percent of births.)
- SCHIP (State Children's Health Insurance Program)
- Indian Health Service
- Medicare
- Tricare (for military dependents)
- Government employee health insurance
- USAID (to circumcise Africa)
- PEPFAR (President's Emergency Plan for AIDS Relief)

At least 25 organization in the US provide information on the harm done to boys by circumcision, yet the harm continues. Medical doctors remain willing to do harm as long as third-party payment, much provided by federal funds, continues. Wiswell famously said in 1987:

I have some good friends who are obstetricians outside the military, and they look at a foreskin and almost see a \$125 price tag on it. Each one is that much money. Heck, if you do 10 a week, that's over \$1,000 a week, and they don't take that much time

Consider the number of organizations that oppose circumcision:

- ARC - Attorneys for the Rights of the Child
- Bay Area Intactivists
- Catholics Against Circumcision
- Circumcision Decision-Maker - Infant Circumcision Information
- Circumcision Resource Center
- Doctors Opposing Circumcision (D.O.C.)
- Dr. Momma - peaceful parenting
- End Routine Infant Circumcision
- Genital Autonomy America
- Genital Autonomy Society
- Genital Integrity Awareness Week
- Heartland Area Intact
- Intact America
- IntactNews
- Intactivist Circle
- MGMbill.org - A Bill to End Male Genital Mutilation in the U.S.
- Mothers Against Circumcision
- NOCIRC - National Organization of Circumcision Information Resource Centers
- National Organization to Halt the Abuse and Routine Mutilation of Males
- Saving Our Sons
- Stop Circumcision
- The Male Infant Circumcision Information Site
- Utah Intactivists
- Your Whole Baby

I believe supporters of genital autonomy for boys need to form an umbrella organization through which to develop political power to get the federal money spigot turned off. I don't think we shall succeed until the federal government stops fighting us with free-flowing money. Is there any support for an organization such as "Association for Genital Autonomy" or some similar name, under which we could all unite to pressure the government and our representatives to get the money stopped?

IN MEMORIAM



Robert Darby, PhD, of Canberra, ACT, Australia, died in March. Rob, a brilliant scholar, medical historian, and bioethicist, spoke at our University of Sydney symposium in 2000, and his book, *A Surgical Temptation: The Demonization of the Foreskin and the Rise of Circumcision in Britain*, was published by

University of Chicago Press in 2005. Rob has many other essays and scholarly publications to his credit as well.

Jim Bigelow, PhD (1933 - 2019), a professor, therapist, clergyman, and author, died on December 4 at the age of 86, after his lungs had been failing for months and lack of oxygen made life more and more difficult. He died at home holding his wife Deb's hand, and is now pain free. Jim attended the First International Symposia on Circumcision in 1989, and spoke at the second symposium in 1991, the same year he founded UNCircumcising Information and Resources Centers (UN-CIRC). He gave men hope with his book, *The Joy of Uncircumcising!*, published in 1992. In June 1994, Jim incorporated UN-CIRC under the name National Organization of Restoring Men (NORM), the first men's group to deal with circumcision issues and foreskin restoration. Bless this exceptionally kind and gentle man for his loving life in service of others. See https://en.intactwiki.org/index.php/Jim_Bigelow.



Photo by James Loewen, 1993 NOHARMM demonstration at California Medical Association.

James Nicholls, the husband of Linda Massie, Director of NOCIRC of Northern Ireland, had a stroke on the 2nd, was surrounded by family and friends, and died on January 3, with a smile on his face. Linda and James came to our 2018 symposium in San Francisco and were married by my daughter Kate in the garden of my home the following week. James was a great supporter of Linda and



Linda Massie and James Nicholls

the work we do. James recently earned his pilot's license, a childhood dream. His cheerful spirit, loving nature, and kind heart will be missed.

Rosemary Romberg, author of *Circumcision: The Painful Dilemma*, "...[J]oined the angels she loves on Friday, February 7", her husband Steve wrote. "She was surrounded by all her beloved children and their spouses as she took her final breath. She was cradled in my arms for most of the day before she passed. Her passion in life was her children and grandchildren along with all the helpless infants she championed. As long as we all keep her in our hearts she will never really be gone. She loved you all with a deep passion."



Rosemary was the first childbirth educator I knew to graciously offer what little information there was about circumcision in the early days of our awakening. I am grateful to have worked with her during the past 40 years as we raised consciousness about the rights of children. She is loved, respected, and her legacy will live on!

Here's to the pioneers.
The ones who see things differently.
The out-of-step ones,
The visionaries.
The troublemakers.
The boat-rockers.
The round pegs in square holes.

They challenge the rules.
They defy the status quo.
They demand to be heard.
They refuse to back down.

You can disbelieve them, disagree with them, disrespect them,
shout them down, ridicule them, shame them, vilify them.

But you can not ignore them. And you can not stop them.

Because they change the world...

From "Dedication" in *Secret Wounds*,
by Hanny Lightfoot-Klein

Call for Abstracts

The 16th International Symposium on Genital Autonomy, Circumcision, and Children's Rights

29 – 30 August 2020
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Please send your abstract (150 words or less) to
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A banquet dinner will be held on Sunday evening. Time and
cost to be announced.

Ground Transportation and Parking

Daytime parking included in the fee, or the subway, MARTA,
can be taken from the airport to the Midtown Station. From
there it is an 8-minute walk to the Conference Center.

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