



GA America Annual Newsletter

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Medical Professionals — Not Parental Requests — Push Circumcision

Intact America commissioned a nationwide survey to explore the pressures new mothers face to circumcise their sons. The survey asked mothers what they were asked or told about circumcision, and by whom; how many times they were asked if they wanted to circumcise their son; what they did; and who paid if the baby was circumcised. Findings revealed that 94% of moms were asked about circumcision, some as many as a dozen times. Many felt pressured, even coerced. By coercing reluctant, uninformed, or undecided parents to “consent” to their sons’ circumcision, the US healthcare system — which makes hundreds of millions of dollars from the surgery every year — is perpetuating the myth of parental “demand” for the surgery. Lobbying a patient’s parents to consent to an unnecessary medical procedure is a violation of medical ethics. Intact America is working to:

- 1.) **Stop physicians and nurses from making their “sales pitch”** — soliciting parents to “consent” to circumcision of their newborn sons,
- 2.) **End institutional funding** of the surgery by state Medicaid programs and private health insurers, and
- 3.) **Replace “consent” forms** included in expectant mothers’ patient registration packets and medical records **with information about the foreskin and proper intact care.**

Georganne Chapin wrote, “Now that we have the hard numbers that prove why circumcision is the most common pediatric surgery in the U.S., we’re ready to take down this Goliath. A daunting task, no doubt, but we intactivists are powerful!”

Intact America’s founding donor Dean Pisani hoped to inspire others with his year-end contribution of \$50,000 to match donations through the end of 2020.

Considering the majority of the world’s males are intact, it is time for our doctors to join esteemed medical communi-

ties worldwide in protecting the bodily integrity and genital autonomy of our boys!

Public Insurance Coverage and Neonatal Circumcision Rates

The study objectives of researchers were to compare state-specific trends in neonatal circumcision to previously established estimates and to assess the impact of changes in Medicaid coverage of the procedure. The data reveals trends in neonatal circumcision similar to previous national estimates. Colorado and Florida revealed 20.9% and 16.0% reductions in neonatal circumcision rates, respectively, after defunding. Black neonates appeared to be disproportionately affected by changes in Medicaid coverage. State-Level Public Insurance Coverage and Neonatal Circumcision Rates. Mateo Zambrano Navia, Deborah L. Jacobson, Lauren C. Balmert, et al. *Pediatrics*, November 2020, 146(5):e20201475; doi: <https://doi.org/10.1542/peds.2020-1475>.

Pediatric Residents Need to Improve Foreskin Education

Urology researchers at several Chicago Universities hypothesized pediatric residents’ inability to offer parents advice on caring for the intact penis and as such are unlikely to offer any advice. The researchers’ survey was completed by 83 residents (34% response), 45% were likely to offer advice to parents; 49% reported never being taught care of the intact penis; 72% learned informally from a senior resident; and only 9% learned from a formal lecture. This study reveals residents’ lack confidence in providing advice on preputial care and are unlikely to offer it. When offered, the advice is highly variable. This study emphasizes the need for improved education. Frequency and Variability of Advice Given to Parents on Care of the Uncircumcised Penis by Pediatric Residents: A Need to Improve Education. Malhotra NR, Rosoklija I, Shannon R, et al. *Urology*. 2020 Feb;136:218-224. doi: [10.1016/j.urology.2019.09.057](https://doi.org/10.1016/j.urology.2019.09.057). Epub 2019 Nov 23. <https://www.ncbi.nlm.nih.gov/pubmed/31765653>.

Letter from the Editor



Greetings,

This, my dear friends and supporters, will be my final newsletter as the head of Genital Autonomy - America. On June 30, GA-America will close its doors and merge with Intact America, an organization I helped to create, and I will become

a member of its board of directors.

I began this work in 1979, when I first witnessed a circumcision as a nursing student and in 1985 co-founded with Sheila Curran, RN, the National Organization of Circumcision Information Resource Centers (NOCIRC). After learning the terrible truth about infant circumcision, I spent the next ten years educating parents and my co-workers, and creating a network of scholars, professionals, and lay people working to promote the perspective that cutting a child's genitals is a human rights abuse. Between 1989 and 2018, I organized and held 15 international symposia. In 2016, we changed our name from NOCIRC to Genital Autonomy - America, to work in solidarity with European countries that are also trying to end non-therapeutic genital cutting of children.

Over more than four decades, I have met and spoken with thousands of people impacted by this harmful cultural practice, as well as with too many who defend it. But thanks to followers and supporters like you, and to the power of social media, our movement is more visible than ever before. We are making progress.

In 2008 Dean Pisani — a man whose donations had supported NOCIRC booths at the American Academy of Pediatrics and several important lawsuits — called to ask if I thought his money was being used as effectively as it might be. I'd been asking myself the same question, and we agreed to hold a conference call with other leaders in the movement to talk about the future. Among the people I invited to join us was Georganne Chapin, who had impressed me over recent years with her vision and leadership skills. During the group call, Georganne offered to reach out to Aperio, a firm she knew that specialized in "social entrepreneurship," to help us with our next steps, and Dean offered to fund the discovery process.

Aperio began by interviewing a couple of dozen people who had been involved in the movement over the years. Our first formal meeting was held near Dallas at Dean's office. I remember one of the Aperio consultants mentioning that

grassroots organizations typically last for 30 years, and then either transform into a professional movement or disappear. I had begun my work 29 years earlier, so this was timely!

We worked all weekend to articulate our movement's goals. At our second meeting, we talked strategy, and also wondered what to call our new organization. Dan Bollinger suggested "Intact America" and we unanimously agreed! Our third meeting took place in Tarrytown, New York, at the nonprofit health plan Georganne led. The Aperio consultants helped us with a budget, and Dean offered to fund the start-up of Intact America if Georganne would agree to lead it. With Dean's donation, the wisdom of long-term intactivists, and help from a highly regarded communications firm, Intact America was on its way to becoming the leading genital autonomy organization in the United States, challenging the medical establishment and the status quo, and crafting a tipping point strategy aimed at persuading the public that an intact male body is a normal and desirable male body.

I feel this is the right time for me to change course — but I'm not going away! I'm 80, and I want to finish my memoir about intactivism. The board of directors of GA-America is pleased about the plan to merge with Intact America, and happy that, in addition to me serving on that organization's board of directors, I will continue doing what I love — serving as a resource to parents and others as IA's Clinical Consultant. I will also continue to answer emails, walk with the Bay Area Intactivists at the local Pride Parades), and do whatever else I can for as long as I am able!

The past year has been challenging for all of us. I hope you and your loved ones are safe and that you've found interesting, enjoyable, and productive things to do as we wait for this pandemic to pass. I've spent the year working on my book and enlisting the help of friends and a professional editor for their input. I am excited to begin a "final" draft.

I want to thank every one of you for working to protect children's rights and supporting my work for all these years. We were the grassroots folks! I hope you will continue to support intactivism by sending your donations to Intact America or to the pro-intact organization of your choice. We all need support to do our work as we move closer to the tipping point that will create an intact nation.

With love, gratitude, and appreciation,

A handwritten signature in cursive script that reads "Marilyn Milos". The ink is dark and the signature is fluid and personal.

“I’m 80 years old and still waiting for those foreskin troubles that occur later. How much longer is ‘later?’”
– Harry Meislahn, former Director, NOCIRC of Illinois.

Laws, Lawsuits, Legislation, & Ethics

“Is Circumcision a Fraud?”

Shingo and Adam Lavine, executive advisors to Foregen and founders of *circumcisionisafraud.com* assembled a legal team, including David Llewellyn and Andrew Delaney, to bring a suit against individual doctors, hospitals, and the American Academy of Pediatrics based on an article by Robert Van Howe, Travis Wisdom, Felix Daase, and Peter Adler, “Is Circumcision a Fraud?” *Cornell Journal of Law and Public Policy*, Fall 2020. The suit arises from a botched circumcision at birth and a second surgery. The case is novel in that it sues the AAP, contains counts for intentional and constructive fraud (where fraud is imputed as a matter of law to prevent unfairness), and argues that the statute of limitations begins upon discovery of the fraud and that the plaintiffs have the right to prevail on the constructive fraud claim without expert testimony or a trial. With thanks to Peter Adler and the Levines for providing this information. [See <https://www.lawschool.cornell.edu/research/JLPP/index.cfm>]

Massachusetts Medicaid Reimbursement for Circumcision Challenged

On July 28, 2020, psychologist Ronald Goldman and 27 taxpayers brought suit seeking to enjoin Massachusetts from using Medicaid to pay for non-therapeutic circumcisions since it is unlawful to use Medicaid to pay for unnecessary medical services. On October 30, the state moved to dismiss the case, arguing first that the state has discretion to decide what Medicaid covers, but it does not have discretion to pay for unnecessary surgery. The state’s principal argument based on a Supreme Court case is that private parties do not have the right to sue under the Medicaid Act to enforce a violation of Medicaid law, but the plaintiffs argue that they are suing under the Massachusetts taxpayer statute, which expressly gives them the right to stop the state from engaging in any unlawful activity. The court will hear oral argument in a closed hearing on February 18, 2021. Attorneys for the Right of the Child filed a Friend of the Court brief on December 15, 2020, on behalf of taxpayers who want “MassHealth” to stop paying for infant circumcisions. [With thanks to attorney Peter Adler for the update and Steven Svoboda for his effort!]

News from ARC (Attorneys for the Rights of the Child) Director, Steven Svoboda, JD

“My presentation at the International Conference on Men’s Issues in Chicago, Illinois on August 16, 2019, “Genital Autonomy, the United Nations, and the Law”, overviewed the movement to protect genital autonomy in all its multifarious forms.

“Also available is a video of the August 16, 2019, panel discussion, featuring seven activists appearing in Cassie Jaye’s *Red Pill* documentary film, including myself.

“Both videos begin with a brief excerpt taken from the middle of each presentation, which begin in earnest at around the one-minute mark. Both videos also contain a brief interruption during which the video producers advertise the ICMI conference itself...We have also embedded both videos on our website’s compilation of ARC-related videos at www.arclaw.org/media/videos.”

Here is Steven’s list of four speakers with a link to their video taped talks on various aspects of genital autonomy, released in November:

- J. Steven Svoboda, “Genital Autonomy, Equal Protection, and the Law: Two Judicial Decisions 17 Years Apart,” ICMI 2020, November 16, 2020. https://www.youtube.com/watch?v=IJ_aneqIWbk
- James Loewen, “Male Genital Mutilation (MGM): Reflections of an Intactivist (1993-),” ICMI 2020, November 16, 2020. <https://www.youtube.com/watch?v=ClcQyEkmNu8>
- Brother K, “Infant Circumcision: The Cruelty In the Cradle,” ICMI 2020, November 16, 2020. <https://www.youtube.com/watch?v=8Tm-WmN5ZWFw>
- Gary Costanza, “Mommy, What’s Circumcision?,” ICMI 2020, November 16, 2020, <https://www.youtube.com/watch?v=5eNi3loQJoI>

Legality of FGM and MGM

“There are now legally prohibited forms of medically unnecessary female genital cutting — including the so-called ritual nick — that are less severe than permitted forms of medically unnecessary male and intersex genital cutting. Attempts to discursively quarantine the male and female forms of cutting (MGC, FGC) from one another based on appeals to health outcomes, symbolic meanings, and religious versus cultural status have been undermined by a large body of recent scholarship. Recognizing that a zero-tolerance policy toward ritual FGC may lead to restrictions on ritual MGC, prominent defenders of the latter practice have begun to argue that what they regard as “minor” forms of ritual FGC should in fact be seen as morally permissible — even when non-consensual — and should be legally allowed in Western societies. In a striking development in late 2018, a federal judge ruled that the longstanding U.S. law prohibiting “female genital mutilation” (FGM) was unconstitutional on federalist grounds, while separately acknowledging the logical relevance of arguments concerning non-discrimination on the basis of sex or gender. In light of such developments, feminist scholars and advocates of children’s rights now increasingly argue that efforts to protect girls from non-consensual FGC must be rooted in a sex and gender-neutral (that is, human) right to bodily integrity, if these efforts are to be successful in the long-run. Brian D. Earp. “Why was the U.S. ban on female genital mutilation ruled unconstitutional, and what does this have to do with male circumcision?” *Ethics, Medicine and Public Health*, 2020. <https://doi.org/10.1016/j.jemep.2020.100533>.

Federal FGM Bill Passes

The STOP FGM Act of 2020 passed unanimously in the Senate 18 months after it was found unconstitutional and left in legal limbo. President Trump signed the STOP FGM Act of 2020 into law after it was passed by Congress on

December 16. The federal law against female genital mutilation (FGM) has finally been reaffirmed and at-risk women and girls have the federal protection they deserve. Eleven states and the District of Columbia still do not have state law against this heinous practice. Survivors, advocates, donors, legislators — hundreds of people who have worked tirelessly on the front lines of this enormous effort — can now breathe a sigh of relief. www.theahafoundation.org/federal-fgm-bill-passes.

Unethical human experimentation

“Campaigns to circumcise millions of boys and men to reduce HIV transmission are being conducted throughout eastern and southern Africa, recommended by the World Health Organization and implemented by the United States government and Western NGOs. In the United States, proposals to mass-circumcise African and African American men are longstanding, and have historically relied on racial beliefs and stereotypes. The present campaigns were started in haste, without adequate contextual research, and the manner in which they have been carried out implies troubling assumptions about culture, health, and sexuality in Africa, as well as a failure to consider the economic determinants of HIV prevalence. This critical appraisal examines the history and politics of these circumcision campaigns while highlighting the relevance of race and colonialism. It argues that the ‘circumcision solution’ to African HIV epidemics has more to do with cultural imperialism than with sound health policy and concludes that African communities need a means of robust representation within the regime.” A new Tuskegee? Unethical human experimentation and Western neocolonialism in the mass circumcision of African men. Max Fish, Arianne Shahvisi, Tatenda Gwambuka, Godfrey B. Tangwa, Daniel Ncayiyana, Brian D. Earp. *Developing World Bioeth.* 2020,00:1-16. *Doi: 10.1111/dewb.12285*.

Medical News

The child’s right to genital integrity

“People in liberal societies tend to feel a little uncomfortable talking about male genital cutting, but generally do not think it is morally abhorrent. But female genital cutting is widely considered to be morally repulsive. This common social intuition — that male genital cutting is benign, but female genital cutting is impermissibly harmful — is mirrored in the policies of real-world liberal government and real-world international liberal institutions. The difference in attitudes towards these practices could be explained by investigation

into the cultural biases of people in liberal societies, where social preference is given to practices conducted by majority and established minority group members over those practised by members of marginalised groups. In this article, I argue that the intuition cannot be defended from a liberal position committed to equal children’s rights. I defend children’s equal right to bodily integrity. I claim that in practice, children’s right to bodily integrity is conditional on it serving their greater interests — which sometimes requires adults to interfere with children’s bodies in ways that we would

not interfere with adults' bodies. But, I argue, this practical conditionality ought not to mean that the state treat male and female children differently. I make a case for the child's inviolable right to genital integrity, based on the relationship between the child's genital integrity and their sexual and genital autonomy in adulthood. I outline and respond to potential criticisms, namely that (i) male genital cutting has medical benefits that outweigh its harms and that (ii) female genital cutting is more socially harmful than male genital cutting." Kate Goldie Townsend, *Philosophy and Social Criticism*, Sep 2020, Vol 46, Issue 7, pp 1-21. <https://doi.org/10.1177/0191453719854212>.

Best age to circumcise?

"Circumcision is often claimed to be simpler, safer and more cost-effective when performed in the neonatal period as opposed to later in life, with a greater benefit-to-risk ratio. In the first part of this paper, we critically examine the evidence base for these claims, and find that it is not as robust as is commonly assumed. In the second part, we demonstrate that, even if one simply grants these claims for the sake of argument, it still does not follow that neonatal circumcision is ethically permissible absent urgent medical necessity. Based on a careful consideration of the relevant evidence, arguments and counterarguments, we conclude that medically unnecessary penile circumcision—like other medically unnecessary genital procedures, such as 'cosmetic' labiaplasty—should not be performed on individuals who are too young (or otherwise unable) to provide meaningful consent to the procedure." "What is the best age to circumcise? A medical and ethical analysis", Alex Myers and Brian D. Earp. *Bioethics*, 18 February 2020. <https://onlinelibrary.wiley.com/doi/full/10.1111/bioe.12714>.

Insurance Coverage and Neonatal Circumcision Rates

"Our study objectives were to (1) compare state-specific trends in neonatal circumcision to previously established estimates and (2) assess the impact of changes in Medicaid coverage of the procedure....State-specific data reveal trends in neonatal circumcision similar to previous national estimates. Colorado and Florida reveal 20.9% and 26.0% reductions in circumcision rates, respectively, after defunding." State-Level Public Insurance Coverage and Neonatal Circumcision Rates. Mateo Zambrano Navia, Deborah L. Jaconson, Lauren C. Balmeret, et al. *Pediatrics*, November 2020, 146 (5) e20201475. *Doi*: <https://doi.org/10.1542/peds.2020.1475>.

High incidence of abnormal imaging findings in circumcised boys diagnosed with UTIs

"Circumcision status is an independent predictor of struc-

tural urinary anomalies of the bladder and upper tracts in pediatric males with UTI, therefore circumcised males should be considered for early imaging, including VCUG, after their first UTI. Furthermore, *Staphylococcal* infections were associated with an even higher prevalence of high-grade hydronephrosis and dilating VUR and therefore warrant early investigation with VCUG. In contrast, none of the *Proteus* infections, which were seen almost exclusively in uncircumcised males, were associated with dilating VUR or hydronephrosis, making initial observation more appropriate in these patients. High incidence of abnormal imaging findings in circumcised boys diagnosed with urinary tract infections." Sarah A Holzman, Campbell Grant, Rebecca S Zee, et al. *J Pediatr Urol*. 2020 Oct;16(5):560-565. <https://pubmed.ncbi.nlm.nih.gov/32981862/>.

Hyperbaric oxygen as salvage therapy

"Ischemic complications of glans penis following circumcision are rare, and if occurs can culminate in irreversible necrosis with severe long-term consequences. Here we present two challenging cases of neonates suffering from acute severe glans penis ischemia after circumcision that were treated by hyperbaric oxygen treatment (HBOT). In addition to case presentations, the literature related to complications of circumcision and the physiological effects of HBOT are being reviewed. Based on the review and the case presented, we conclude that HBOT can be used as salvage treatment for circumcision induced glans ischemia as early as possible before full necrosis develops." Hyperbaric oxygen as salvage therapy for neonates suffering from critical ischemia of the glans penis after circumcision. Nir Polak, Gregory Fischelev, Erez Lang, et al. Sagol Center for Hyperbaric Medicine & Research, Shamir (Assaf-Harofeh) Medical Center, Israel, affiliated to Sackler School of Medicine, Tel Aviv University, Israel. *Urology*. 2020 Sep 18;S0090-4295(20)31134-1. *doi*: [10.1016/j.urology.2020.09.006](https://doi.org/10.1016/j.urology.2020.09.006).

Platelet-rich plasma for male genital lichen sclerosus resistant to conventional therapy:

First prospective study

"Ultrapotent topical corticosteroids and circumcision are usually effective for male genital lichen sclerosus (MGLSc), however, refractory cases are often referred to our Male Genital Dermatology Unit. Treatment with autologous platelet-rich plasma (TPRP) has recently been advocated as a safe and effective treatment option, but there have been no prospective studies in men to date. [Our objective was] to assess the safety and efficacy of TPRP for MGLSc resistant to conventional therapy....All patients reported being completely asymptomatic at 10 months....TPRP seems to be safe and effective, regarding symptom control and improvement in

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quality of life, however, visual changes were minimal. Platelet-rich plasma for male genital lichen scleroses resistant to conventional therapy: first prospective study. Jorge Navarrete, Lourdes Echarte, Alexandra Sujanov, et al. *Dermatologic Therapy*, 19 July 2020. PMID: 32683770 Doi: 10.1111/dth.14032.

Neonatal male circumcision and altered adult socio-affective processing

“Neonatal male circumcision is a painful skin-breaking procedure that may affect infant physiological and behavioral stress responses as well as mother-infant interaction. Due to the plasticity of the developing nociceptive system, neonatal pain might carry long-term consequences on adult behavior. In this study, we examined whether infant male circumcision is associated with long-term psychological effects on adult socio-affective processing....Our findings resonate with the existing literature suggesting links between altered emotional processing in circumcised men and neonatal stress. Consistent with longitudinal studies on infant attachment, early circumcision might have an impact on adult socio-affective traits or behavior.” Neonatal male circumcision is associated with altered adult socio-affective processing. Alessandro Miani, Gian Antonio Di Bernardo, Astrid Ditte Højgaard, Brian D.Earp, Paul J. Zak, Anne M. Landau, Jørgen Hoppe, Michael Winterdahl. *Heliyon*, Volume 6, Issue 11, November 2020. <https://www.sciencedirect.com/science/article/pii/S2405844020324099>.

Prepuce-sparing corporoplasty as a safe alternative for patients with acquired penile curvature

“Penile curvature is a rare condition, classified as congenital or acquired (Peyronie’s disease) (PD). Surgical correction is the standard treatment. It’s common practice to associate circumcision with penile de-gloving to prevent complications. In this paper we evaluate the feasibility of penile surgery avoiding circumcision. Patients presenting with penile curvature were treated using a modified Nesbit procedure.... Patients were divided into group A if they opted for a prepuce-sparing surgery and the others into group B. Patients were evaluated pre and postoperatively and postoperative complications were assessed. Group A and B were made of 53 and 16 patients respectively. Median age was 59 years.... According to our experience, surgical correction of penile curvature without performing circumcision could be a safe and feasible strategy. We recommend performing circumcision only in patients who present with pre-operative phimosis.” Aldo Franco De Rose, Francesca Ambrosini, Guglielmo Mantica, et al. *Arch Ital Urol Androl*. 2020 Oct 1;92(3). <https://pubmed.ncbi.nlm.nih.gov/33016039/>. doi: 10.4081/aiua.2020.3.182.

International News

Egypt

Cairo — On April 30, 2020, Sudan’s new government outlawed the practice of female genital mutilation, a move hailed as a major victory by women’s rights campaigners. Anyone in Sudan who performs female genital mutilation faces a possible three-year prison term and a fine. The UN estimates that nearly nine in ten Sudanese women have had the partial or total removal of external female genitalia, which can be fatal. The minister said he supported the campaigners’ goal of eliminating the practice from Sudan by 2030.

Genital mutilation is practiced in at least 27 African countries, as well as parts of Asia and the Middle East. In a Victory for Women, in Sudan, Female Genital Mutilation is Outlawed. *New York Times*, April 30, 2020.

Israel

Haifa - Laboratory tests found that a three-week-old infant hospitalized at Bnei Zion Medical Center in serious condition had contracted Type 1 herpes virus during his brit (circumcision). The mohel (circumciser), who carries the virus, performed metzitzah b’peh - a controversial Orthodox practice of sucking blood from the wound of the penis after the foreskin is amputated. The baby had a visible inflammation of the brain (encephalitis) accompanied by prolonged convulsions and a severe skin infection that started in the groin. Director of Pediatrics at the Medical Center, Prof. Itzhak Sarugo, said the baby had to receive antiviral treatment for six months. *The Jerusalem Post*, 6/2820. www.jpost.com/israel-news/3-week-old-baby-hospitalized-with-brain-infection-after-bris-gone-wrong-633078.

International News

USA

New York City – Anthony Losquadro, founder and Director of Intaction, was interviewed for the HBO series, “How To with John Oliver”, about people and

places primarily in NYC. Anthony was interviewed with Intaction’s mobile unit at NYC’s Union Square. www.youtube.com/watch?mc_cid=5b81a18db3&mc_eid=e54a46c73f&v=69H1BE0-jCw&feature=youtu.be

Bulletin Board

Ethicist Brian Earp Honored

Brian Earp has been honored as the recipient of the 2020 *John Maddox Prize Commendation* for his work in the controversial field of genital cutting in children, taking a multi-disciplined, science-based approach to a deep-rooted cultural practice. Brian’s remarkable work on genital autonomy is available at <https://oxford.academia.edu/BrianDEarp/GenitalAutonomy>.

New Books

Normal and Abnormal Prepuce. Mohamed A. Baky Fahmy (Pediatric Surgery, Al Azher University, Cairo, Egypt). Springer 2020. Fahmy Normal Abnormal Prepuce.jpg. ISBN 987-3-030-376210-8, ISBN 978-3-030-37621-5 (eBook). <https://doi.org/10.1007/978-3-030-37621-5>.

Stopping Bloodborne HIV: Investigating Unexplained Infections. David Gisselquist, PhD. (Adonis & Abbey Publishers Ltd., 2020). Dr. Gisselquist criticizes circumcision for HIV prevention (chapter 7), saying, “One of the best hopes I have to end Africa’s AIDS epidemics — totally doable! — is to encourage one or more communities in Africa to start investigating unexplained HIV infections. Where are they coming from, and how many are getting infected? When that happens, that would not only stop Africa’s HIV epidemics, but would also drain all the support for and interest in circ to prevent HIV. Hetero sex is a risk, but it is derivative risk, due to too many people getting HIV from health care.” ISBN: 978-1-913976-01-9.

Circumcision Scar. Jay J. Jackson, is an emotionally powerful story about one man’s lifelong struggle with circumcision-related trauma — from recurring nightmares, to repressed memories, to erectile dysfunction, to decades of surgical and manual foreskin restoration — after reading this book, never again can it be said circumcision is harmless.

www.circumcisionscar.com/

The Circumcision Movie

A 30-minute film to help parents with the circumcision decision, is now available online: <https://tubitv.com/movies/567268/the-circumcision-movie?start=true>.

George Hill’s new Internet Resources:

https://en.intactiwiki.org/index.php/The_case_against_circumcision
https://en.intactiwiki.org/wiki/Adolescent_and_adult_circumcision
<https://en.intactiwiki.org/index.php/Circumcision>
<https://en.intactiwiki.org/index.php/Denmark>
https://pool.intactiwiki.org/images/2020-10-21_Finnish_Citizen_Initiative.pdf
https://pool.intactiwiki.org/images/1998-08-07-The_Oxford_Declaration.pdf
<https://en.intactiwiki.org/index.php/Pain>
<http://www.cirp.org/library/legal/price-uklc/>
https://en.wikipedia.org/wiki/James_Munby
[https://en.intactiwiki.org/wiki/Re_B_and_G_\(children\)_ \(No 2\) EWFC 3](https://en.intactiwiki.org/wiki/Re_B_and_G_(children)_%28No_2%29_EWFC_3)
[https://en.intactiwiki.org/wiki/Re_L_and_B_\(CHILDREN\)](https://en.intactiwiki.org/wiki/Re_L_and_B_(CHILDREN))
https://en.intactiwiki.org/index.php/Psychological_issues_of_male_circumcision#Socio-effective_processing
https://en.intactiwiki.org/wiki/The_Truth_Seeker

Matching Hat & T-shirt

John Adkison,
<http://johnadkison.blogspot.com/>,
had this hat and shirt made at Cafe Press. To order, see:
www.cafepress.com/dd/109100566.



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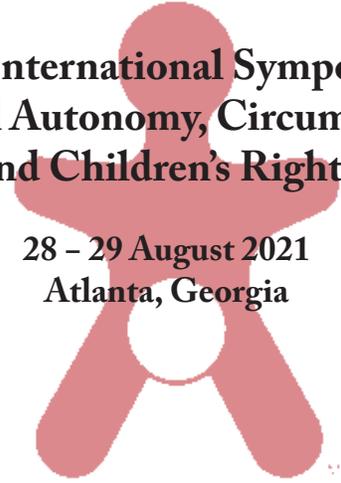
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The 17th International Symposium on Genital Autonomy, Circumcision, and Children's Rights

28 - 29 August 2021
Atlanta, Georgia

Call for Abstracts

Please send your abstract
by May 1, 2021 to:
david@llewellynlawfirm.com

Registration

Fee: \$150/day; \$300 both days.

Continental breakfast, buffet lunch, coffee, tea, soft drinks, and snacks throughout the day. A banquet dinner will be held on Sunday evening. Time and cost to be announced.

Venue and Accommodations

Georgia Tech Hotel and Conference Center
800 Spring Street NW, Atlanta, Georgia
Telephone: 404-347-9440

Please make your own registration there — a lovely facility that offers a pool and exercise room — or wherever else you might prefer.

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 eight-minute walk to the conference center.

Depending upon the Covid situation, it is anticipated that certification of a vaccination by your doctor and face masks will be required. However, as this is a fluid situation, the final guidelines will be forthcoming. There may also be an option to attend by Zoom at a reduced rate. Details will be posted on Facebook and on Intact America's website as soon as they are finalized.