

National Organization of Circumcision  
Information Resource Centers  
and  
Intact America  
*present*

## GENITAL AUTONOMY 2010

### THE 11<sup>TH</sup> INTERNATIONAL SYMPOSIUM ON CIRCUMCISION, GENITAL INTEGRITY, AND HUMAN RIGHTS



## PROGRAM & SYLLABUS OF ABSTRACTS



UC BERKELEY CAMPANILE

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29-31 July 2010

UNIVERSITY OF CALIFORNIA, BERKELEY  
BERKELEY, CALIFORNIA, USA

**Symposium Organizers**

Marilyn Fayre Milos, RN  
Frederick M. Hodges, DPhil (Oxon)

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# PROGRAM

## Thursday, July 29

- 8:00 – 9:00 **Registration**
- 9:00 – 10:00 **Looking Back and Looking Forward** – Dean Edell and Marilyn Milos, with Georganne Chapin
- 10:00 – 10:30 **Circumcision and More** – Clare Puskarczyk
- 10:30 – 11:00 **Surgeries in Search of Disorders: Intersex and Circumcision in American History** – Elizabeth Reis
- 11:00 – 11:30 **Break**
- 11:30 – 12:00 **Intersex Genital Autonomy: What and Why** – Paul Mason
- 12:00 – 12:30 **The Harmfulness of Circumcision** – George C. Denniston
- 12:30 – 1:00 **The Evolution of Circumcision Methods - Not “Just a Snip”** – Hugh Young
- 1:00 – 2:00 **Lunch**
- 2:00 – 2:30 **Dangerous Myths and Tragic Misconceptions: The Orthodox View of AIDS in Africa** – Charles Gesheker
- 2:30 – 3:00 **Stopping AIDS in Africa** – David Gisselquist
- 3:30 – 4:00 **Blogging Male Circumcision and HIV: Addressing the Establishment with Social Media** – David Wilton
- 4:00 – 4:15 **Break**
- 4:15 – 4:45 **So They Claim to Know the Answer: The Problem of Association Taken as Causality** – Ken McGrath
- 4:45 – 5:15 **Ten Years of Training: My Experiences as Residency Faculty** – Michelle Storms
- 5:15 – 5:45 **Video Intactivism** – James Loewen
- 5:45 – 7:30 **Dinner on your own**
- 7:30 – 9:30 **Brainstorming Session for Health Professionals** – Gillian Longley, Dolores Sanguiliano, and Michelle R. Storms

## Friday, July 30

- 8:00 – 9:00 **Registration**
- 9:00 – 9:30 **Tortured Doctrines, Tortured Bodies: How Legal Fictions Help Justify and Perpetuate Circumcision and Other Inhumane Practices** – J. Steven Svoboda
- 9:30 – 10:00 **Regulating Male Circumcision in Finland** – Heli Askola
- 10:00 – 10:30 **Medical Provider’s Duty of Care to a One-Day Old Infant** – Zenas Baer
- 10:30 – 11:00 **The Children We Injure: The Human Rights of Children vs the Parents’ Free Exercise of Belief** – John V. Geisheker
- 11:00 – 11:30 **Break**
- 11:30 – 12:00 **Circumcision as an Example of Normative Abuse** – John W. Travis
- 12:00 – 12:30 **Human Thanatophilia: The Psycho-Cultural Processes Behind Genital Mutilations of Children and Adolescents** – Moisés Tractenberg
- 12:30 – 1:00 **Male Circumcision and the Potential for Unexplained Male Adolescent Suicide in Northern Ireland** – Linda Massie
- 1:00 – 2:00 **Lunch**
- 2:00 – 2:30 **The Circumcision Lobby** – David J. Llewellyn
- 2:30 – 3:00 **How Not to Get Published: The Top Ten Pro-Circumcision Journals** – Robert S. Van Howe
- 3:00 – 3:30 **Circumcision: Gender and Power** – Miriam Pollack
- 3:30 – 4:00 **Defying the Enlightenment: Jewish Ethnicity and Ethnic Circumcision** – Leonard B. Glick
- 4:00 – 4:15 **Break**
- 4:15 – 5:15 **Policy Discussion: Presenting Our Position to Jewish Americans** – Leonard B. Glick and Mark D. Reiss
- 6:30 – 9:30 **Banquet , Standing Up for the Rights of Children** – Soraya Mire, and **Entertainment by Karl Anthony**

## Saturday, July 31

- 8:00 – 9:00 **Registration**
- 9:00 – 9:30 **Ka-Priests and the Mastaba of Ankhmahor: Setting the Record Straight about Ancient Egyptian Phallic Rituals**  
– Frederick M. Hodges
- 9:30 – 10:00 **NOCIRC of Arabia: A Pilot Version in Arabic** – Hatem Kamal Saied
- 10:00 – 10:30 **Reclaiming Circumcision: Armenian Stories** – Astrik Vardanyan
- 10:30 – 11:00 **The Quest for Blankness: Project MK-ULTRA and the CIA's Circumcision Research** – Frederick M. Hodges
- 11:00 – 11:30 **Break**
- 11:30 – 12:00 **Genital Stretching Among the Venda Ethnic Group in South Africa** – Erika Dionisio, Pia Grassivaro Gallo, Franco Viviani
- 12:00 – 12:30 **Women from *Timan Adde* (Merka-Somalia) Pray to Allah in Order to be Freed from Pharaonic Circumcision/Infibulation**  
– Pia Grassivaro Gallo and Prof. Maria Chiara Turrini
- 12:30 – 1:00 **Possession Ritual and Somalian Pharaonic Circumcision Culture** – Steffania Gazzea, Pia Grassivaro Gallo, Antonio Iaria
- 1:00 – 2:00 **Lunch**
- 2:00 – 2:30 **Female Genital Mutilation and the Amelioration of Complex Trauma through Relational Attunement** – Patricia D. Raya
- 2:30 – 3:00 **Male Circumcision Among the Venda of Limpopo (South Africa)** – Erika Dionisio and Franco Viviani
- 3:00 – 3:30 **Penile Wounding: The Spectrum of Complications of Routine Male Circumcision as Seen in a Typical American Family Medical Practice** – Christopher Fletcher
- 3:30 – 4:00 **Full-time vs Part-time Foreskin Restoration** – Ron Low
- 4:00 – 4:15 **Break**
- 4:15 – 4:45 **Healing the Harms of Circumcision: A Case Study** – B. Maurene White
- 4:45 – 5:15 **Status Report from Intact America** – Georganne Chapin
- 5:15 – 5:45 **Genital Autonomy: A New Approach** – David Smith
- 5:45 – 6:00 **Closing**

*Speakers confirmed but are subject to change.* ∞

## INTERNATIONAL SYMPOSIA ON CIRCUMCISION, GENITAL INTEGRITY, AND HUMAN RIGHTS

The International Symposia on Circumcision, Genital Integrity, and Human Rights 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. NOCIRC is a non-profit educational organization that provides information about circumcision, genital integrity, and protecting the rights of infants and children. This symposium is being co-sponsored by Intact America, an organization that envisions a world where children are protected from permanent bodily alteration inflicted on them, without their consent, in the name of culture, religion, profit, or parental preference.

# SYLLABUS OF ABSTRACTS

## REGULATING MALE CIRCUMCISION IN FINLAND

**Heli Askola, PhD**

This paper examines a 2008 judgment of the Finnish Supreme Court on the permissibility of male circumcision. The Court ruled that male circumcision, when “appropriately” performed, does not fulfill the criteria for the criminal offense of assault (unlike female circumcision which is always a criminal offense). The legal tolerance shown to male (as opposed to female) circumcision was justified through cultural assumptions that distinguish between the two practices.

The paper critically analyzes the background and content of the judgment, sets it in its social context and examines its consequences for public policy. While the judgment adopted what was in some ways an unavoidable legal position, its context raises difficult questions about practices that are considered alien to Finnish culture that the previously monocultural country now has to grapple with in order to cope with the diversity caused by global movements of people.

**Heli Askola**, LLB, LLM (Turku, Finland) 2000, PhD (European University Institute, Florence, Italy) 2005, is Senior Lecturer at the Faculty of Law, Monash University in Melbourne. Before joining Monash in 2008, she worked at Cardiff Law School in the UK and she has been a visiting scholar at a number of universities around the world. Her main areas of teaching and research interest are international human rights law, feminist legal theory, and EU law. Clayton, Victoria, Australia.

## MEDICAL PROVIDER’S DUTY OF CARE TO A ONE-DAY-OLD INFANT

**Zenas Baer**

Our society is morally and legally committed to the principle of self-determination, a corollary of which is the right of every person of sound mind to determine what shall be done with his or her own body. Patient self-determination is only meaningful if the patient receives sufficient information so that a knowing and intelligent decision can be made. The information that should be disclosed is a standard set by law for physicians rather than one that physicians may or may not impose upon themselves. Healthcare delivery is composed of multiple entities: the consumer on whom the healthcare is provided, the hospital/clinic that provides the space, tools, surgical instruments and employees to facilitate the delivery of the medical care, and finally, the medical provider who may or may not be employed by the owner of the bricks and mortar. The corporate duty of care to a patient is separate and distinct from the duty of care of a medical practitioner. We will explore the legal concepts that expose hospitals and medical providers to liability for breach of their duty of care to a one-day-old infant having his penis surgically diminished.

**Zenas Baer**, JD, graduated from the University of Minnesota with a BA in German literature and political science (1976) and from Hamline University School of Law, St. Paul, Minnesota, in 1980. Since 1980, he has been in the private practice of law in Hawley, Minnesota. He is licensed

to practice in the United States Supreme Court, United States Claims Court, United States Court of Appeals for the Federal Circuit, Eighth Circuit U.S. Court of Appeals, Supreme Court of the State of Minnesota, Supreme Court of the State of North Dakota, US District Courts in Minnesota and North Dakota, and the White Earth Band of Chippewa Tribal Court. His practice is focused primarily on complex litigation and he is known to take on unusual cases generally fighting for the underdog. He has handled a number of circumcision cases and dealt extensively with the concept of informed consent as it relates to circumcision. Hawley, Minnesota, USA.

## MODERATOR

**Amy Callan**

**Amy Callan**, MS, holds an undergraduate degree in psychology from Manhattan College and received her MS degree in health services administration from Iona College. She worked for Hudson Health Plan, a non-profit Medicaid managed-care company in New York’s Hudson Valley, where she served as project manager and was responsible for the coordination, oversight, and implementation of projects related to nonprofit program design and strategy. Amy is currently the Business Operations Manager for Intact America, an organization that envisions a world where children are protected from permanent bodily alteration inflicted on them, without their consent, in the name of culture, religion, profit, or parental preference. Tarrytown, New York, USA.

## STATUS REPORT FROM INTACT AMERICA

**Georganne Chapin, JD**

*Intact America* was established in 2008, with the support of American intactivists – both individuals and organizations. In this presentation, Georganne Chapin (founding Executive Director of Intact America) will talk about the current status, activities, and future plans of Intact America. She will discuss the organization’s history and funding, and its collaboration with other anti-circumcision groups. She will also describe current campaign efforts targeting the Centers for Disease Control, the American Academy of Pediatrics, and other agencies and trade associations, as well as plans for future messaging and calls-to-action. Ample time will be given for questions and comments from the audience.

**Georganne Chapin**, JD, is the founding Executive Director of Intact America (IA), and the President and CEO of Hudson Health Plan and the Hudson Center for Health Equity and Quality – all not-for-profit organizations based in Tarrytown, NY. She holds a BA in anthropology from Barnard College, an MPhil in sociomedical sciences from Columbia University, and a JD from Pace University School of Law, where she has taught health law and bioethics. She is also a Board member of Attorneys for the Rights of the Child. As Executive Director of IA, Georganne has been quoted widely in the press, has been featured on many radio shows – local, national, and abroad – and has appeared on national television (MSNBC, NBC’s Today Show, and FOX News). Tarrytown, New York, USA.

## THE HARMFULNESS OF CIRCUMCISION

**George Denniston**

The harmfulness of circumcision exists on many levels. It is far greater than most people imagine. This paper explores the many scientifically proven aspects of harm: the physical consequences, the psychological consequences, and the cultural consequences. It also discusses many other avenues for continuing research; especially in areas where it is obvious that harm has occurred, but where little scientific data has been processed. The implications of harm are so vast that, when taken together, they can diminish an entire culture.

**George Denniston**, MD, received his degree from Princeton University, his MPH from Harvard School of Public Health, is the founder of Doctors Opposing Circumcision (D.O.C.), and the co-author of *Doctors Re-Examine Circumcision*. He is co-editor of the proceedings of the International Symposium on Circumcision, Human Rights, and Genital Integrity, *Sexual Mutilations: A Human Tragedy*; *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*; *Understanding Circumcision: A Multi-Disciplinary Approach to a Multi-Dimensional Problem*; *Flesh and Blood: Perspectives on the Problem of Circumcision in Contemporary Society*; *Bodily Integrity and the Politics of Circumcision: Culture, Controversy and Change*; *Circumcision and Human Rights*; and *Genital Autonomy: Protecting Personal Choice*. He is Clinical Assistant Professor, Department of Family Medicine, University of Washington. Seattle, Washington, USA.

## MALE CIRCUMCISION AMONG THE VENDA OF LIMPOPO (SOUTH AFRICA)

**Erika Dionisio and Franco Viviani**

To collect raw data on male circumcision (MC), during Spring 2009 in the Limpopo region of South Africa, a semi-structured interview was administered to 30 male subjects of various ages, all of them circumcised. The majority belonged to the Venda ethnic group. The main results are:

The practice is still carried out among the majority of the male population; contrary to female expansive interventions on genitalia, which now are fading among the Venda population, MC is still widely carried out in the area considered.

The operation today is usually carried out in day-hospital regimen and not, like in the past, in the bush (performed by traditional operators). If the operation is performed in the bush, however, health workers supervise the rite.

The changes (location and performer) are due to hygienic motivations, mainly connected to the high prevalence of HIV in the region.

A map of HIV diffusion and prevalence is presented, in order to compare the Limpopo area population with the other South-African ethnic groups and regions.

**Erika Dionisio** is a graduating student in the Department of Applied Psychology, University of Padua. She was involved in a field qualitative research on genital modifications in the Venda region in South Africa, and she collected data on body image from South African students. Padua, Italy.

**Franco Viviani**, PhD, a physical anthropologist, is professor of anthropology applied to psychology at the Department of Applied Psychology, University of Padua. He has been involved with studies about FGM and, as the director of NO-CIRC of Italy, on studies about male circumcision. He has published scientific papers and articles on these topics and has presented some of his research in the popular media.

## GENITAL STRETCHING AMONG THE VENDA ETHNIC GROUP IN SOUTH AFRICA

**Erika Dionisio, Pia Grassivaro Gallo, Franco Viviani**

During Spring 2009, a survey on genital stretching (GS) was carried out in the Limpopo area of South Africa, using semi-structured interviews, focus groups, narrative field logs, diaries, and a test asking women to draw the moment in which GS was performed. The aim was to collect data on GS and to reach insights on the possible influence of this practice on the HIV diffusion in the area. Results can be summarized as follows:

At present the practice is fading, as the new generation does not undertake GS. In the past, it was performed to prepare the female body for sexual activity and marriage. The drawing test suggests what remains in the new generation's memory about this practice, which is seen as favouring good relationships for couples.

According to the collected data in the area considered, there is no direct connection between GS and HIV diffusion and prevalence.

**Erika Dionisio** (see entry above).

**Pia Grassivaro Gallo**, PhD, Associate Professor of Anthropology, University of Padua's Psychology Faculty, and former teacher of Applied Biology, Human Genetics, and Anthropogenetics. Her research on the biology of current human populations has taken place in several developing countries, particularly Somalia (from 1972 to 1985). At the invitation of the Somali Ministry of Public Health (1981), she was invited to take part in a scientific mission to Somaliland. Since 1988, she has been responsible for the Padua Working Group on FGM, dealing with African immigrants in Italy. Since 2000, she has studied the expansive forms of the traditional interventions on female genitalia, carrying out field research in Central Africa (Uganda, Malawi, and Congo RDC). She was co-coordinator of the VIII<sup>th</sup> International Symposium on Circumcision and Human Rights. Padua, Italy.

**Franco Viviani** (see entry above).

## LOOKING BACK AND LOOKING FORWARD

**Dean Edell and Marilyn Milos, with Georganne Chapin**

Dean Edell and Marilyn Milos will discuss the history of in-tactivism since 1979 and what it has taken to bring circumcision from a cultural and medical non-issue to an important human rights issue that, in just three decades, is being discussed worldwide. Edell and Milos will be interviewed by Georganne Chapin, CEO of Intact America, the non-profit advocacy organization that is gaining national prominence in engaging with the American Academy of Pediatrics, the American Medical Association, and the Centers for Disease Control on the issue of genital integrity and human rights for infants and children.

**Dean Edell**, MD, received his medical degree from Cornell University. He is known for his candid straight talk on radio and television, translating complicated medical information into concise, easy-to-understand reports, and for tackling topics that are obscure, unusual, and often controversial. As one of the first media doctors, he knows the dangers of distorted medical reporting. Dr. Edell sorts through the morass of research, distinguishing fact from fiction. He has been outspoken on the issue of circumcision and promoted genital integrity since 1982. San Francisco, California, USA.

**Marilyn Fayre Milos**, RN, is the founder and director of the National Organization of Circumcision Information Resource Centers (NOCIRC) and coordinator of the International Symposia on Circumcision, Sexual Mutilations, and Genital Integrity. She is the co-editor of the symposia books, *Sexual Mutilations: A Human Tragedy* (1997), *Male and Female Circumcision: Medical Legal and Ethical Considerations in Pediatric Practice* (1999), *Understanding Circumcision: A Multi-Disciplinary Approach to a Multi-Dimensional Problem* (2001), *Flesh and Blood: Perspectives on the Problem of Circumcision in Contemporary Society* (2004), *Bodily Integrity and the Politics of Circumcision: Culture, Controversy, and Change* (2006), *Circumcision and Human Rights* (Springer 2008), *Genital Autonomy: Protecting Personal Choice* (2010), editor of the *NOCIRC Annual Newsletter*, and the *NOCIRC Fall Update*. San Anselmo, California, USA.

**Georganne Chapin** (see entry above).

### **PENILE WOUNDING: THE SPECTRUM OF COMPLICATIONS OF ROUTINE MALE CIRCUMCISION AS SEEN IN A TYPICAL AMERICAN FAMILY MEDICAL PRACTICE**

**Christopher Fletcher**

Men 18 years and older seeking medical care in a private full-service well-established family practice in New Mexico were offered evaluation as to circumcision status and examined with regards to documentable surgical damage from circumcision. Despite the fact that every circumcised man had visible and definable obvious and undesired surgical side-effects, ranging from minor scarring to extreme twisting and bending, only a tiny fraction of these men, including gay men, were aware of any penile abnormalities, and almost all believed that their own penises were “normal.” The vast majority of the circumcisions had occurred in the newborn period and had been done for standard non-medical reasons. Contrary to assumptions by parents and physicians, most, if not all, newborn circumcisions leave the victim of the surgery in an obvious physically damaged state, which is universally ignored by the patient, his parents, and the physicians performing the surgery or caring for the male child or adult male victim of circumcision.

**Christopher Fletcher, MD**, is a family physician in Santa Fe, NM, who graduated cum laude from Harvard College, has an MD from the University of Texas Southwestern Medical School in Dallas, and residency training in the University of Massachusetts Medical Center Family Practice Residency Program. He has been in public and private practice in New Mexico since 1981, is an assistant clinical professor of family and community medicine at the University of New Mexico School of Medicine, and has a long-term interest in circumcision issues, having not performed one since 1981 and having left his own sons intact. He takes pride in being a supporter of the nurses who founded Nurses for the Rights of the Child at St. Vincent Hospital. He has delivered over a thousand babies and with aggressive but supportive and caring education of parents was able to prevent all but 10 of the boys he delivered from being circumcised. Santa Fe, New Mexico, USA.

### **POSSESSION RITUAL AND SOMALIAN PHARAONIC CIRCUMCISION CULTURE**

**Steffania Gazzea, Pia Grassivaro Gallo, Antonio Iaria**

J. M. Lewis (1993) interpreted the Somalian rite of possession as a reaction of weak and marginalized people to the

difficulties of the environment in which they are forced to live. They can be: young shepherds isolated for a long time with the herds; divorced women or women neglected by their husbands, women who are still trying to survive, women struggling to resist in an urban environment, or women bearing heavy pressure from their families.

The rite of possession is an instrument that allows women to draw attention to and obtain those material rewards they cannot normally gain. Our contribution analyzes four cases of possession rituals (*Sar/Rohan*), found on a DVD, which presents the Women’s Prayer to Allah of *Timan Adde* (Merka-Somalia). The prayer is a plea to free women from the practice of Pharaonic circumcision (PC). The *Sar* is being investigated from psychological, anthropological, and sociological points of view.

**Stefania Gazzea** graduated in Social Work Psychology and Communication (curriculum in Cultural Psychology) at the University of Padua. She is a member of the Padua Working Group on FGM, University of Padua. Padua, Italy.

**Pia Grassivaro Gallo**, PhD, Associate Professor of Anthropology, University of Padua’s traditional interventions on female genitalia, carried out field research in Central Africa (Uganda, Malawi, and Congo RDC). She was co-coordinator of the VIII<sup>th</sup> International Symposium on Circumcision and Human Rights. Padua Working Group on FGM. University of Padua. Padua, Italy.

**Antonio Iaria**, is former director of the Psychiatric Hospital of Santa Maria della Pietà in Rome and has been responsible for the Transcultural Psychiatric Group, which also works in Rome. He has worked in Somalia for several years at the Faculty of Medicine of the Somali National University. He was co-founder, with Professor Grassivaro Gallo, of the Padua Working Group on FGM, University of Padua. Padua, Italy.

### **THE CHILDREN WE INJURE – THE HUMAN RIGHTS OF CHILDREN VS THE PARENTS’ FREE EXERCISE OF BELIEF**

**John V. Geisheker**

The physicians’ group, Doctors Opposing Circumcision (D.O.C.), headed by John Geisheker, successfully intervened on behalf of Misha Boldt, the 14-year-old Oregon boy facing an unwanted, non-therapeutic circumcision. Geisheker highlights the deference courts pay to parental discretion—cultural and religious—trumping the human rights of the child. He surveys the legal landscape surrounding the Boldt case, and he suggests the best guiding principle is that articulated by the philosopher Joel Feinberg, who claimed children are entitled to an “open future,” no options foreclosed that could not wait for the child’s expressed preference.

The Feinberg Principle, Mr. Geisheker argues, should apply a fortiori where the child is subject to irreversible and non-therapeutic bodily alterations of any kind, which include many more interventions than male circumcision, though MC is easily the most common. Included are otoplasty (bat ears) or blepharoplasty (Asian double eyelid), premature gender assignment of the intersexed, genital “normalization,” and other gratuitous medical inventions.

**John V. Geisheker**, JD, a native of New Zealand, is the Executive Director of Doctors Opposing Circumcision, an international non-profit organization based in Seattle, Washington. As Director of D.O.C., he appears at medical and childbirth conventions, as well as educational institutions, presenting on the medical science and bioethics of

merely cultural, non-therapeutic infant genital surgeries. He is the author of numerous publications on the subject.

A law professor by education, he has been a litigator, law lecturer, arbitrator, and mediator, specializing in medical disputes for 27 years. Most recently, he and D.O.C. successfully defended Misha Boldt, a 14-year-old facing an involuntary religious conversion, including non-therapeutic circumcision, a cause that was eventually appealed to the United States Supreme Court.

Mr. Geisheker is proud that, in the 1960s, his native New Zealand fully abandoned medicalized infant circumcision as unethical and unnecessary. Seattle, Washington, USA.

## **DANGEROUS MYTHS AND TRAGIC MISCONCEPTIONS: THE ORTHODOX VIEW OF AIDS IN AFRICA**

**Charles Gesheker**

This paper challenges the claim that African AIDS can be controlled through sexual behavior modification, male circumcision, or drugs. The symptoms that define AIDS cases in Africa—diarrhea, fever, weight loss, and dry cough—make its profile decisively different from that in the West. To understand African illness over the past 30 years, the paper examines the deteriorating political economies instead of scrutinizing people's sexual behavior. Field research in Somalia, Kenya, and South Africa, and evidence from social sciences and public health are used to defuse African AIDS alarmism. A major portion of the billions of dollars spent "fighting AIDS" should be diverted to poverty relief, job creation, the provision of sanitation and clean drinking water, and aid for drought-stricken farmers, not squandered on male circumcision interventions. The paper explains why the cure for African AIDS lies in an alternative explanation for what makes Africans sick in the first place.

**Charles Gesheker**, PhD, Professor Emeritus of African history at California State University, Chico, earned his PhD in history from UCLA and received numerous grants for his African field research. His writings examine modern Somali history, techniques of documentary film making, and reappraising AIDS in Africa. Gesheker established the Somali Studies International Association and coordinated its first conference in Mogadishu (1980). In 1985, he produced a PBS documentary, "The Parching Winds of Somalia" for WQED-TV. During the UN intervention in Somalia (1992-95), Gesheker was news analyst for CBS National Radio Network, KRON-TV/San Francisco, and PBS. Gesheker coordinated the program for the 1989 Meeting of the American Association for Advancement of Science/Pacific Division. From 1991-95, he chaired its History of Science Section and served on its Executive Council. In 1995-96, he was Chief Policy Advisor on Education Finance for the California State Assembly. He has served as a consultant and researcher on African immigration issues for the Department of Justice. Gesheker was a member of the South African Presidential AIDS Advisory Panel (2000-03). Chico, California, USA.

## **STOPPING AIDS IN AFRICA**

**David Gisselquist**

HIV/AIDS kills millions of Africans, more women than men. The key to stopping AIDS in Africa is to trace and investigate suspicious infections in children and adults to find their source. When Africa's nosocomial HIV outbreaks have been investigated and uncovered, it will be possible to have a rational discussion about circumcision in Africa.

Unethical behavior on the part of experts in the health aid industry has allowed Africa's HIV disasters. In a rerun of the Tuskegee trial, HIV researchers in Africa followed HIV-positive adults who did not know they were infected to study sickness, death, and transmission to unsuspecting spouses and children. For more than 25 years, the health aid industry has avoided telling Africans that their health care is a risk for HIV, even though WHO and UNAIDS warn UN employees that is so.

The health-aid industry needs distractions to keep people from seeing that unsafe health care spreads HIV in Africa. Among Americans, the health-aid industry hides behind pervasive racial stereotypes of African sexual behavior. In Africa, the health-aid industry spends billions of dollars to blame the victim for unwise sexual behavior. The current push for circumcision is another aspect of the distracting emphasis on sex alone as the cause of Africa's AIDS disasters.

**David Gisselquist**, PhD, received his degree in economics from Yale University, with experience in anthropology and rural development. He has published more than 20 medical journal articles on HIV in Africa and India. His history of unsafe health care and HIV, *Points to Consider: Responses to HIV/AIDS in Africa, Asia, and the Caribbean*, is available from Adonis & Abbey, London, and also for free download on-line at: <http://sites.google.com/site/davidgisselquist/pointstoconsider>.

He has traveled and worked in Africa and Asia and has assisted field research on HIV in India and Kenya. He co-edited a collection of country studies on injection practices *Pilot-Testing the WHO Tools to Assess and Evaluate Injection Practices* (WHO, 2003), and has spoken at WHO and at international AIDS conferences. He is an independent researcher and consultant. Hershey, Pennsylvania, USA.

## **DEFYING THE ENLIGHTENMENT: JEWISH ETHNICITY AND ETHNIC CIRCUMCISION**

**Leonard B. Glick**

For much of their history, European Jews viewed religion and ethnic identity as inseparable; social behavior, not belief, mattered, and conformity was essential. The Enlightenment introduced rationalism, individualism, and modernity into Western Europe – all incompatible with an ethnically segregated lifestyle. Many European Jews adopted Enlightenment principles and became at least partly assimilated. But even those who abandoned most ritual practices continued circumcising male infants as an *ethnic* tradition.

Two partly opposed doctrines became prominent in twentieth-century thought: *cultural relativism*, teaching that all cultural traditions merit equal acceptance and respect; and (an essentially contrary argument) that *human rights* apply to *individuals*, not to traditions. Some defenders of ethnic circumcision use doctrinaire cultural relativism to reject the human rights argument.

With this as background, I discuss contemporary Jewish-American circumcision advocacy. A key question: Since few Jewish Americans now observe the more demanding ritual practices, why the insistence on retaining infant circumcision?

**Leonard B. Glick**, MD, PhD, received his medical degree from the University of Maryland and his doctorate at the University of Pennsylvania. He is Professor Emeritus of Anthropology, Hampshire College, Amherst, Massachusetts, and the author of *Abraham's Heirs: Jews and Christians in Medieval Europe*, "Religion and Genocide," in I.A. Charny



(ed.), *The Widening Circle of Genocide* (1994), and *Marked in Your Flesh: Circumcision from Ancient Judea to Modern America* (2005). New Salem, Massachusetts, USA.

## **POLICY DISCUSSION: PRESENTING OUR POSITION TO JEWISH AMERICANS**

**Leonard B. Glick and Mark D. Reiss**

You are invited to attend this session to discuss how we might respond appropriately and effectively to Jewish American parents who are uneasy or confused about circumcision, and to others who criticize us, and our position, as intolerant. Everyone will be able to speak in turn for a minute or two at a time, and all who want to contribute will do so. We hope people will feel welcome to speak honestly and forthrightly about problems we often encounter. Our goal will be to develop a better sense of how to address Jewish Americans in an open, friendly manner, in the hope that some will understand and accept our position on the inalienable right of every child to genital integrity.

**Leonard B. Glick**, MD, PhD (see entry above).

**Mark D. Reiss**, MD, a retired radiologist, graduated in the first class of Albert Einstein College of Medicine of Yeshiva University, is an active member of a Conservative synagogue, originator of Celebrants of Brit Shalom, and the Executive Vice President of Doctors Opposing Circumcision (D.O.C.). San Francisco, California, USA.

## **WOMEN FROM TIMAN ADDE (MERKA-SOMALIA) PRAY ALLAH IN ORDER TO BE FREED FROM PHARAONIC CIRCUMCISION/INFIBULATION**

**Pia Grassivaro Gallo and Maria Chiara Turrini**

The women's prayer has been included in the Pharaonic Circumcision/Infibulation (PC/I) Prevention Program prepared by Mana Sultan Abdurahman Ali Isse and, since 1977, has been practiced every Friday in the bush of Lower Juba. Women pray in a circle, singing, dancing, listening to the *umulissa* and testimonials, and eating together. In this way, they become the protagonists in the celebration day, in which they are all equally important and during which difficult problems are shared.

**Pia Grassivaro Gallo**, PhD, Associate Professor of Anthropology, University of Padua's Psychology Faculty, and former teacher of Applied Biology, Human Genetics, and Anthropogenetics. Her research on the biology of current human populations has taken place in several developing countries, particularly Somalia (from 1972 to 1985). At the invitation of the Somali Ministry of Public Health (1981), she was invited to take part in a scientific mission to Somaliland. Since 1988, she has been responsible for the Padua Working Group on FGM, dealing with African immigrants in Italy. Since 2000, she has studied the expansive forms of the traditional interventions on female genitalia, carrying out field research in Central Africa (Uganda, Malawi, and Congo RDC). She was co-coordinator of the VIII<sup>th</sup> International Symposium on Circumcision and Human Rights. Padua Working Group on FGM, University of Padua. Padua, Italy.

**Maria Chiara Turrini**, PhD, is a researcher in applied geology (Engineering Geology) at Ferrara University. Thanks to her experience, she, along with friends and students, has helped create a volunteer association, *Water for Life*. Headquartered in Ferrara since its founding in 2002, the association has worked in Somalia in close collaboration with the homonymous association of Trento. The associations

are working together with a Somali community in Ayuub village, near the town of Merka, on projects of agriculture, education, and empowerment of women. Ferrara, Italy.

## **KA-PRIESTS AND THE MASTABA OF ANKHMAHOR: SETTING THE RECORD STRAIGHT ABOUT ANCIENT EGYPTIAN PHALLIC RITUALS**

**Frederick M. Hodges**

It is widely believed today that the Ancient Egyptians practiced circumcision. This view is frequently expressed in the literature advocating circumcision and serves to create the illusion of an unbroken historical association between modern medical circumcision and the alleged practices of an ancient prestige culture. Drawing on a wealth of previously unexamined primary historical source material, this paper presents a very different and, for the first time, a highly accurate description of Ancient Egyptian phallic rituals.

**Frederick M. Hodges**, Dphil (Oxon), is a medical historian, the co-author of *What Your Doctor May Not Tell You About Circumcision: Untold Facts on America's Most Widely Performed—and Most Unnecessary—Surgery* (Warner Books 2002), and co-editor of the proceedings of the International Symposia on Circumcision, Human Rights, and Genital Integrity, *Sexual Mutilations: A Human Tragedy; Male and Female Circumcision: Medical, Legal and Ethical Considerations in Pediatric Practice; Understanding Circumcision: A Multi-Disciplinary Approach to a Multi-Dimensional Problem; Flesh and Blood: Perspectives on the Problem of Circumcision in Contemporary Society; Bodily Integrity and the Politics of Circumcision: Culture, Controversy and Change; Circumcision and Human Rights; Genital Autonomy: Protecting Personal Choice*. Berkeley, California, USA.

## **THE QUEST FOR BLANKNESS: PROJECT MK-ULTRA AND THE CIA'S CIRCUMCISION RESEARCH**

**Frederick M. Hodges**

Project MK-ULTRA was the code name for a covert CIA mind control research program run by the Office of Scientific Intelligence. This official US government program began in the early 1950s, continuing at least through the late 1960s. The Deputy Director of the CIA revealed that over thirty universities and institutions were involved in an "extensive testing and experimentation" program, which included covert drug tests on unwitting citizens "at all social levels, high and low, native Americans and foreign." Several of these tests involved the administration of LSD to "unwitting subjects in social situations." As part of Project MK-ULTRA, the CIA carried out covert research on the psychological effects of circumcision. This paper examines the CIA's interest in this subject and reveals the shocking reasons why the CIA investigated the use of mass neonatal circumcision as a method of mind control.

**Frederick M. Hodges**, Dphil (Oxon), (see entry above).

## **THE CIRCUMCISION LOBBY**

**David J. Llewellyn**

Since the mid-1980's, a number of physicians, researchers, and others who favor neonatal circumcision appear to have been embarked on a concerted effort to find "medical" reasons for it and to have circumcision approved as an effective public health measure by major national and international medical organizations. Their latest efforts seem to have resulted in the recent circumcision trials in southern Africa, which have been erroneously labeled as the "gold standard"

in medical research and which have formed the basis for suggesting a revision of medical organization statements to favor universal male circumcision. This “circumcision lobby” is discussed in detail, particularly with reference to the publications of its confederates and their recommendation of pro-circumcision websites.

**David J. Llewellyn, JD**, a graduate of the University of Virginia, is a trial lawyer with the firm of Johnson & Ward in Atlanta, Georgia, who has fifteen years’ experience litigating wrongful circumcision, circumcision damage, and related cases in federal and state courts throughout the United States and Canada with regard to the problem of neonatal male circumcision. A majority of his practice consists of genital injury litigation. Atlanta, Georgia, USA.

## VIDEO INTACTIVISM

### James Loewen

This video presentation is a collection of several short pieces highlighting some of the recent works of videographer James Loewen. Interviews, video montage, and dark satirical comedy combine to focus attention and discussion to promote genital integrity.

**James Loewen** is a photographer, videographer, and intactivist. Since 1993, his work has been increasingly focused on ending the genital mutilation of infants and children. His videotaped interviews can be seen at Bonobo3D on Youtube. Vancouver, British Columbia, Canada.

## BRAINSTORMING SESSION FOR HEALTH PROFESSIONALS

### Gillian Longley, Dolores Sanguiliano, Michelle R. Storms

Health professionals are in a unique position to contribute to efforts to end non-therapeutic male neonatal circumcision in the United States by virtue of their training, clinical experience, position of credibility, and access to opportunities to educate both parents and fellow professionals. Health professionals who advocate for genital integrity have need of support, guidance, and coordination to optimize their effectiveness in using their professional standing to further the agenda of ending non-therapeutic male neonatal circumcision. This session for doctors, nurses, midwives, and interested others will allow participants to network, share emotional support, and explore the opportunities and challenges facing health professionals in the movement to end neonatal circumcision. The session will include, in particular, brainstorming of needed projects requiring the participation of health professionals and ways to sustain a coordinated role for health professionals in the genital integrity movement.

**Gillian Longley, RN, BSN, MSS**, the mother of two grown intact sons, is a registered nurse with 11 years experience in newborn nursery and neonatal intensive care. For the last five years, she has been co-coordinator of NOCIRC of Colorado. Her recent master’s degree research was a content analysis of how parent circumcision handouts present the alternative of not circumcising. Boulder, Colorado, USA.

**Dolores Sanguiliano, RN**, an active member of NOCIRC of Colorado, has been an intactivist for 24 years and a registered nurse for 20 years. She works primarily with psychiatric and detox populations. She is a devoted mother of five, and is currently working on a baccalaureate in nursing with the intention of infiltrating academia and the nursing profession with the genital integrity message. Boulder, Colorado, USA.

**Michelle R. Storms, MD**, is an Assistant Director and the Research Director for the Marquette Family Medicine Residency Program in Marquette, Michigan. She is an assistant clinical professor at Michigan State University College of Human Medicine. After graduating from Saint Louis University School of Medicine, Dr. Storms completed her Family Medicine residency training at St. Mary’s Hospital in Milwaukee, Wisconsin. While a resident physician, she developed an aversion to neonatal circumcision, which led her to challenge the status quo by refusing to perform circumcision post-residency. For ten years, she has provided support to the resident physicians in her program who are conscientious objectors to circumcision. Dr. Storms has published on the topic of circumcision individually and in collaboration with Dr. Robert Van Howe. She is on the Health Professionals Board of Intact America. Marquette, Michigan, USA.

## MAKING THE MOST OF IT: RESEARCH INTO OPTIMAL FORESKIN RESTORATION

### Ron Low

With increased information about the importance and advantages of having a foreskin, circumcised males are seeking to regain tissue to recover the glans. Today, foreskin restorers wonder whether they are stretching their remnant foreskins (tugging) for too many or too few hours per day. In the first known attempt to systematically study this issue, 240 volunteers were randomly assigned to two groups. The first group agreed to apply tension as close to 24/7 as possible for three months, then switch to tugging less than 50% of the day for three more months. The second group did the part-time tugging first, then switched to full-time. Volunteers were instructed on how to objectively measure skin growth and log hours-per-day tugging.

With the conclusion of the study in March 2010, we now have the first large data set to help restorers decide on a regimen. Medical history and demographic factors have been collected from each volunteer, allowing for a multivariate regression to determine the best explanation for any observed differences in skin growth progress.

**Ron Low, BS, MS**, earned his BS in engineering from the University of Illinois and his MS from Northwestern University’s Kellogg Graduate School of Management, and is the marketer of a leading brand of foreskin restoration devices (TLCtugger.com) and the host of “Circumspect” podcast series. Ron has been cited in the book, *Everything You Know About Sex Is Wrong*, was featured in the BBC documentary *Circumcise Me?*, and appears in the 2007 documentary, *Cut: Slicing Through the Myths of Circumcision*. Northbrook, Illinois, USA.

## INTERSEX GENITAL AUTONOMY – WHAT AND WHY

### Paul Mason

Children are children first and girls and boys second. If genital surgery on an intersex child is not necessary for preservation of life or treatment or prevention of likely serious illness, the decision whether and how to operate can be deferred until the child is old enough to express an informed view about the options and in a forum that addresses conflicts of interest. That age depends on the intervention and risks.

The decision is not a simple clinical one to be taken by doctors, nor by frightened parents following clinical advice, or the dictates of culture or religion. All these criteria are genu-

inely promoted “in the best interests of the child,” which emerges as distinct from “the rights of the child.”

Such surgery falls outside the range of lawful authority of parents to give a valid consent and requires other authorization. If the child patient and the parent are both unable to give valid consent, it falls outside the ethical and legal authority of the surgeon.

**Paul Mason**, JD, was appointed Commissioner for Children for the Australian State of Tasmania in 2007. The Commissioner is a State appointment independent of the elected government of the day and responsible for advising government about all matters concerning the health, welfare, development, education of children and their protection from all forms of abuse and neglect. His other primary function is to raise public awareness about these matters.

Before that, he had three decades’ experience working in all areas of family law, including complex parenting and child protection cases, both as a solicitor and barrister across Australia.

He is deeply committed to the human rights of children and a strong believer in their capacity to make valuable contributions to all decisions affecting their welfare and development. Hobart, Tasmania, Australia.

## **MALE CIRCUMCISION AND THE POTENTIAL FOR UNEXPLAINED MALE ADOLESCENT SUICIDE IN NORTHERN IRELAND**

**Linda Massie**

NOCIRC of Northern Ireland has had a preliminary meeting with counselors and psychiatrists on the known emotional effects of male circumcision, particularly in relation to adolescent suicide attempts, and is currently developing a training program in this area. This paper will provide an analysis of the statistics on male circumcision from 1996–2009 as well as an overview of our training program, which we will deliver in 2010 throughout Northern Ireland.

**Linda Massie**, BSc, PGDip, is currently the director of NOCIRC of Northern Ireland, a voluntary charity that she established following the attempted suicide of her eldest son due to circumcision trauma. In 2009, Linda was awarded funding from UnLtd, the foundation for Social Entrepreneurs and she is developing an educational outreach project for counsellors and psychologists in Northern Ireland on the emotional consequences associated with genital surgeries on children. Linda is currently a member of Business and Professional Women UK, Ltd., which has co-funded this presentation. Glengormley, County Antrim, Northern Ireland.

## **SO THEY CLAIM TO KNOW THE ANSWER: THE PROBLEM OF ASSOCIATION TAKEN AS CAUSALITY**

**Ken McGrath**

The insights to be gained from Sir Austin Bradford Hill’s “criteria” for using association as a guide to causality and the perils of rushing to conclusions or ignoring confounders will be addressed. The use of statistical measures of significance with an emphasis on clinical outcomes will be discussed.

**Ken McGrath**, VRD, Msc(Hons), LIBiol, MNZIMLS, Senior Lecturer in Pathology in the Faculty of Health, Auckland University of Technology, Auckland, New Zealand, has made a lifelong study of the male genitalia, which he has taught to medical students. His research interests are the

innervation of the penis and fungal diseases of the skin. Auckland, NZ.

## **STANDING UP FOR THE RIGHTS OF CHILDREN**

**Soraya Miré**

My conversation with the AAP people, their FGM Policy Statement, and its retraction will be discussed. I shall also talk about why I think all children need our protection and how their private pain needs to be heard.

**Soraya Miré** was born in Somalia, immigrated to Europe at age 17, and studied literature and political science at the University of Grenoble. In 1984, Miré moved to Los Angeles to begin a film career. She is an award-winning director, writer, and activist. Her segment on FGM was featured in the Vagina Monologues and her documentary, *Fire Eyes*, which highlights the barbaric practice of FGM, 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 Utah, and the United Nations in Geneva. Miré has received numerous awards, including the “Humanitarian Award” (United Nations Sub-Commission Sessions), “Winnie Mandela Award” (John Jay College of Criminal Justice), “Best Documentary” (United Nations International Conference on Population and Development), “Human Rights Award” (International Symposia on Circumcision), and Intact America’s “Personal Courage Award 2009.” She has appeared on the Oprah Winfrey Show, CNN, and Nightline with Ted Koppel. She lectures at colleges and universities and has stood before committees at the UN, US Senate Human Resources and Health Assembly, and the World Health Organization. She works with medical professionals, government officials, and women and families who have been affected by FGM, persistently protecting human rights. Los Angeles, California, USA.

## **CIRCUMCISION: GENDER AND POWER**

**Miriam Pollack**

When people hear the term “circumcision,” many associations pop up depending upon cultural, religious, and educational backgrounds. For many Americans, Jews, and Muslims, circumcision is an unquestioned rite of passage, be it secular or religious. For secular Americans, it is an assumed medical “improvement.” For religious Jews and Moslems, it is a sacred mark of belonging, and for secular Jews, the tribal connection is often paramount. For non-circumcising cultures, circumcision is a confounding, primitive rite with no imaginable redemptive value. When viewed without the heavily laden trappings of tradition and pseudoscience, circumcision is most basically about the removal of functional sexual tissue from a non-consenting, forcibly restrained human being. Both in origin as well as in its effects, circumcision is neither about medical benefits nor that which is holy. Indeed, circumcision, most fundamentally, is a cruel distortion and reconfiguring of the most primary attributes of gender and power. This is its true purpose, and this is what we must understand if we are to make the world safe for our baby boys.

**Miriam Pollack**, an educator in private practice, has been advocating for genital integrity for Jewish as well as non-Jewish baby boys for the past 19 years by writing, speaking, counseling Jewish parents, and providing alternative brit b’lee milah ceremonies for interested parents. Her article, “Circumcision: A Jewish Feminist Perspective,” was pub-

lished in *Jewish Women Speak Out: Expanding the Boundaries of Psychotherapy* (Canopy Press, 1995), her paper, "Circumcision: Redefining the Sacred," was published in *Sexual Mutilations: A Human Tragedy* (New York and London: Plenum Press, 1997), and her paper, "Circumcision: If It Isn't Ethical, Can It Be Spiritual?," was published in *Circumcision and Human Rights* (2009). She appeared in the documentary, *Whose Body, Whose Rights?* Boulder, Colorado, USA.

## CIRCUMCISION AND MORE

### Clare Puskarczyk

This presentation offers evidence that young children are capable of deeply intuitive, psychic, and spiritual experiences, and that this knowledge continues to be dismissed, minimized, and ignored by modern Western culture. Mainstream science, a primary influence in childbirth and medical practices, in child psychology, in nurturing and developmental theories, and in education, suppresses the nature of the child and thereby promotes a regressive transformation of consciousness, individually and collectively.

A synthesis of recent research is presented to demonstrate the range of largely unrecognized sensibilities and capabilities of fetuses, newborns, and young children. This presentation challenges a modern mechanistic view using research and theories from several disciplines including transpersonal psychology, consciousness studies, biology, and physics, and describes the participatory dynamics natural to children. It proposes that these interactions are due to field phenomena and are activated and influenced by feelings of neglect and fear or of the child's feelings of nurturance and love.

This presentation argues that invasive and violating practices result in negative consequences for children as well as for the evolutionary consciousness of humanity. It is the contention of this presentation that recognition of the actual, impressive capabilities of fetuses, newborns, and young children, and an appropriate response to the whole child, will result in a shift of our present regressive evolutionary trajectory to a progressive transformation of consciousness.

**Clare Puskarczyk** received her MA in Consciousness Studies at John F. Kennedy University in the San Francisco Bay Area. She is a PhD candidate in Philosophy and Religion at the California Institute of Integral Studies in San Francisco, with a focus on Philosophy, Cosmology, and Consciousness. Her primary interest has been the consciousness of children. Denver, Colorado, USA.

## FEMALE GENITAL MUTILATION AND THE AMELIORATION OF COMPLEX TRAUMA THROUGH RELATIONAL ATTUNEMENT

### Patricia D. Raya

Female genital mutilation (FGM) is a confounding practice that perpetuates complex, psychoneurobiological trauma and legacies of generational trauma. To support this proposition, I provide a brief trajectory of genital mutilation as a multifaceted tool of 1) socioeconomic, sexual, and political subjugation, 2) shaming and false consciousness, 3) complex trauma, and 4) a rite/right of passage and protection within enigmatic webs of ethos in Sudan, Kenya, the United States, and Egypt. Despite the complex trauma, a central issue is examined—the amelioration of trauma through relational

attunement within the therapeutic relationship. Relational attunement is examined as a domain of language, of felt bodies, and the verbally accessible that can provide a way to connect to women who have endured some form of genital cutting and alteration.

**Patricia D. Raya** is currently a doctoral candidate in clinical psychology. Her research interests include the phenomenology of complex developmental trauma, transgenerational and vicarious trauma, and relational attunement. Additional interests include multiculturalism, psychoanalytic thought, and the integration of expressive arts in psychotherapy. She is also a participant in the Washington Center for Psychoanalysis New Directions writing program.

Patricia is the founder and president of Critical Path Management (CPM) Resources, Inc., a training and consulting company, which helps clients develop organizational infrastructure and human competencies in deep leadership, critical thinking, and collaboration. All of CPM's programs emphasize the inevitability of change and the various ways in which individuals can lead people and process in transition. Patricia has worked with multi-cultural clients and employees in the USA, UK, Europe, and Asia.

Patricia is a member of the American Psychological Association, Division of Psychoanalysis, International Association for Relational Psychoanalysis and Psychotherapy, International Association for Psychoanalytic Self Psychology, International Psychohistorical Society, and the International Society for Traumatic Stress Studies. Scottsdale, Arizona, USA.

## SURGERIES IN SEARCH OF DISORDERS: INTERSEX AND CIRCUMCISION IN AMERICAN HISTORY

### Elizabeth Reis

So-called "normalizing" surgeries for babies born with various intersex conditions (atypical sex development) as well as infant male circumcision have come under scrutiny in recent years by philosophers, ethicists, and medical professionals. This paper draws from my recent book, *Bodies in Doubt: An American History of Intersex* and argues that, historically, doctors have performed surgeries on infants and children for non-medical reasons. In the case of intersex, surgery was performed so that the baby's external genitalia would align with the gender in which the baby would be reared, supposing (but without substantive evidence) that the child would develop more normally if its gender and physical appearance cohered. Social factors, such as the potential for marriage and the fear of homosexuality, in particular, have motivated these surgeries since the early nineteenth century. Similarly, male circumcision has been motivated by social rather than medical concerns, the incidence increasing and coinciding with the fear of masturbation in nineteenth-century America. As one contemporary doctor has noted, perceptively, circumcision has been a "surgery in search of a disease." My paper will look at both kinds of genital surgeries, suggesting that irreparable procedures should not be done on infants, with of course the exception of life-saving operations. As intersex children grow older, they can make such decisions for themselves, as can intact boys or men.

**Elizabeth Reis**, PhD, is associate professor of Women's and Gender Studies and History at the University of Oregon. She is the author of *Bodies in Doubt: An American History of Intersex* (Johns Hopkins University Press, 2009) and *Damned Women: Sinners and Witches in Puritan New England*

(Cornell, 1997). She received her PhD in history from the University of California, Berkeley. Eugene, Oregon, USA.

## **NOCIRC OF ARABIA: A PILOT VERSION IN ARABIC**

### **Hatem Kamal Saied**

Throughout the past decades, there has been little progress in the Arab world for promoting the end of the long-held practice of MGM. It is taken for granted that males should be circumcised, under several pretexts, where the strongest one is the absence of true information. With the emergence of a new means of communication, promoting anti-MGM thought has become easier. As a group of online activists, we created a Facebook group in Arabic, promoting the end of MGM. The most important tool we used was translation. We had to lean on material from the famous websites such as NOCIRC itself. Also, through correspondence with other activists, we gained new insights about male circumcision. The most important argument that we successfully refuted was the religious one. However, our arguments are met by opposition because the Arab world still lives under the authority of orthodox Muslim clergy. There is an attempt to reach Muslims who do not necessarily speak Arabic. Our future project is a permanent website and establishing an association.

**Hatem Kamal Saied**, BSc, Graduate Diploma, MSc Science, physics and IT, Alexandria University, is the founder of the first Arabic online society opposing MGM. Alexandria, Egypt.

## **GENITAL AUTONOMY: A NEW APPROACH**

### **David Smith**

In an age of changing technology and more especially in an era of altering social perceptions, the formation of a new organization addressing male, female, and intersex issues will embrace the worldwide social conscience on different aspects of circumcision and related surgery.

This paper will explore the necessity of such a new voice that, through changing attitudes, will allow a public voice universally.

**David Smith** was educated at St. Joseph's College, Market Drayton, and he qualified in business studies at Underwood College. He worked for Re-Solv, a solvent abuse charity, and is currently General Manager of NORM-UK, a charity dedicated to giving men a choice. He created and now edits *NORM NEWS*, the organization's magazine for members and concerned individuals. Stone, Staffordshire, UK.

## **TEN YEARS OF TRAINING: MY EXPERIENCES AS RESIDENCY FACULTY**

### **Michelle Storms**

Many family medicine residents are opposed to the performance of neonatal circumcision. I will discuss my experiences and insights over the last ten years providing support for the residents who wish to remain conscientious objectors.

**Michelle R. Storms**, MD, is an Assistant Director and the Research Director for the Marquette Family Medicine Residency Program in Marquette, Michigan. She is an assistant clinical professor at Michigan State University College of Human Medicine. After graduating from Saint Louis University School of Medicine, Dr. Storms completed her Family Medicine residency training at St. Mary's Hospital in

Milwaukee, Wisconsin. While a resident physician, she developed an aversion to neonatal circumcision, which led her to challenge the status quo by refusing to perform circumcision post-residency. For ten years, she has provided support to the resident physicians in her program who are conscientious objectors to circumcision. Dr. Storms has published on the topic of circumcision individually and in collaboration with Robert Van Howe, MD. Marquette, Michigan, USA.

## **TORTURED DOCTRINES, TORTURED BODIES: HOW LEGAL FICTIONS HELP JUSTIFY AND PERPETUATE CIRCUMCISION AND OTHER INHUMANE PRACTICES**

### **J. Steven Svoboda**

Although the doctrine of informed consent functions reasonably well within its area of applicability, it dissolves into an incoherent legal fiction when applied by proxy to incompetent persons such as newborns and mentally incapacitated adults. Both leading approaches to permitting an oxymoronic "proxy consent"—substituted judgment and best interests—cloak a usurpation of agency that allows ostensibly hallowed principles of autonomy and self-determination to be violated with impunity. Because a court can never truly know what an idiot or a newborn wants, Kantian ethics and human rights are violated. History abounds with examples of tortured doctrines applied to justify human atrocities. Such legal fictions conceal our violations from ourselves and others under the pretenses of legal authorization and compliance with human rights, masking our failure to properly safeguard human dignity and autonomy.

**J. Steven Svoboda**, JD, graduated *cum laude* from Harvard Law School in 1991 and founded Attorneys for the Rights of the Child (ARC) in early 1997. His publications include "A rose by any other name?: symmetry and asymmetry in male and female genital cutting," in *Fearful Symmetries: Essays and Testimonies Around Excision and Circumcision*; ed. C. Zabus (Rodopi, 2008), *Does Feminism Discriminate Against Men?: A Debate*, Oxford University Press; 2007, and "Neonatal Pain Relief and the Helsinki Declaration," in *The Journal of Law, Medicine & Ethics* (December 2008) coauthored with Robert S. Van Howe, MD. In 2002, Steven received a Human Rights Award from NOCIRC's International Symposia on Circumcision, Genital Integrity, and Human Rights, for his work with ARC, which includes the first presentation and document ever accepted by the United Nations primarily focusing on male circumcision. Steven practices patent law in San Francisco. Berkeley, California, USA.

## **HUMAN THANATOPHILIA: THE PSYCHO-CULTURAL PROCESSES BEHIND GENITAL MUTILATIONS OF CHILDREN AND ADOLESCENTS**

### **Moisés Tractenberg**

The concept of thanatophilia—love of death—exposed here, is derived from the theory of the existence of a death instinct in dynamic and complementary antagonism with various components of the so-called life instinct. It finds its inscription, however, in the order of symbolism and desiderative thought. The libidinization of self-destructive tendencies is always produced in organic and psychic illnesses. It is not hard to find, at several levels, a masked or manifest desire for death in neurotic, perverse, and psychotic individuals, the same happening to patients affected by cancer, lupus erythematosus, or other incurable diseases. However, self-aggres-

sive violence is demonstrated, in its acute form, in conduct such as suicide, that is, the instantaneous self-elimination of life, or in its chronic form through mutilations and accidents that do not result in the loss of life, but the loss of a part of the body. Thanatophilia is also exteriorized in homicidal violence, filicide, and parricide actions, and in the phenomenon of genocide. A thanatophilia compulsion also prevails in cultural anti-ethical customs, such as genital mutilation of children and adolescents.

**Moisés Tractenberg**, MD, received his Bachelor of Philosophy degree in 1955 and his degree in medicine from the Faculdade de Medicina de Pôrto Alegre, Universidade do Rio Grand do Sul in 1959. He did his psychoanalytic training at the Asociación Psicoanalítica, Argentina in Buenos Aires from 1960-1965. Dr. Tractenberg is an Associate Member of Asociación Psicoanalítica, Argentina, Full Member and Training Analyst of Asociación Psicoanalítica Argentina, Full Member of the International Psychoanalytic Association, London, and, upon his return to Brazil in 1976, Full Member and Training Analyst at Sociedade Psicoanalítica do Rio de Janeiro from 1976 to 1996. He is a Full Member and Training Analyst at Sociedade Brasileira de Psicanálise do Rio de Janeiro since 1982, and the founder and editor of *Journal of Psychoanalysis of Rio de Janeiro* from 1989 to 1992. He is the author of *Psychoanalysis of Circumcision* (five editions), *Psychoanalysis and Psychoanalysts in the XXIth Century*, *Curative Factors in Psychoanalysis*, *Psychoanalytic Chronicles for the Midia*, and *Abraham, Sarah and Hagar*. Rio de Janeiro, Brazil.

## CIRCUMCISION AS AN EXAMPLE OF NORMATIVE ABUSE

### John W. Travis

Normative abuse is abuse that's not recognized as abuse because everyone does it, just as slavery wasn't seen as a problem until relatively recently. I believe that the way babies are routinely treated in Western cultures constitutes normative abuse, probably based on the original sin hoax.

From medicalized births and circumcision, to sleeping alone and carted about in wheeled containers, infants are denied their fundamental mammalian need for constant physical contact.

Normative abuse produces children with normative attachment disorder (NAD), which leads to learned helplessness, depression, chronic illness, addiction, violence, materialism/greed, religious extremism/fundamentalism, male postpartum abandonment syndrome, and eco-cide. How circumcision contributes to each of these aberrations will be discussed.

A major factor in the dismissal of the foreskin as an important part of human anatomy is the low FIQ (Foreskin IQ) of both parents and doctors alike (doctors average an FIQ of about 50 out of a possible high of 150). The Foreskin IQ questionnaire will be illustrated ([tinyURL.com/foreskinIQ](http://tinyURL.com/foreskinIQ)).

Seeing circumcision as part of this larger cultural unconsciousness is crucial to ending the cycle of abuse. It is also one of the easiest points to break into this cycle because it doesn't require any extra work, time, or money on the part of parents, simply an awareness that respecting and protecting their son's genital integrity is a prerequisite to his healthy development.

10 **John W. Travis**, MD, MPH, specialized in preventive medicine at Johns Hopkins University, founded the first wellness center in the US (1975), co-authored several books, includ-

ing the *Wellness Workbook* (Random House/Ten Speed Press, 1981, 1988, 2004), and developed the Wellness Inventory, used by corporations, hospitals, spas, and wellness coaches in many countries around the world. In 1999, along with Marilyn Milos and 11 other experts, he co-founded the Alliance for Transforming the Lives of Children (aTLC.org), dedicated to ending normative abuse.

He now promotes *full-spectrum wellness*, which embraces body, mind, emotions, and spirit, encompassing our entire lifespan and connecting all aspects of our environment—including infants, children, adults, community, and planet.

He is an adjunct professor at both the California Institute for Integral Studies and the Master of Wellness program at Royal Melbourne Institute of Technology (RMIT) University in Melbourne, Australia. Mullumbimby, New South Wales, Australia.

## HOW NOT TO GET PUBLISHED: THE TOP TEN PRO-CIRCUMCISION JOURNALS

### Robert S. Van Howe

Circumcision is an extremely divisive topic. Suffice it to say that many journals have editorial agendas that are decidedly pro-circumcision. They wield incredible power over how articles are evaluated and what articles are published. Consequently, studies of low quality are published in journals with high impact. This talk will discuss the quality of published studies, the peer review process, and how to become more successful in getting the message published.

**Robert S. Van Howe**, MD, MS, graduated from Loyola-Stritch School of Medicine, completed a pediatrics residency at the Children's Hospital of Wisconsin in Milwaukee, Wisconsin, and received a Masters of Science in Clinical Research Design and Statistical Analysis from the University of Michigan School of Public Health. He is a Clinical Professor at Michigan State University College of Human Medicine and a full-time pediatrician for Bell Memorial Hospital in Ishpeming, Michigan. Dr. Van Howe has researched and published extensively on neonatal circumcision. He has lectured worldwide and provided expert testimony in court cases involving circumcision. His goal is to provide an evidence-based and scientific appraisal of the medical literature on this topic. He is considered a leading expert on neonatal circumcision, which led to his being a consultant for the World Health Organization, the Centers for Disease Control, and the American Academy of Pediatrics. Marquette, Michigan, USA.

## RECLAIMING CIRCUMCISION: ARMENIAN STORIES

### Astrik Vardanyan

A significant number of Armenian Americans are adopting the practice of circumcision, a procedure that historically has not been a custom among Christian Armenians. Currently, the reasons given by Armenian Americans mimic the American rationale of "health" and "hygiene," however, historic evidence shows long-standing resistance to circumcision imposed by Islamic dominators. Circumcision was perceived by Armenians as the bodily mark that stigmatized them as forcibly Islamized. Circumcision denoted assimilation; resistance to it ensured Armenian survival. However, an unexpected shift in cultural attitude took place among Armenians. Circumcision was rapidly embraced after genocide and the strict line between the circumcised

and uncircumcised was crossed. Centuries-old denigration and rooted historical anxieties were reconciled and conveniently resolved in the “medical” justification of the practice. Armenians reclaimed the practice anew. This presentation explores the latent motives of such a cumulative ethnic response through anthropological and psychological analyses.

**Astrik Vardanyan**, BA, MA, received her BA in English linguistics and literature from the Institute of Foreign Languages, Yerevan, Armenia, in 1996, and her master’s degree in anthropology at California State University, Northridge. She is a recipient of the McArthur scholarship in journalism, a fellowship at the Bulletin of the Atomic Scientists in Chicago, Illinois, where she published articles on social and environmental issues. Her recent interests are cross-cultural child-rearing practices. She is an advocate of genital integrity for boys and girls, prolonged breastfeeding, co-sleeping, and natural birth. Vardanyan is inclined toward action or advocacy anthropology and employs her research to outreach the general public through media, seminars, and small group and individual talks. Northridge, California, USA.

### HEALING THE HARMS OF CIRCUMCISION: A CASE STUDY

#### B. Maurene White

This case study records counseling with a couple on the verge of separation due to sexual dysfunction partially conditioned by adverse sequelae of routine male infant circumcision.

Their extended family referred them for counseling and continue to support their efforts at restoring their relationship.

The couple’s motivation to collaborate during assessment and openness to the contemporary option of foreskin restoration as part of their self-managed treatment mitigated negotiating a dynamic, flexible, long-term plan to resolve their problems.

Methodology: data collecting of couple and family history, physical examination, discussion of the issues, outlining and negotiating potential solutions, and collaborative writing up of treatment plan.

Follow-up: regular in-person or telephone discussion of progress every two weeks for three months, then every month up to two years; further interventions or referrals as agreed on.

**B. Maurene White**, RN, graduated from Montreal General Hospital School of Nursing in 1962 and received a BTh in 1988, a DipEd in 1991, and a BA (medical anthropology) in 1997 from McGill University. She has worked in different areas of nursing, with special interest in perinatal and outpost work as a nurse practitioner in northern Canada. She currently does private case nursing, consulting, and has developed a health-tracking system as an iPhone and iPod application. Montreal, Quebec, Canada.

### BLOGGING MALE CIRCUMCISION AND HIV: ADDRESSING THE ESTABLISHMENT WITH SOCIAL MEDIA

#### David Wilton

Individual action in the intactivist space has changed and is changing at an accelerating rate. Where once we had tables at baby fairs and other public events filled with pamphlets and brochures of varying levels of quality and professionalism, we now have blogs, twitter, Facebook, YouTube,

Ustream, PDF versions of all the relevant and current research, and more coming along all the time. Where once we scanned the newspaper for often biased reporters’ stories on circumcision, we now have the ability to reach vast numbers of people with an alternative narrative using only ourselves, a laptop, and the services mentioned above.

The *Male Circumcision and HIV* website is but one example of where large numbers of people are being reached everyday by essentially one person. However, questions remain. How can we know or measure the impact of online blogging and reporting (SEO)? Are the people being reached the right people (online networking)? How much of our commentary and conversation should be a regurgitation of the same information? How much should be devoted to breaking new ground with original reporting?

This presentation will explore my vision for the *Male Circumcision and HIV* website, including monetization of efforts to support the cause, original and new reporting on the issues, and concentrating individual efforts on particular areas of one’s own expertise.

**David Wilton**, JD, received his undergraduate degree from the University of Texas at El Paso and his law degree from the South Texas College of Law. He has a long-standing interest in issues of body integrity and HIV/AIDS. He blogs at *Male Circumcision and HIV* ([www.circumcisionandhiv.com](http://www.circumcisionandhiv.com)) while maintaining a full-time law practice specializing in criminal defense. His primary interests, outside of nurturing a debate on the controversial measure of removing sexual tissue to reduce the spread of HIV, are in the areas of criminal justice, languages, and journalism. San Francisco, California, USA.

### THE EVOLUTION OF CIRCUMCISION METHODS: NOT “JUST A SNIP”

#### Hugh Young

While male genital cutting is at least 4000 years old, no consistent method has emerged for doing it, nor have the instruments of circumcision evolved in any consistent or coherent manner. This arises from fundamental problems with the operation. Along with the operation itself and its outcome, the instruments have been fetishized.

**Hugh Young**, BSc, is a retired broadcaster and editor with a science background. He has published two dictionaries, of Solomon Islands Pijin and New Zealand Maori place name pronunciation (oral, now online at [nga-ingoa.notlong.com](http://nga-ingoa.notlong.com)). He has presented three papers at genital integrity symposia, on the rise and fall of circumcision in New Zealand (with Ken McGrath), on circumcision as a memplex, and on the foreskin and circumcision in popular media, subsequently published. For more than 11 years he has maintained the Intactivism Pages, [www.circumstitions.com](http://www.circumstitions.com), a pro-intact website. Pukerua Bay, New Zealand.

#### POSTER PRESENTATION

##### Critique of African Circumcision and HIV RCTs

Gregory J. Boyle, PhD

Professor of Psychology

Bond University

Gold Coast, Queensland, Australia

## **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