

Genital Autonomy - America *and* Intact America

present

**15th International Symposium on
Genital Autonomy and Children's Rights**



Program & Syllabus of Abstracts



4-6 May 2018

Hotel Kabuki, San Francisco, California, USA

Symposium Planning Committee
Marilyn Fayre Milos, Genital Autonomy - America
Georganne Chapin, Intact America

For Additional Information
GAAmerica.org
IntactAmerica.org

PROGRAM

Friday, 4 May 2018

- 1800 - 1900 **Registration**
1900 - 1930 **Welcome**
1930 - 2100 **Childhood Genital Cutting and Religious Freedom: Where to draw the line?** - Brian Earp
2100 - 2230 **Meet & Greet**

Saturday, 5 May 2018

- 0730 - 0830 **Registration**
0830 - 0900 **Welcome**
0900 - 0925 **What if We Were Free and Whole? Genital Autonomy's Transformative Impact**
- Hida Vioria
0930 - 0955 **Female Genital Mutilation** - Soraya Miré
1000 - 1025 **The Anatomy of the Human Prepuce and the Physiological Complications Consequent to Posthectomy** - Steve Scott
1030 - 1055 **Coffee**
1100 - 1125 **Genital Autonomy and the World** - J. Steven Svoboda
1130 - 1155 **International Classification of Disease** - John Geisheker
1200 - 1225 **Male Circumcision Violates the Physicians' Fiduciary Duty to the Child** - Peter Adler
1230 - 1355 **Lunch on Your Own**
1400 - 1425 **Twenty-eight years of circumcision litigation: What have we learned? What progress have we made?** - David J. Llewellyn
1430 - 1455 **Duty to Report - Maltreatment of Minors: Taking the fight for genital autonomy to the street** - Zenas Baer
1500 - 1525 **Evaluating the Rights of Human Research Subjects in Randomized Circumcision Trials**
- Michael Drash
1530 - 1555 **Coffee**
1600 - 1625 **Breaking Down the Wall of Denial: *The San Francisco MGM Initiative*** - Lloyd Schofield
1630 - 1655 **Meet Your Whole Baby** - Jen Williams and Ashley Trueman
1700 - 1900 **Dinner on Your Own**
1900 - 2200 **American Circumcision Screening** - Brendon Marotta

Sunday, 6 May 2018

- 0800 - 0900 **Registration**
- 0900 - 0925 **Documenting Intactivism: 25 years of progress** - James Loewen
- 0930 - 0955 **Three Decades of Jewish Intactivism: From emotions to strategy**
- Lisa Braver Moss
- 1000 - 1015 **Celebrants of Brit Shalom** - Mark Reiss
- 1015 - 1030 ***The Circumcision Movie***, a trailer - by Emily Rumsey and
Emily Fitzgerald
- 1030 - 1055 **Coffee**
- 1100 - 1125 **Maximum Impact: Marketing-based strategies and emotional messaging for foreskin protection that win!** - Anthony Losquadro
- 1130 - 1155 **Frontline and Online: Intactivist strategies of resistance** - Brother K
- 1200 - 1225 **Ripples Across the Pond: An update on non-therapeutic male circumcision in Europe**
- Antony Lempert
- 1230 - 1355 **Lunch on Your Own**
- 1400 - 1425 **GA Down Under: The persuasive significance of non-type III FGC** - Paul Mason
- 1430 - 1455 **INTACT: Men As They Were Born To Be** - Trish Causey
- 1500 - 1530 **The Challenge to Educate Inclusiveness for Intersex Children Born into Our Society**
- Clive Elwood Dunn
- 1530 - 1555 **Coffee**
- 1600 - 1650 **Intact America: Implementing a tipping point strategy to change the way America thinks about circumcision** - Georganne Chapin and Dan Bollinger
- 1650 - 1800 **Discussion** - Everyone included
- 1900 - 2200 **Banquet Dinner**
Concluding Remarks - George Denniston
Entertainment - Ms. Blu

Post-symposium Demonstration

Monday, 7 May 2018

- 1000 - 1300 **Demonstrators Meet at Ferry Building for the 3rd Annual Worldwide Day of Genital Autonomy Demonstration**
- 1300 - 1430 **Walk to Restaurant for Jonathon Conte Memorial Luncheon (no-host)**

SYLLABUS OF ABSTRACTS

Peter W. Adler

Male Circumcision Violates the Physicians' Fiduciary Duty to the Child

The physician-patient relationship is based on trust. Accordingly, courts impose upon physicians a strict fiduciary duty, the highest duty in the law, to act in the best interests of pediatric patients in matters involving their health, keeping their welfare paramount. It is suggested that circumcision violates the physicians' fiduciary duty to boys and the men they become. First, boys are usually circumcised because their parents have a religious, cultural, or personal preference for the circumcised penis. To circumcise for such reasons is to make the interests of parents paramount, and to ignore the health of boys and men. The physician's duty is to render competent care to children based on their medical needs, independent of their parents' desires, and also to obtain the consent of children and adolescents to medical procedures whenever possible. In that regard, second, circumcision is unnecessary, irreversible surgery with no meaningful potential medical benefits in childhood. If men want to be circumcised, they can choose it for themselves, although they rarely do in the Western world. It is suggested that it is a breach of fiduciary duty or trust for physicians to circumcise boys when it is unnecessary, irreversible surgery that men in the Western world rarely choose for themselves.

Peter W. Adler holds a BA degree in philosophy from Dartmouth College; a MA degree in philosophy from Cambridge University with Honours; and a JD from University of Virginia School of Law, where he was a senior editor of the *Virginia Law Review*. He is a full-time Adjunct Professor of International Law and International Business at the University of Massachusetts, Wellesley, Massachusetts, USA.

Zenas Baer

Duty to Report - Maltreatment of Minors: Taking the fight for genital autonomy to the street

Public Prosecutors Initiative, LLC is an entity created for the specific purpose to encourage public prosecutors to enforce the Duty to Report statutes that exist in all 50 states. The Duty to Report maltreatment of minors is a broad statute which requires certain individuals identified as mandatory reporters, including all healthcare professionals who participate in circumcisions, to report maltreatment of minors. The statute allows reports by non-mandatory reporters as well. Maltreatment of minors is broadly defined and includes assault, criminal

sexual conduct, child neglect, sexual abuse, physical abuse, and other common sense crimes that but for the tender age of an infant would be prosecuted vigorously. Looking at the procedure from the infant's viewpoint, the cutting of healthy tissue without diagnosis is criminal assault.

This presentation will explore the strategies on how we as individuals can become more engaged in the local process to force child protection agencies to investigate the crimes occurring in hospitals and clinics within each jurisdiction.

All it takes is one prosecutor to be convinced that crimes are being committed to file a criminal complaint to turn the table on circumcision as an available option for parents. The right of bodily integrity is protected by constitutional and statutory provisions.

Zenas Baer graduated from the University of Minnesota with a B.A. in German Literature and Political Science (1976). He graduated 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 US 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 is known to take on unusual cases generally fighting for the underdog. Zenas has handled a number of circumcision cases and dealt extensively with the concept of informed consent as it relates to circumcision. Hawley, Minnesota, USA.

Trish Causey

INTACT: Men As They Were Born to Be

INTACT: Men As They Were Born to Be (2018) is based on the author's survey that covers childhood, hygiene, school and locker-room bullying, dating, sex, and more. With nearly 150 respondents from around the world, the book documents how intact men in cutting cultures are overwhelmingly subjected to shame, beginning in childhood and extending to adulthood.

Normalizing the foreskin is crucial for parents to keep their sons intact and for partners who may never have experienced foreskin. Survey respondents relate stories of family members and sexual partners who thought

foreskin was ugly, dirty, and disgusting. Anecdotes from men circumcised as adults illuminate both sides of being intact and living without foreskin. *INTACT: Men As They Were Born to Be* shows foreskin is normal and protective for men as well as more pleasurable for their partners, while educating parents that their sons will mature to be men who will want and need their genitals intact.

Trish Causey shares intact men's experiences to show why keeping the foreskin intact is crucial to a man's health and happiness. She has learned from intact men their experiences of being whole in cutting cultures. As more and more boys are left intact, our cutting societies have yet to make being intact "socially acceptable" in our culture, media, and medical environments. As a sexual health advocate, Trish's intactivism is informed not only as a human rights activist and feminist, with a steadfast stance on body autonomy and self-determination, but also her personal experience of painful sex and an inability to orgasm with circumcised men. New York, New York, USA.

Georganne Chapin and Dan Bollinger Intact America: Implementing a Tipping Point Strategy to Change the Way America Thinks about Circumcision

Intact America (IA) was founded a decade ago to "change the way America thinks about circumcision." Since then, IA has become a regular resource for parents, intactivists of all stripes, journalists, researchers (including physicians), and the simply curious. From its inception, IA's focus has been national and strategic, and the organization has made extensive use of professional consultants to amplify its effectiveness. One factor that differentiates Intact America from other intactivist groups is its explicit tipping-point strategy – adopted as the result of extensive social-change research and both formal and informal conversations held around the country.

In this two-part presentation, Georganne Chapin and Dan Bollinger will describe how IA strategically informs the public, policy makers, and media; pitches stories to journalists and editors; relies on Internet and social media outreach; and measures the movement's success. They will also reveal current and planned projects. The presentation has three goals: 1) to inform you what IA's strategy is; 2) to help you understand how IA makes decisions about tactics and activities; and 3) to invite you or your organization to use this winning strategy, too.

Georganne Chapin is founding executive director of Intact America. For 25 years, she served as President and CEO of Hudson Health Plan, an innovative nonprofit health plan for low-income New Yorkers. In 2005, she

founded the Hudson Center for Health Equity & Quality, a health policy and technology organization that she still leads, and that helps to support Intact America through its 501(c)(3) status. Georganne has written and spoken widely about social justice, healthcare reform, and bioethical issues. She is frequently quoted in the press, and has been interviewed on television, radio, and the Web in the United States and abroad. She holds a BA in Anthropology from Barnard College, MA and MPhil degrees in Sociomedical Sciences from Columbia University, and a JD with certificates in Health and International Law from Pace University Law School. She has taught as an adjunct professor of law at Pace, and adjunct professor of bioethics to doctoral students at Dominican College School of Nursing, Woodstock, New York, USA.

Dan Bollinger has been working on men's rights issues since college. He facilitated a men's weekend workshop for many years. Formerly the director of the International Coalition for Genital Integrity, for the past 21 years Dan has focused his efforts on Intactivism and, lately, exclusively with Intact America. He was a member of Intact America's founding committee, and serves as its volunteer strategy advisor. Dan has authored many articles and essays on men's rights, psychology, and strategy, all concerning Intactivism. His contributions to the cause include photography, website design, graphic design, speaking, scientific research, and making demonstration devices. He has contributed to many intactivist websites and created the *Circumcision Decision-Maker* website. Dan has an Industrial Design degree with a minor in psychology. He lives with his beloved wife Rebecca "On the Banks of the Wabash." Lafayette, Indiana, USA.

George C. Denniston Concluding Remarks

George Denniston, MD, MPH, left the east coast early in his career and headed west to Seattle, where he started six birth control clinics. Then, as Associate Medical Director of the Planned Parenthood Federation of America in New York, he persuaded the National Board to add abortion and sterilization to the services offered by 400 clinics in the US. Returning to Seattle, he ran a birth control clinic, and trained doctors worldwide using 16mm films.

One day, George learned from Marilyn Milos of two cases of botched circumcisions. Looking into it, he began to realize the great harm inflicted by this practice, not only to innocent little boys, but to the medical profession as a whole. Gallup polls (1965-1995) showed a decline in trust of doctors by Americans from 95% to 27%! He realized that his activist lay colleagues knew far more

about the foreskin than most doctors, and that they were being arrogantly dismissed. He founded Doctors Opposing Circumcision to fight fire with fire. He is thankful for and enjoys knowing all his fellow intactivists who see the world through clear eyes. Nordland, Washington, USA.

Michael Drash
Evaluating the Rights of Human Research Subjects in Randomized Circumcision Trials

The genital autonomy discourse is generally anchored in the rights of children vis-à-vis their parents and communities. Svoboda, Van Howe, Earp and others have all written and engaged extensively with the medical validity of such surgeries in this context. However, very little time and discussion is spent evaluating the role and rights of the adult research subjects who would be or have been experimented upon. A series of experimental circumcision trials conducted in several African nations – Auvert et al., (2005), Bailey et al., (2007), and Gray et al. (2007) – are controversial more for the subsequent use of their findings to justify infant circumcisions than the inherent experimental amputation of the foreskin. These subjects are major stakeholders in any discussion of genital autonomy as their genitals were altered in service of this debate and their data is relied upon by national and international organizations to guide policy. My paper evaluates these experiments using established human research frameworks, specifically the *WMA Declaration of Helsinki* and the *Nuremberg Code*. I argue that these active circumcision trials were fundamentally impermissible due to the permanence of amputation which violates an ethical obligation to allow a subject to withdraw. Furthermore, I argue these were instances of ethics dumping – the use of vulnerable populations for ethically ambiguous experiments – and that there did and does not exist a sufficiently established scientific consensus to justify moving from observational studies to active amputation. In conclusion, this paper evaluates an underexamined facet of a ubiquitous set of studies and raises concerns about the seldom explicitly acknowledged rights of research subjects to respect for their genital autonomy.

Michael Drash is an independent scholar who graduated from the University of Virginia in 2017 with a BA in Linguistics and Slavic Languages and Literatures. His research interests include research ethics and sexual ethics as well as phonology, linguistic nationalism, and language pedagogy. He is currently working outside of academia but his current research project is investigating the ethical limits of amputation and surgery in a research setting. Santa Monica, California.

Clive Elwood Dunn
The Challenge to Educate Inclusiveness for Intersex Children Born into Our Society

In Sub-Saharan Africa, the birth of a visibly intersex child is believed to be “proof” that the parent giving birth is either cursed or a witch. As a result, such babies are killed immediately following their birth. There is a critical need for a campaign of education and inclusiveness, involving medical and health practitioners, women’s groups, and other influential social and human rights groups. Further, efforts must be undertaken to establish legislation that will hold practitioners and other individuals who take the life of any child, regardless of sexual identification, criminally responsible.

Clive Elwood Dunn is a journalist and a graduate student in peace studies of the Kofi Annan Institute for Conflict Transformation in Liberia. He holds a BA degree in mass communications and political science from the University of Liberia's College of Social Sciences and Humanities, and a Masters of Ntalextuwl Studies degree with an emphasis in communications and public policy from the Blacology Research and Development Institute in Fort Washington, Maryland. In addition to having served as associate public information officer with the UN Mission in Liberia, Clive is a member of the Press Union of Liberia and has worked as an editor at various media outlets, including the state-run Liberia Broadcasting System, the Liberian Standard, New Liberian Standard, Poll Watch, and Varsity Pilot. He is a devoted Christian and married with two daughters. Monrovia, Liberia, Africa.

Brian Earp
Childhood Genital Cutting and Religious Freedom: Where to draw the line?

Recent court cases in England and the United States have highlighted a paradox in the current legal treatment of female, male, and intersex children with respect to the protections they are afforded against medically unnecessary genital cutting. In particular, there are legally prohibited forms of female genital cutting (such as the so-called ritual 'nick') that are less invasive or risky than permitted forms of male and intersex genital cutting, creating a "collision course" for law and policy in the immediate future. Attempts to "quarantine" male versus female forms of genital cutting (MGC, FGC) based on appeals to supposedly different parental intentions (regarding, e.g., sexual control) or the religious versus cultural status of the cutting have been undermined by recent scholarship showing far more "overlap," both physically and symbolically, between male, female, and intersex genital cutting than has traditionally been assumed. Recognizing that a "zero tolerance" policy

toward FGC may lead to restrictions on ritual male circumcision, defenders of the latter practice have begun to argue that purportedly "minor" forms of female genital cutting should be considered morally acceptable and should be legally tolerated. This trend in the literature has emboldened proponents of female "circumcision," who are now basing their defense of the practice on Western tolerance and even promotion of MGC and intersex cutting, citing problematic (e.g., racialized) double standards. Some have even raised the prospect of "health benefits" for so-called minor forms of FGC, since this approach has apparently proved successful in countering ethical objections toward even more invasive forms of MGC. In this talk, I argue that efforts to eliminate female genital cutting will only be successful in the long run if they are divorced from contestable empirical claims concerning health risks, which (1) apply mostly to the 'extreme' forms of the practice and (2) may only lead to the "medicalization" of FGC (or a transition to its less invasive forms). Instead, they should be tied to a sex and gender-neutral (that is, human) right to genital autonomy and bodily integrity as applied to children.

Brian Earp is Associate Director of the Yale-Hastings Program in Ethics and Health Policy at Yale University and The Hastings Center Bioethics Research Institute, and a Research Fellow in the Uehiro Centre for Practical Ethics at the University of Oxford. With degrees from Yale, Oxford, and Cambridge universities, his work is cross-disciplinary, following training in gender and sexuality, philosophy, psychology, history and sociology of science and medicine, and ethics. His research has been cited in the US President's Commission on Bioethics and in a landmark British high court case concerning "Female Genital Mutilation" (FGM) by Sir James Munby (in the matter of B and G). In 2016, he was invited by the Royal Netherlands Academy of Arts and Sciences to serve as one of a small group of "high-level experts" reporting to the Dutch government on research methods and quality control in science and medicine; he later served as a peer reviewer on the final report. He was also invited to submit materials based on his work on female and male genital cutting to a special committee of the European Parliament; this work has now been published as part of a monograph series produced by the same. Other scholarly highlights include serving as Guest Editor of the *Journal of Medical Ethics* for a special issue on circumcision; serving as Guest Editor for the *Medical Law Review* for a special issue on regulating sexual boundaries; authoring a forthcoming book on male, female, and intersex genital cutting for Chicago University Press; and publishing more than 20 peer-reviewed essays or book chapters on the science and ethics of childhood genital cutting, including an in-depth analysis of the 2008 WHO/UN policy on "FGM" in the *Kennedy Institute of Ethics*

Journal, whose editor devoted a special issue to the article, with invited responses from leading experts. Brian currently serves as Associate Editor of the *Journal of Medical Ethics*, Associate Editor for the *Yale Journal of Law & Humanities*, Ethics Editor for the *Journal of Clinical and Translational Research*, and sits on the Board of Editorial Consultants for *Public Affairs Quarterly*. New Haven, Connecticut, USA.

John Geisheker **International Classification of Disease**

International Classification of Disease (ICD) codes are used to categorize symptoms in medicine, and more specifically to provide billing opportunities for providers.

In November, 2015, ICD-10 was adopted in the USA, which, with its 68,000 entries, is five times more detailed than its predecessor, ICD-9. Among its newest codes is one that describes the normal, under-developed genitalia of a male newborn, and thus provides an entirely novel billing opportunity.

ICD-10 N47.0 'Adherent prepuce, newborn' provides a handy excuse for circumcising a healthy male infant in states where the procedure was dropped from Medicaid reimbursement. We explore how often this code, with its open and obvious temptation to fraud, has been employed as revealed by Freedom of Information demands.

John V. Geisheker, JD, LL.M., has practiced medico-legal law as an arbitrator, mediator, litigator, and law lecturer for over 30 years. He is currently the full-time pro bono Director and General Counsel for Doctors Opposing Circumcision, an international physicians' charity based in Seattle, Washington.

D.O.C.'s members and supporters oppose merely cultural, non-therapeutic, genital cutting of children – male, female, or intersex – on human rights' grounds.

John is a native of New Zealand, a country that fully abandoned medicalized male circumcision in the 1960's. He hopes his adopted USA will someday follow that principled example. Seattle, Washington, USA.

Brother K **Frontline and Online: Intactivist strategies of resistance**

My intactivist work began in the early 1980s with public protests against circumcision. Carole Babyak and I wore brightly colored masks to symbolically expose the secrecy and taboos surrounding circumcision.

My current work as an intactivist similarly incorporates visual symbols. Bloodstained Men (BSM) protests across the nation in white pants with red stains at the crotch, a symbol of anguish and trauma. BSM's goal is to be assertive but approachable, and we distribute info cards to passersby. Our protest signs convey brief messages such as EUROPEAN DOCTORS CONDEMN CIRCUMCISION and INTACT GENITALS ARE A HUMAN RIGHT.

On Facebook, I post photos and videos of the BSM protests with interviews of intactivists and passersby. I also discuss the history of circumcision, and critique the preposterous claims made to justify its use as a medical practice. I also post sarcastic commentary, often in the form of a meme with a witty visual image. I strive to include the voices of women, particularly mothers who regret circumcising their sons, along with testimonials from mothers who said no to circumcision.

My work on the frontlines and online reflects my desire to expand the intactivist movement and to educate a wide variety of people about the importance of equal rights for boys.

Brother K was born in Miami in 1947 and grew up in New Orleans. He studied journalism at the University of Illinois, where he earned his degree in 1969. He protested against circumcision at the California State Capital in 1980, a protest that the Associated Press and other media reported locally and across the nation. In 1986, he changed his name to Brother K in California Superior Court, an act of protest against his circumcision at birth. He formed Bloodstained Men in 2012 and has protested in cities from coast to coast. Davis, California, USA.

Antony D. Lempert **Ripples across the Pond: An update on non-therapeutic male circumcision in Europe**

In contrast to the USA, where a high percentage of boys are still routinely cut shortly after birth, in Europe the practice is now mainly confined to children born into certain ethnic or religious communities. Over recent years, traditional acceptance of ritual genital cutting of male children in Europe has faced increasing challenge. The discrepancy between children as independent holders of rights and parents as absolute arbiters of their children's welfare has been noted and actioned by several medical, Governmental, non-Governmental, and human rights organisations. There remains fierce resistance to change both from within and without the traditional cutting communities. Some of these developments, tensions, and contradictions will be explored, along with a discussion of some of the main hurdles and the significant progress that is being made in advancing child

safeguarding and protecting all children from ritual genital cutting.

Antony Lempert, MB, BS, MRCP, qualified as a doctor from King's College, London in 1990. Since 1999, he has worked as a primary care physician (GP) in a rural UK practice. For the past ten years, he has also coordinated and chaired the Secular Medical Forum (SMF), which in 2017 integrated with the (UK) National Secular Society. The SMF campaigns to protect people from the harmful imposition on them of other people's personal religious beliefs. Antony chairs the Shropshire division of the British Medical Association (BMA) and since 2009 has attended the BMA Annual Representatives Meeting where he has spoken several times about ritual genital cutting. As an invited representative of the International Humanist and Ethical Union (IHEU), Antony met with the chair of the UN Committee on the Rights of the Child in Geneva in 2012 to discuss ritual circumcision. He appears regularly on radio, television, and in printed media. Antony lives in England with his wife and two teenage children, working as a GP just over the border in Wales. Shropshire, UK.

David J. Llewellyn **Twenty-Eight Years of Circumcision Litigation: What have we learned? What progress have we made?**

This presentation reviews my experience over the last 28 years in cases involving wrongful circumcision and negligently performed circumcision.

David J. Llewellyn, BA, JD, is a trial lawyer who has practiced law for 38 years. Since 1995, David regularly has represented the victims of genital injury. He has extensive experience representing the victims of the most common forms of negligently performed circumcisions. David also has represented a number of parents who filed suits to prevent the circumcision of their sons. David has appeared "pro hac vice" in courts in almost one-half of the United States. Atlanta, Georgia, USA.

James Loewen **Documenting Intactivism: 25 years of progress**

Twenty-five years ago, James became aware of the movement to end genital mutilation of children and began to help document it. In 1993, he attended and photographed a protest of the California Medical Association. In those early years, he also archived mainstream television shows covering the issue. Eight years ago, he began shooting video of related events and recording interviews with other intactivists. In this overview of his work, James will share observations about what he has learned, strategies that work, and those that don't.

James Loewen is a photographer/videographer whose YouTube channel, Bonobo3D, contains more than four hundred original videos. Vancouver, British Columbia, Canada.

Anthony Losquadro
Maximum Impact: Marketing-based strategies and emotional messaging for foreskin protection that win!

The genital protection movement has a great story to tell. Foreskin has important and valuable anatomical features. Most of the world doesn't cut children's genitals. Genital cutting is painful and traumatic to babies. The challenge is in communicating these messages to the public so we can reduce rates of genital cutting in America. How can we market the intact body as an aspirational lifestyle choice, even to men who were not given a choice? Let's leverage winning marketing strategies to unravel the thread of genital cutting that's been embedded into the American psyche.

Anthony Losquadro is a native New Yorker and graduate of the US Merchant Marine Academy. He was President of Consumers Energy Group for over 20 years, a NYC-based marketer of petroleum products. He was involved with industry-wide marketing and advertising as a board member of national and regional trade groups. His business experience includes solving real-world challenges in marketing, legal, and regulatory areas. Anthony formed Intaction in 2010 as a 501(c)(3) non-profit organization to apply his life's experience to achieve real impact for the cause of genital integrity. He is married with two children. Brooklyn, New York, USA.

Brendon Marotta
American Circumcision Screening

American Circumcision is an award-winning, feature-length documentary about the modern circumcision debate and the growing Intactivist movement that says all human beings should have the right to make their own choices about their bodies. Q&A with director to follow the screening.

Brendon Marotta is an award-winning filmmaker who has been making films since he was 14 years old. Brendon graduated from the University of the North Carolina School of the Arts Film School, to work as a professional film editor. *American Circumcision* is his first feature-length documentary as director. Austin, Texas, USA.

Paul Mason
GA Down Under: The persuasive significance of non-type III FGC

Drawing from several prosecutions of religious *khatna** in Australia and from the 2017 Nagarwala case being prosecuted in the United States, and taking into consideration the religious and cultural contexts of the practice, this presentation will focus on the questions: (1) Does "minimal" female genital mutilation/circumcision (FGM/C), without disfigurement or reproductive interference, infringe upon human rights? (2) Do these breaches compare with unnecessary sex assignment of intersex children and circumcision of boys, both for their parents' cultural needs?

Data from two 2016 studies carried out in Indonesia, the world's most populous Muslim nation, are highlighted to show that FGM/C varies and parental religious beliefs merge with cultural tradition, but FGM/C rates correlate with Muslim conservatism. Genital Autonomy advocates studying FGM/C, and understanding the harms done by *all* forms of it, can use this knowledge to protect all children.

*Delegates attending this presentation should Google *khatna* before the presentation.

Paul Mason, BA, LLB, Family Law Barrister, Former Children's Commissioner, Tasmania, is a family solicitor and barrister of 39 years, and was Tasmania's Children's Commissioner for 3½ years. In a lifelong interest in the rights of children, their genital autonomy rights became a focus in 2008, from a chance question by a paediatrician at a government meeting in Hobart. In 2008, Paul became inaugural patron of GA UK and in 2014 Chair of the Australasian Institute for Genital Autonomy. Paul has written and presented on the rights of every child to protection from violence of all kinds – including medically unnecessary genital cutting - both here and overseas. Brisbane, Queensland, Australia.

Marilyn Fayre Milos
Conference Coordinator

Marilyn Fayre Milos, RN, is the co-founder and Executive Director of the National Organization of Circumcision Information Resource Centers (NOCIRC), the first clearinghouse for information about circumcision in the USA (1985), now Genital Autonomy - America, and coordinator of the International Symposia on Genital Autonomy and Children's Rights. She is co-editor of eight symposia proceedings books and the editor of the *NOCIRC Annual Newsletter*, now *GA - America Annual Newsletter*.

In January 2016, the name of NOCIRC was changed to Genital Autonomy - America, focusing the organization's attention on the right of *all* infants and children – male female, and intersex – to bodily integrity and genital autonomy. San Anselmo, California, USA.

Soraya Miré **Female Genital Mutilation**

As a survivor of female genital mutilation, I have spent most of my time and energy dealing with this issue in an effort to protect girls from an experience that devastated my own life. Being from Somalia, I am the survivor of an extreme form of genital mutilation, but the types of female genital mutilation (FGM) vary from a minimal pin prick to the most extreme – the removal of the clitoris, labia, and infibulation, that is, the sewing up of the remaining tissue, leaving a small opening for the passage of urine and menses. Whatever the level of the damage, these genital alterations are always painful and traumatic, the harm increasing with the severity of the amputation, the adeptness of the operator, and the child's squirming and resistance in response to the pain. The harmful consequences of the alterations last a lifetime. Support of survivors, education about the harm of the practice, and the need to eradicate FGM are still essential.

FGM was outlawed in the United States in 1996 although female genital mutilation is still performed illegally. I shall discuss the state laws in which I was involved as an expert witness.

While my focus is on female genital mutilation, I understand the harm of inflicting pain and trauma on infants and children and how these affect society. I am in full support and join with the voices of those protecting the rights of *all* children to bodily integrity and genital autonomy.

Soraya Miré was born in Somalia and immigrated to Europe in 1978 at the age of 17. She studied literature and political science at the University of Grenoble in France, then left her studies to expand her mission to end violence toward women and children. In 1984, she moved to Los Angeles and began a career in film. She is a director, writer, and activist, whose credits include a featured segment about FGM in the *Vagina Monologues* and the award-winning documentary *Fire Eyes*, which highlights the barbaric practice of FGM. Her book, *The Girl With Three Legs: A memoir*, was published in 2011. Presently, she is working on a feature film. Soraya has been recognized with the Humanitarian Award at the United Nations Sub-Commission Sessions, the John Jay College of Criminal Justice Winnie Mandela Award, Best Documentary at the UN International Conference

on Population and Development in Cairo, the Human Rights Award at the Third International Symposium on Circumcision (University of Maryland), and Intact America's Personal Courage Award 2009. Soraya has appeared on the *Oprah Winfrey Show*, *CNN*, and *Nightline*. She has lectured at numerous universities, including Harvard, UCLA, Vanderbilt, and Stanford. She has stood before committees at the UN, the US Senate Human Resource and Health Assembly, and the World Health Organization. She has worked with medical professionals, government officials, attorneys, women, and with families who have been affected by FGM, all in her tireless pursuit of protection of children's rights. Los Angeles, California, USA.

Lisa Braver Moss **Three Decades of Jewish Intactivism: From emotions to strategy**

Jewish intactivism has evolved considerably since the late 1980s. Initially, I spoke and wrote very emotionally about circumcision. That backfired, so I immersed myself in Jewish scholarly texts to develop intactivist arguments that were consistent with Jewish thought. I published several articles, spoke in Jewish settings, and presented at the 2nd International Symposium. Years later, I wrote an intactivist novel, *The Measure of His Grief*.

In 2015, I co-authored *Celebrating Brit Shalom*, a book for Jewish families opting out of circumcision. We exhibited it at a major rabbinical conference and got positive responses from many attendees. The book dovetails with my current approach to Jewish intactivism: promoting the idea that brit shalom families should be openly included in Jewish life. I believe this is the way forward.

Lisa Braver Moss is a writer specializing in family issues, health, Judaism, and humor. Her essays have appeared in the *Huffington Post*, *Tikkun*, *Parents*, *Lilith*, *Jewish Journal*, and other publications. She is the author of *The Measure of His Grief* (Notim Press, 2010), the first novel ever written about the circumcision controversy. She is co-author, with Rebecca Wald, of *Celebrating Brit Shalom* (Notim Press, 2015), the first-ever book of ceremonies and music for Jewish families opting out of circumcision. Lisa also conceived and spearheaded the movement toward open inclusion of brit shalom families in Jewish life. Piedmont, California, USA.

Ms. Blu (Audra Berger) **Entertainment**

Audra Berger – Ms. Blu is a prolific singer and songwriter who puts “storytelling” to music. A music and nightclub prodigy at the age of twelve, Ms. Blu rides on

the Intact America New York Pride Parade float and sings for the babies and children, helping to bring awareness about their right to bodily integrity and genital autonomy. New York, New York, USA.

Mark D. Reiss Celebrants of Brit Shalom

"Brit Shalom Celebrants" lists Jewish leaders, mostly rabbis, who are available to officiate at a non-cutting covenantal naming ceremony for baby Jewish boys. From its nascent beginning in 2002, with 15 celebrants in a few US states, mainly on the West Coast, Brit Shalom Celebrants - britshalom.info - now has 236 rabbis, cantors, and lay leaders in 50 states of the USA, much of Canada, and many other countries, including Israel. The list continues to grow.

Mark D. Reiss, MD, is the Executive Vice-President of Doctors Opposing Circumcision. In addition to wife, family, and San Francisco, Dr. Reiss has made genital autonomy a high priority in his life. He is the founder and administrator of Celebrants of Brit Shalom, a web-based site listing rabbis, cantors, and lay leaders who will replace the traditional *bris* with a non-cutting ceremony. In his spare time, he is a concert pianist. San Francisco, California, USA.

Emily Rumsey and Emily Fitzgerald *The Circumcision Movie*

We do not think parents get the information they need to make a true informed decision about circumcision. We have decided to make a movie about it because that is the easiest way to share the most information widely. We challenge routine circumcision as the norm, and we hope to make cultural change with our documentary.

Emily Rumsey and Emily Fitzgerald are midwives who provide clinical care to women as well as media producers who use digital media to provide health education to families. Minneapolis, Minnesota, USA.

Lloyd Schofield Breaking Down the Wall of Denial: The San Francisco MGM Initiative

In San Francisco, it's not what you are, but who you are and what you say and do. The San Francisco *Male Genital Mutilation Initiative* made it to the ballot over the objections of City Attorney Dennis Herrera. Finally, given the opportunity, the public responded enthusiastically and unequivocally with their support of genital autonomy for males and females. We gathered far in excess of the required number of valid signatures to qualify for the November 8, 2011, ballot from a diverse group of San Franciscans.

Afraid of a possible loss, the Jewish Community Relations Council and the Northern California Chapter of the ACLU rallied their tremendous resources to prevent the voters in the City and County of San Francisco from having their voices heard and were successful in removing the initiative from the ballot.

I'll be presenting videos generated by the massive amount of international publicity and discussion about the initiative. The enormous progress we've attained in energizing intactivists to mount increasingly effective and broad-based responses while empowering the victims of forced genital mutilation has multiplied exponentially since 2011.

Lloyd Schofield was the proponent for the *San Francisco Male Genital Mutilation Initiative*, which gathered nearly double the amount of valid signatures required to be placed on the 2011 ballot in the City and County of San Francisco. The initiative's signature-gathering process and placement on the ballot generated an enormous amount of international publicity and facilitated a worldwide discussion that had not been previously possible. Lloyd is currently the President of the Bay Area Intactivists, a grassroots 501(c)(3) charitable organization, which works to protect and defend the genital autonomy of all individuals – male, female and intersex – by sponsoring and participating in events that expand visibility and work together with other human rights organizations. Lloyd presented a tribute to Jonathon Conte at the Keele Symposium in September 2016. San Francisco, California, USA.

Steve Scott The Anatomy of the Human Prepuce and the Physiological Complications Consequent to Posthectomy

In circumcising cultures, the prepuce, or foreskin, is seen as superfluous or redundant tissue. The surgical removal of the prepuce (posthectomy) is, therefore, considered a benign and inconsequential surgery. An examination of preputial anatomy contradicts this notion and reveals a highly vascularized, highly innervated complex of sexual organs that are vital to natural, normal sexual function.

The ablation of large numbers of nerve bundles consequent to posthectomy interrupts neural pathways to the brain, resulting in cortical reorganization in the postcentral gyrus of the parietal lobe.

The prepuce functions as an intussusceptive tubular sheath during sexual intercourse. Its absence increases abrasion and loss of lubrication, decreasing the pleasure dynamic for both partners. Apart from creating a static, deformed, and enervated penis, posthectomy causes alterations and potential atrophy of a large portion of the center of the patient's brain.

Steve Scott, as the Education Outreach Coordinator for NOCIRC, produced multi-media presentations for healthcare providers and public education forums. He organized the world premiere of *The Nurses of St Vincent Say No to Circumcision*. Steve has presented at national and international conferences on the topic of circumcision and is a regular guest speaker for the Department of Human Sexuality at the University of Utah and the Department of Ethics at Utah Valley University. He directed the production of the video, *The Prepuce*, and authored, "Anatomy and Physiology of the Human Prepuce," in *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice* (Kluwer Academic/Plenum Press 1999), the proceedings of the Fifth International Symposium on Sexual Mutilations. Salt Lake City, Utah, USA.

J. Steven Svoboda **Genital Autonomy and the World**

Forces helping maintain genital cutting include religious references and lies about medical benefits, babies' inability to feel pain and no harm to males. A "hold back the floodgates" mentality may also be at play, along with message dilution fears, logistical inability to take on another struggle, submission to the reigning gender paradigm, and homophobia.

Barriers are several: profit, cultural/social predisposition, an appalling lack of knowledge regarding the foreskin's functions, and doctors deferring to patients' parents. Three times courts have avoided addressing circumcision's legality by diverting the discussion into peripheral issues.

The world is changing before our eyes, with a German court decision, a French adult legal victory, and two recent UK cases. Even the United Nations is awakening. Four years ago, the American Academy of Pediatrics lost a debate to a ragtag team of activists. Skepticism to authority has grown and old institutions just don't, ahem, cut it anymore. Changes in perceptions of gender and sex may also be helping genital autonomy.

Genital autonomy is an exceptional issue, characterized by numerous muddles, and creating *discomfort*. The personal is political for us too.

J. Steven Svoboda holds a Master's Degree in Physics from the University of California at Berkeley and graduated with honors from Harvard Law School. He is Executive Director of Attorneys for the Rights of the Child, which he founded in 1997, and he has presented to the United Nations on male circumcision. In 2013, he debated Michael Brady of the American Academy of

Pediatrics regarding the legality and ethics of male circumcision, unofficially winning the debate. His articles regarding children's right to bodily autonomy have appeared in the *Journal of Medical Ethics*, *Journal of the Royal Society of Medicine*, *Journal of Law, Medicine & Ethics*, *American Medical Association Journal of Ethics*, and *American Journal of Bioethics*. Berkeley, California, USA.

Hida Viloría **What if We Were Free and Whole? Genital Autonomy's Transformative Impact**

The past several years have seen unprecedented progress in the intersex movement. This presentation will explore these developments in their historical context, with an eye towards understanding successful strategies for ending oppression. In particular, Viloría, as the recipient of the nation's second intersex birth certificate, will examine the intersex community's long-term fight to end Intersex Genital Mutilation (IGM), and show how these efforts have been amplified in the wake of historic developments in legal intersex sex recognition in the last few years. Viloría will also explore the deep impact that ending IGM has on ending all forms of genital cutting, focusing on how the evolution of self-determination, consciousness and practices have benefited all human beings, regardless of gender.

Hida Viloría is the founding director of the Intersex Campaign for Equality (IC4E) and one of the world's foremost intersex and non-binary activists, a frequent consultant (UN, Lambda Legal, Human Rights Watch), speaker (Columbia, Princeton, Stanford, NYU...), television and radio guest (*Oprah*, *Aljazeera*, *20/20*, *NPR*, *BBC*...), and one of the most extensively published writers in the field (*The Huffington Post*, *The Daily Beast*, *The Advocate*, *The American Journal of Bioethics*, *CNN.com*, *Ms*...). In 2017 she became the recipient of the nation's second intersex birth certificate, and he/r memoir *Born Both: An Intersex Life* (Hachette Books) was released to praise by *The New York Times*, *The Washington Post*, *Rolling Stone*, *NPR*, *Psychology Today*, *People*, and more. Follow Viloría online at hidaviloría.com, or @hidaviloría on Facebook and Twitter. Santa Fe, New Mexico, USA.

Jen Williams and Ashley Trueman **Meet Your Whole Baby**

Jen Williams, founder and director of Your Whole Baby, and Ashley Trueman, director of Parent Education at Your Whole Baby, provide information about the organization's structure, accomplishments, and future goals.

Jen Williams is the founder and director of Your Whole Baby. She got her start in activism during her college years, when she formed an animal rights group on the campus of Texas A&M University. After graduation, she worked for PETA (People for the Ethical Treatment of Animals) in the Vegan Outreach department. Jen later pursued her teaching certification and taught middle school and high school English for seven years before becoming a stay-at-home/homeschooling mom. When her daughter was a year old, a friend got her involved in advocating for genital autonomy. As she traveled down the rabbit hole of knowledge, her passion for the topic grew, as did her desire to create a one-stop website for activists and researching parents. With the support of a friend, Jen created *YourWholeBaby.org* in December of 2014. Since that time, the organization has expanded to social media, including Facebook, Twitter, and Instagram. The need to appeal to college-age students led to the creation of the sibling site

YWB101.org/YourWholeBody.org. In 2016, Your Whole Baby's website had approximately 118,000 visitors. In 2017, the reach was over 313,000. Jen looks forward to a future where all children are protected from genital cutting, and hopes that this growing organization will help make that a reality. Leaner, Texas, USA.

Ashley Trueman, BS, MS, MCert Philosophy, Director of Education with Your Whole Baby, developed "The Foreskin and Circumcision: Facts you need to know to make an informed decision", a two-hour class curriculum for expectant parents, which she presented at the 13th International Symposium on Genital Autonomy and Children's Rights. To date, her presentation to more than 300 couples has a 100% success rate for saving boys from circumcision. Circumcision first got on Ashley's radar when a baby died shortly after his circumcision at a pediatric office where she worked as an undergraduate student. Many years later, her office shared a wall with the "circumcision room" of a pediatrician/mohel and that's what drove her to activism and eventually back to school to study bioethics. Ashley began her bioethics training at Georgetown University before moving to England to study philosophy with a focus in bioethics at Oxford University. She also holds degrees from Arizona State University and Tulane University. New Haven, Connecticut.

INTERNATIONAL SYMPOSIA ON GENITAL AUTONOMY AND CHILDREN'S RIGHTS

The International Symposia on Circumcision has been a project of the National Organization of Circumcision Information Resource Centers (NOCIRC) since 1989. The symposia provide a forum for discussion about the genital alteration of infants and children from historical, anthropological, cultural, religious, social psychological, medical, ethical, legal, and human rights perspectives. The name of the symposia changed as awareness about the right of the child grew. In 2008, an international organization, Genital Autonomy, was established to acknowledge and uphold the rights of all children - female, male, and intersex - to genital integrity and self-determination. In January 2016, NOCIRC changed its name to Genital Autonomy - America. The logo of our organization and the symposia is the International Child for Genital Autonomy.

Declaration of the First International Symposium on Circumcision

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

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

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

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

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

We categorically state that circumcision has unrecognized victims.

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

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

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

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

Physicians who practice routine circumcision are violating the first maxim of medical practice, "Primum Non Nocere" ("First, Do No Harm"), and anyone practicing genital mutilation is violating Article V of the United Nations Universal

Declaration of Human Rights: "No one shall be subjected to torture or to cruel, inhuman or degrading treatment ..."

Adopted by the General Assembly
March 3, 1989
Anaheim, California, USA

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

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

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

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

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

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

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

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

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

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

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

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

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

Done at Helsinki, Wednesday 3 October 2012