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Press Release

For Immediate Release – 2/28/2005 • Contact: Matthew Hess, President • comments@mgmbill.org

Bill Proposals Would Provide Equal Protection From Circumcision

SAN DIEGO, California - Today marks the second attempt by a San Diego based health and human rights organization to protect boys from the practice of circumcision. Although girls in the U.S. have been legally protected from circumcision and other forms of genital cutting since the Female Genital Mutilation Act was passed by Congress in 1996, protection for boys has lagged.

Circumcision is a medically unnecessary surgery to remove the foreskin. Research has shown that the male foreskin contains specialized nerve endings designed to enhance sexual pleasure, and that it protects the sensitivity of the soft erogenous tissue of the penis. Despite such evidence, slightly more than half of all American boys are routinely circumcised for cultural and religious reasons.

That may change soon, however, if MGMbill.org's "Male Genital Mutilation Bill" proposal finds a sponsor. The proposed legislation has drawn responses from a number of legislators, including Rep. Susan Davis, D-CA, a sponsor of several health bills. "[MGMbill.org's] level of commitment to changing current policy is admirable," commented Davis. "[They] have obviously given this issue a great deal of thought. I believe the most important work occurs at the grassroots level and [MGMbill.org's] efforts are helping to reshape existing attitudes towards circumcision."

Human rights activists opposed to male circumcision are generally supportive of the proposed bill. "There is a legal double standard in regard to circumcision that needs to be corrected," said David Wilson, Director of Stop Infant Circumcision Society in Cocoa Beach, Florida. "Enactment of the MGM Bill would ensure that all children are equally protected from medically unnecessary genital modifications, regardless of gender." Wilson has actively protested against male circumcision for years and he frequently travels around the country to participate in public demonstrations.

A mother who decided to have her son circumcised based on the advice of her physician backs the bill as well. "A year has passed since my son's circumcision, and still I feel pangs of guilt every time I bathe him," said Sandra Aldrich of Anchorage, Alaska. "I was supposed to protect him from harm, and instead I was encouraged by everyone I know to participate in taking something from him that can never be given back. I wonder how the stress and pain affected his developing brain as he endured a full 15 minutes of what I can only describe as torture. The first thing I said to my mother after we left the doctor's office (in tears) is that I can't believe it's legal to have this done to a child."

The proposed legislation is also gaining support from men who were circumcised as children. Jeremy Boyle of Indianapolis, Indiana, said that although the MGM Bill is too late to protect him, he wants it to become law so that other men don't have to go through what he did. "I was mutilated as an infant because of circumcision," said Boyle. "I know I'll never get to experience being whole, but I want to help ensure that future generations can have what was stolen from me. Male genital mutilation is a crime that should be treated no differently than female genital mutilation."

The MGM Bill proposal was faxed to each House Representative and U.S. Senator today. A state level bill proposal was also faxed to each member of the legislature in California, the home state of MGMbill.org. Like its federal counterpart, current California law protects only one gender from circumcision.

Matthew Hess of MGMbill.org argues that laws protecting only one gender from genital mutilation are unconstitutional. "Both the U.S. Constitution and the California Constitution guarantee all citizens equal protection under the law," said Hess. "It is a fact that circumcision damages sexual function in both genders, and yet only one gender is legally protected from it. We don't allow girls to be circumcised anymore. Why are we still letting it be done to boys?"



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Below is the full text of the bill proposal that was submitted to all 540 members of Congress. Also included is the cover letter that accompanied the bill proposal that was submitted to Rep. Susan Davis, MGMBill.org's local House Representative. Each of the other 539 legislators received a similar letter and identical bill.

February 28, 2005

Representative Susan Davis
U.S. House of Representatives
1224 Longworth House Office Building
Washington, DC 20515

3 pages, via facsimile

Dear Representative Davis,

Since I submitted the first MGM Bill proposal to Congress last year, more than one million American baby boys have had the most sexually sensitive parts of their penises cut off for medically unnecessary reasons. In none of these cases did the victims give their consent.

As you know, the American Academy of Pediatrics and the American Medical Association advise against circumcision for girls *and* boys. There is also a large body of medical evidence documenting the harmful physical and psychological effects that circumcision has on both women and men. And yet, only one gender is legally protected from circumcision.

Male circumcision removes thousands of erogenous nerve endings, including the ridged band and some or all of the frenulum. In addition, circumcision deprives the glans and remaining shaft skin of its natural protective covering, causing the body to respond by forming multiple layers of desensitizing keratin. Circumcision also destroys the frictionless natural gliding mechanism that protects against chafing and dryness during sexual intercourse.

The physical damage I just described does not even begin to address the psychological damage that often follows. On behalf of male circumcision victims around the country, I ask you once again to please sponsor the enclosed bill proposal, which would amend the U.S. Female Genital Mutilation Prohibition Act to include protection for boys.

It is time for the injustice of male genital mutilation to come to an end.

Sincerely,

Matthew Hess

Matthew Hess
President, MGMBill.org



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Genital Mutilation Prohibition Act

IN THE HOUSE AND SENATE OF THE UNITED STATES

A Bill

Entitled the "Federal Prohibition of Genital Mutilation Act of 2005"

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, to **amend** the Female Genital Mutilation Act of 1996 (a) so that boys, intersex individuals, and nonconsenting adults may also be protected from genital mutilation; (b) to increase the maximum punishment of offense to 14 years imprisonment, (c) to include assistance or facilitation of genital mutilation of children or nonconsenting adults as an offense, and (d) to prohibit persons in the U.S. from arranging or facilitating genital mutilation of children and nonconsenting adults in foreign countries.*

SECTION 1. SHORT TITLE

This Act may be cited as the "Federal Prohibition of Genital Mutilation Act of 2005".

SECTION 2. TITLE 18 AMENDMENT

(A) IN GENERAL.--Title 18, Part I, Chapter 7, Section 116 of the United States Code is **amended** by revising the text to read as follows:

"116. GENITAL MUTILATION

"(a) Except as provided in subsection (b), whoever knowingly circumcises, excises, cuts, or mutilates the whole or any part of the labia majora, labia minora, clitoris, vulva, breasts, nipples, foreskin, glans, testicles, penis, ambiguous genitalia, hermaphroditic genitalia, or genital organs of another person who has not attained the age of 18 years or on any nonconsenting adult; whoever prematurely and forcibly retracts the penile or clitoral prepuce of another person who has not attained the age of 18 years or on any nonconsenting adult, except to the extent that the prepuce has already separated from the glans; whoever knowingly assists with or facilitates any of these acts; or whoever arranges, plans, aids, abets, counsels, facilitates, or procures a genital mutilation operation on another person outside the United States who has not attained the age of 18 years or on any nonconsenting adult outside the United States shall be fined under this title or imprisoned not more than 14 years, or both.

"(b) A surgical operation is not a violation of this section if the operation is (1) performed on a person who has not attained the age of 18 years and is necessary to the physical health of the person on whom it is performed because of a clear, compelling, and immediate medical need with no less-destructive alternative treatment available, and is performed by a person licensed in the place of its performance as a medical practitioner; (2) performed on an adult who is physically unable to give consent and there is a clear, compelling, and immediate medical need with no less-destructive alternative treatment available, and is performed by a person licensed in the place of its performance as a medical practitioner; or (3) performed on a person in labor or who has just given birth and is performed for medical purposes connected with that labor or birth because of a clear, compelling, and immediate medical need with no less-destructive alternative treatment available, and is performed by a person licensed in the place it is performed as a medical practitioner, midwife, or person in training to become such a practitioner or midwife.

"(c) In applying subsection (b), no account shall be taken of the effect on the person on whom the operation is to be performed of any belief on the part of that or any other person that the operation is required as a matter of custom or ritual.



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(B) CLERICAL AMENDMENT.--The table of sections at the beginning of Chapter 7 of Title 18, Part I, of the United States Code, is amended by revising Section 116 to read "116. Genital mutilation."

SECTION 3. INFORMATION AND EDUCATION REGARDING GENITAL MUTILATION

(A) IN GENERAL. -- The Secretary of Health and Human Services shall carry out the following activities:

(1) Compile data on the number of persons of all sexes living in the United States who have been subjected to genital mutilation (whether in the United States or in their countries of origin), including a specification of the number of children under the age of 18 who have been subjected to such mutilation.

(2) Identify communities in the United States that practice genital mutilation, and design and carry out outreach activities to educate individuals in the communities on the physical and psychological effects of such practice. Such outreach activities shall be designed and implemented in collaboration with representatives of the ethnic groups practicing such mutilation and with representatives of organizations with expertise in preventing such practice.

(3) Develop recommendations for the education of students of schools of medicine and osteopathic medicine regarding genital mutilation and complications arising from such mutilation, as well as complications arising from premature forcible retraction of the prepuce. Such recommendations shall be disseminated to such schools.

(B) IN GENERAL. -- The President shall carry out the following activities:

(1) Seek to end the practice of genital mutilation worldwide through the active cooperation and participation of governments in countries where genital mutilation takes place.

(2) Steps to end the practice of genital mutilation should include--

(a) encouraging nations to establish clear policies against genital mutilation and enforcing existing laws which prohibit it;

(b) assisting nations in creating culturally appropriate outreach programs that include education and counseling about the dangers of genital mutilation to people of all ages; and

(c) ensuring that all appropriate programs in which the United States participates include a component pertaining to genital mutilation, so as to ensure consistency across the spectrum of health and child related programs conducted in any country in which genital mutilation is known to be a problem.

(C) DEFINITIONS. -- For purpose of this Act, the term "genital mutilation" means the removal or cutting (or both) of the whole or part of the clitoris, labia minora, labia majora, vulva, breasts, nipples, foreskin, glans, testicles, penis, ambiguous genitalia, hermaphroditic genitalia, or genital organs. The term "premature forcible retraction of the penile or clitoral prepuce" means forced retraction of the prepuce from the glans, except to the extent that the prepuce has already separated from the glans. The term "prepuce" means foreskin. The term "adult" means a person who has attained the age of 18 years. The term "nonconsenting" means not wishing to undergo genital mutilation.

SECTION 4. EFFECTIVE DATES

Section 2 of this Act shall take effect immediately after the date of the enactment of this Act. Section 3 of this Act shall take effect immediately after the date of the enactment of this Act, and the Secretary of Health and Human Services and the President shall commence carrying it out not later than 90 days after the date of the enactment of this Act.



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Here is the state level bill proposal that was submitted to all 120 members of the California State Legislature in Sacramento. A cover letter similar to the one sent to members of Congress was included with each bill.

THE STATE OF CALIFORNIA AMENDED BILL TEXT

CALIFORNIA 2005-06 REGULAR SESSION

A BILL

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. This act shall be known and may be cited as the "California State Prohibition of Genital Mutilation Act."

SECTION 2. The Legislature hereby finds and declares all of the following:

(a) This legislation amends the prior version of this law (a) so that boys and intersex individuals may also be protected from genital mutilation, and (b) to increase the combined maximum punishment of offense to 14 years imprisonment. Genital mutilation is an extreme form of child abuse and a violation of people's basic human rights. Genital mutilation is a medically unnecessary modification of the genitalia which for girls typically occurs at about seven years of age, but is known to be practiced any time between infancy and puberty. For boys, genital mutilation typically occurs within eight days of birth, but is known to be practiced any time between infancy and twenty years of age. Genital mutilation for girls involves the excision of a young girl's clitoris and other parts of the external genitalia. The most extreme form of this mutilation, known as infibulation, also involves the sewing together of the two sides of the vulva, leaving only a small opening for the passage of menstrual blood and urine. Genital mutilation for boys involves the excision of a young boy's foreskin, which includes the ridged band of nerves and usually the frenulum. Boys whose foreskins are left intact are often subjected to premature forcible foreskin retraction, which can cause bleeding, scarring of the glans, and other problems. For intersex individuals (those born with ambiguous or hermaphroditic genitalia), genital mutilation typically occurs in hospitals shortly after birth, when the attending physician performs "sex assignment" surgery to make the child fit into the category of boy or girl, rather than intersex.

(b) Female genital mutilation is known to be practiced in 28 nations in the African continent, in a few countries in the Arab Peninsula, among some minority communities in Asia, and among migrants from these areas who have settled in Europe, Australia, and North America. This practice has come to California with the influx of recent immigrant groups from countries that practice female genital mutilation. In addition to the countries where female genital mutilation is practiced, male genital mutilation is widely practiced in the United States, Australia, South Korea, the Philippines, and the Middle East, and is more widespread than female genital mutilation. Statistics on intersex genital mutilation are not as well documented, but in the United States it is not uncommon for an attending medical practitioner to perform genital mutilation on intersex infants.

(c) With the passage of the original version of this act in 1996 (the California State Prohibition of Female Genital Mutilation Act), female genital mutilation of minors became a criminal offense in



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the State of California. Male genital mutilation was not addressed, however, and the latest statistics indicate that some 35% of young boys in California have their genitals mutilated in the name of health, hygiene, social custom, or religion. Unlike with female genital mutilation, male genital mutilation is practiced openly, in both hospitals and religious ceremonies, without regard to the physical and psychological harm that it causes each of its victims. Intersex genital mutilation was also not addressed. The Intersex Society of North America estimates that the number of "normalizing" genital mutilations is roughly 1 or 2 per 1,000 births, with approximately 1 in 1,666 births being classified as intersexed.

(d) Genital mutilation constitutes a major health risk to all people, with lifelong physical, psychological, and human rights consequences. Complications due to female genital mutilation include shock, hemorrhage, infection, tetanus and septicemia from unsterilized instruments, bladder infection, and even death. Long-term complications include sexual dysfunction, chronic vaginal and uterine infections, severe pain during urination, menstruation, and sexual intercourse, obstetric complications due to obstruction of the birth canal by scar tissue, and lifelong psychological trauma. For the obstructed infant, labor can lead to brain damage or death. Complications due to male genital mutilation include hemorrhage, infection, excessive skin loss, skin bridges, glans deformation, bowing, meatal stenosis, loss of penis, and death. Long term complications include sexual dysfunction, loss of sexual sensitivity, increased friction and pain during sexual intercourse, and lifelong psychological trauma. The complications of intersex genital mutilation are similar to, and may be even more traumatic than, the complications of female and male genital mutilation.

(e) This 4,000-year-old cultural practice is not a requirement of any major religion. According to the World Health Organization, most families allow their daughters to undergo female genital mutilation out of fear that no man will want to marry an "uncircumcised" woman and that she will be ostracized from the community. Further, some women believe that clitoridectomy or infibulation are not only more hygienic, but will also increase a woman's fertility. In some tribes, infibulation is performed to protect family lineage through ensuring that wives are virgins at marriage and that the children are verifiably the men's descendants. For boys, circumcision is encouraged so that boys will look like others in their community, so they will look the same as their father, and so they will have a penis that is perceived to be more hygienic. In religious circumcisions, male genital mutilation is typically encouraged as a "covenant of blood", and as a way to predetermine the religion of the child. To the extent that intersex children are circumcised for religious reasons, quite often it is based on whether the child is perceived to be "more male" or "more female".

(f) The World Health Organization, which urges the elimination of female genital mutilation, estimates that 2,000,000 girls undergo female genital mutilation each year. Worldwide, approximately 128,000,000 girls and women, now living, have been subject to the procedure. The National Organization to Halt the Abuse and Routine Mutilation of Males estimates that 13,000,000 boys undergo male genital mutilation each year. Worldwide, approximately 650,000,000 boys and men, now living, have been subject to the procedure. As stated in section (c), The Intersex Society of North America estimates the number of genital mutilations at roughly 1 or 2 per 1,000 births.

(g) It is time for this state to join with genital integrity and human rights organizations to condemn this harmful and outdated procedure. The state must take a proactive role to prevent these mutilations through education and outreach activities to make all state citizens aware of



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California laws, standards, and expectations for child protection. Heightened awareness among child protective services workers, health care providers, educators, and law enforcement personnel will also aid in achieving this end. Finally, criminal investigations and prosecutions should be carried out, when necessary, to send a strong message that California abhors this practice and views its abolition as paramount to the health and welfare of these young children.

SECTION 3. Article 8 (commencing with Section 124170) of Chapter 3 of Part 2 of Division 106 of the Health and Safety Code, is amended to read:

Article 8. Genital Mutilation Prevention

124170. The State Department of Health Services, in consultation with the State Department of Social Services and the appropriate federal agency or department, shall establish and implement appropriate education, preventative, and outreach activities, focusing on the new immigrant populations that traditionally practice female genital mutilation, on hospitals that traditionally practice male and intersex genital mutilation, and on religious groups that traditionally practice male genital mutilation, for the purpose of informing members of those communities of the health risks and emotional trauma inflicted by this practice and informing those communities and the medical community of the prohibition and ramifications of Section 273.4 of the Penal Code.

SECTION 4. Section 273.4 of the Penal Code is amended to read:

273.4. **(a)** If the act constituting a felony violation of subdivision (a) of Section 273a was genital mutilation, as defined in subdivision (b), the defendant shall be punished by an additional term of imprisonment in the state prison for two, four, or eight years, in addition and consecutive to the punishment prescribed by Section 273a.

(b) "Genital mutilation" means the circumcision, excision, cutting, mutilation, or infibulation of the whole or any part of the labia majora, labia minora, clitoris, vulva, breasts, nipples, foreskin, glans, testicles, penis, ambiguous genitalia, hermaphroditic genitalia, or genital organs, or any forcible retraction of the penile or clitoral prepuce (except to the extent that the prepuce has already separated from the glans) performed for nonmedical purposes. "Nonmedical purposes" means any reason other than a clear, compelling, and immediate medical need with no less-destructive alternative treatment available.

(c) Nothing in this section shall preclude prosecution under Section 203, 205, or 206 or any other provision of law.