



**Declassified (\*)**

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**Committee on Social Affairs, Health and Sustainable Development**

## **Minutes**

**of the hearing of experts on the circumcision of young boys (following the adoption of Resolution 1952 (2013) and Recommendation 2023 (2013) on “Children’s right to physical integrity” in October 2013) held in Strasbourg on Tuesday, 28 January 2014, from 2 pm to 3.30 pm**

**Preliminary remark:** *At a side-event prior to the hearing, two documentary films on religious circumcisions were shown (and are regularly referred to in the minutes below):*

- *The film “It’s a Boy” by the British film producer Victor Schonfeld, presenting a critical view of religious circumcision;*
- *A documentary film entitled “For life”, specially produced for this occasion by the Israeli Knesset delegation, observer to the Assembly, represented by Mr Nachmann Shai, Chairperson of the observer delegation.*

**The newly elected Chairperson, Mr Valeriu Ghiletschi (elected in the Committee meeting held in the morning of the same day),** opened the meeting, welcomed all participants and recalled the objective of the hearing: to give the floor to various stakeholders wishing to publically present their views on the issue that had provoked controversial debate after the adoption of the texts on Children’s right to physical integrity by the Parliamentary Assembly, i.e. the issue of circumcision of young boys which is not medically justified.

**The Chairperson** reminded the audience that the Parliamentary Assembly remained very much attached to the freedom of religion as stated on different occasions in recent years, and that Resolution 1952 (2013) had never called for a ban of religious circumcision. In this respect, it was also important to correct some of the notions referred to at the very end of the film that had been presented by the Knesset delegation at the side-event preceding the meeting: the Assembly had never designated religious circumcisions as being “illegal” or “dangerous” as insinuated in this film. He then recalled the rules of the Assembly providing protection against attacks on “a person’s honour and reputation” which were to be respected by all participants.

### **Statement by the former Rapporteur, Ms Marlene Rupprecht (Germany, SOC)**

**Ms Rupprecht** underlined that, amongst human rights, the Council of Europe was also in charge of overseeing children’s rights, and that the physical integrity of children was a human right according to UN and Council of Europe instruments. The question where parental rights ended and where autonomous rights of children started, was a crucial one in this respect. After having examined various violations of the physical integrity of children in an open process lasting more than one year, the Assembly had adopted a Resolution that was cautiously worded but had nevertheless provoked great controversy, thus leading to the present debate on the most sensitive issue: the circumcision of young

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\* Draft minutes approved and declassified by the Committee on Social Affairs, Health and Sustainable Development at its meeting on 14 March 2014 in Paris.

boys in the religious context. The Council of Europe should continue to do its utmost to protect children's rights. The present debate was part of that process and the beginning of a constructive dialogue.

### **Exchange of views with invited experts**

**The Chairperson** gave the floor to the different invited experts who had been selected to ensure a balanced debate (two experts in favour, two against systematic circumcision of young boys):

- **Professeur Bernard Lobel, Urologist, Professor at the Faculty of Medicine, Former Head of Department at the University Hospital Centre of Rennes, Member of the French Academy of Surgeons, France (representing the Jewish community)**

**Professor Lobel** criticised the lack of balance of the debate as, for example, reflected by the varying length of the two films shown at the preceding side-event. The last attempt of many in history to forbid religious circumcision had been made by the Soviet Union in the 20th century. Making circumcision an issue seemed surreal in a context where children suffered from much worse problems such as undernourishment, violence or wars. As a urologic surgeon having extensive experience in circumcisions, he confirmed that complications related to such operations needed to be better studied in order to teach medical students how to prevent such problems. According to the figures provided by Ms Rupprecht, approximately 30% of the male population were circumcised globally, and the practice would continue; forbidding it would not contribute to the quality of operations.

The debate held today was also about the parental right to make informed decisions on what they believed to be in their child's best interest, and about religious freedom. The latter was protected by Article 9 of the European Convention for the Protection of Human Rights and Fundamental Freedoms, whilst the medical benefits of circumcision were recognised by many international organisations. By reducing by nine the occurrence of urinary infections and by 30% the risk of infection with Aids, whilst almost eliminating the risk of penile cancer, circumcision had considerable public health benefits and led to very few complications; the advantages of the practice therefore outweighed its inconveniences. The male prepuce was not a vital organ; circumcision could therefore not be considered a mutilation. In most cases, it did not have any incidence on male sexual functions as a recent meta-analysis published by the Journal of Sexual Medicine had shown. Many medical professionals across the world agreed with the advantages of circumcision, even if they also recognised the need to ensure the best medical and hygienic conditions, parental consent and qualifications of medical staff involved.

- **Assistant Professor Mesrur Selçuk Silay, Paediatric Urologist, Bezmialem Vakif University, Faculty of Medicine, Division of Paediatric Urology, Istanbul, Turkey (representing the Muslim community)**

**Professor Silay** gave a presentation on "the scientific truth on circumcision of young boys". A total of 1.2 billion men were circumcised globally (about 1/3 of the male population), 70% of them belonging to the Muslim community. Whilst personal (sometimes bad) experiences could not be generalised, traditional circumcision was generally a happy event in the life of most boys. Scientific evidence (meta-analyses) showed that non-circumcised men had a 30% higher risk of catching urinary infections, and increased risks of getting penile cancer and sexually transmitted diseases (such as syphilis, herpes or Aids), to name just a few of the widely recognised medical benefits of male circumcision which were insufficiently explained in the report prepared by Ms Rupprecht in 2013. Circumcision did not affect male sexual functions, was not painful for children (thanks to effective pain relief) and was very cost-effective in public health terms (in particular due to the prevention of some diseases in both men and women). There was little evidence that circumcision could have adverse psychological effects. In their latest statement of 2012, the American Academy of Pediatrics (AAP) had once again noted that the "health benefits of newborn male circumcision outweigh the risks".

**Professor Silay** then highlighted some of the discrepancies that he personally saw in the Assembly report: most references used were from low-quality articles or based on personal experiences; evidence on the benefits of circumcision was increasing (not the contrary); the risks of other operations should be discussed in the same manner (vaccinations, tonsillectomy); the effectiveness for Aids prevention was unquestioned; circumcision did not represent the "dark side" of any religion but made those belonging to them proud. The suggestion of performing circumcision at an age of consent (such as 14 years) was

not acceptable as this induced higher health risks and costs and health benefits were delayed. He suggested ensuring high medical standards and qualifications for circumcision, promoting neonatal operations and increasing the awareness of related public health benefits.

- **Dr Wolfram Hartmann, Paediatrician and President of the Professional Federation of Paediatricians and Youth Doctors, Germany**

**Dr Hartmann** spoke as the representative of all medical paediatric associations of Germany, including the scientific association of child surgeons; as such, he represented more than 12,000 child and youth doctors working in clinics, surgeries and public health services. According to widely recognised medical evidence, there was no indication to prophylactically remove the male foreskin. All statements concerning the prevention of penile cancer and sexually transmittable diseases had been refuted on numerous occasions and did not justify circumcision before the age of sexual maturity. Claims that circumcisions were a minor operation could not be supported when looking at the numerous complications that were regularly reported. The sensitivity to pain of children (including newborns) had been sufficiently proven by scientific evidence; it was also well known that anaesthetic creams like Emla were neither effective nor authorised for newborns and male genitals. The fact that babies calmed down rapidly after an operation was not a sign for the absence of pain, which generally culminated on the third day after the intervention. Many adults who had been circumcised as children gave evidence of the negative long-term consequences and trauma they had experienced. Parents should not give their consent to such far-reaching operations on behalf of their children in whatever context, and the operations themselves should not be considered benign.

**Dr Hartmann** then denied any allegations of a lack of sensitivity towards religions or even anti-Semitism. As a doctor he was exclusively committed to the health of his patients as provided by the Declaration of Geneva (NB: first adopted by the World Medical Association (WMA) in 1948), without being influenced by “considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor”. Moreover, religious prescriptions should not influence doctors’ practices. According to Article 2 of the German Fundamental Law (constitution), the parental rights to education and religious freedom reached their limits where the physical integrity of a minor, who could not give his consent, was affected without medical indication. Only symbolic forms of circumcision where no blood was spilled were an acceptable compromise at newborn and infant age. Traditional rituals had to be questioned in the light of modern medical knowledge and a new understanding of humankind: in many cultures, a child was no longer seen as an object but rather as a subject by parents and religious communities; this vision was also shared by many Jews and Muslims.

- **Dr Ronald Goldman, Ph.D., Researcher and Director of the Circumcision Resource Center, Boston, USA**

**Dr Goldman**, as a Jew and psychologist, addressed the Jewish community for which he had much empathy when it came to the stress generated by the questioning of circumcision, which was so deeply rooted in this religion. Nevertheless, his community needed to recognise the harm inflicted by this ancient practice on infants, due to their greater and longer lasting response to pain (in the absence of an effective anaesthetic). Research had shown that newborn circumcision could result in profound behavioural changes (such as altered sleep patterns, activity levels and mother-infant interactions, extended crying and disruptions in feeding and bonding), and lead to lasting neurological effects and post-traumatic stress disorders. Multiple studies had described the sexual harm done after the removal of about a third of the erogenous tissue on the penile shaft, representing about 75 cm<sup>2</sup>. Whilst the foreskin protected the penile head, enhanced sexual pleasure and facilitated sexual intercourse, its removal could lead to erectile dysfunction, orgasm difficulties and premature ejaculation, also affecting female partners of circumcised men. Several medical societies had recognised the long-term psychological effects, including anger towards parents, sense of shame, fear or distrust, relationship difficulties, depression, reduced empathy, low self-esteem or avoidance of intimacy (as also described in his book “Circumcision: The Hidden Trauma”). Many circumcised men wished that they had been given a choice at a later age, but avoidance symptoms had prevented many of those affected to express their suffering publically.

**Dr Goldman** then explained why the cycle of harm inflicted on boys continued: circumcising a son re-enacts the father's unresolved traumatic emotional pain stemming from his own circumcision, thus allowing him to avoid confronting this emotional pain. The compulsion to repeat the trauma could even lead to a compulsion to promote the "health benefits" of circumcision. Some Jewish mothers, however, remained deeply troubled after having observed their son's circumcision, perceiving it as a "horrible violation". Any close examination of the ritual of circumcision revealed deep ethical, intellectual and emotional conflicts amongst Jewish parents, thus affecting community integrity and fostering feelings of resentment against their community and its traditions. Studies on Muslim circumcisions, which were generally carried out at a later age, had revealed that children perceived the operation as an attack against their bodies and a mutilation, and that it often resulted in increased aggressiveness, psychological trauma, fears and nightmares. There should be increased awareness of the consequences of circumcision and appropriate education, psychological support and open, respectful debate, not least to allow parents to make informed decisions.

### **Discussion with the members and other participants**

**The Chairperson** gave the floor to a number of members and external guests having announced their participation in the meeting. For the latter category, identical speaking slots were granted by alternating to the greatest extent possible between those speaking in favour or against religious circumcision.

- **Statements by Assembly members and observers:**

**Ms Maury Pasquier**, former Chairperson of the Committee (until 28 January 2014), refuting any reproaches of anti-Semitism or a lack of respect for religions, reminded all participants that the recent text on "Children's right to physical integrity" had been adopted unanimously by the Committee and by a large majority of the Assembly. In her former function as Chairperson, she had been as neutral as possible, but always fully supportive of children's rights, freedom of conscience and religion and the right of children to participate in decisions concerning them. In conflict situations, dialogue was more important than ever and should be pursued without hatred.

**Mr Shai**, Chairperson of the Israeli observer delegation to the Assembly, pointed out that the issue had also been discussed at a recent meeting with the Secretary General of the Council of Europe. He personally believed that circumcision was an integral part of the freedom of religion and that those practising it did so in full respect of children's rights. Being convinced that the Resolution of the Assembly was a step in the wrong direction, he would do his utmost to launch a counter-initiative.

**Mr Elhankouri** from the Moroccan delegation (partner for democracy with the Assembly) congratulated the Committee for this balanced debate but warned against an "amalgam" of circumcision and female genital mutilation (FGM) as it could be interpreted from the Resolution. As a medical professional himself, he was also very interested in the effects that circumcisions could have on adult patients.

**Ms Kyriakides**, Committee member and General Rapporteur on Children, took a child-centred position: circumcision was a violation of children's right to physical integrity. No effort should be spared to promote children's rights (including the right to religious freedom). Children's rights should not have different camps but the gaps between the rights and reality of children needed to be filled wherever required.

**Ms Fataliyeva** wondered where were the limits of children's rights and those of freedom of religion. An Assembly resolution would not change the religious traditions of numerous countries, including her own, Azerbaijan; the 47 member States of the Council of Europe should respect each other's values and customs.

**Mr Chaouki** from Italy believed that the Assembly should have shown more sensitivity on an issue that concerned millions of European citizens belonging to different religions who now felt threatened in their right to religious freedom. Despite the right to different opinions and even to questioning circumcision, Europe had to remain faithful to its religious traditions and attachment to religious freedom.

**Mr Reichardt** appreciated the balanced choice of experts, but found it difficult to judge on such a complex issue as a lay person. Circumcision, FGM and body piercings should not have been placed at the same level, and freedom of religion also included the respect of religion as an essential part of one's identity.

- **Statements by external guests:**

**Mr Schonfeld**, British film producer, was convinced that Jews would use force to protect their traditional ritual. In the Jewish community, boys were circumcised as newborns because they could not contest, and parents who tried to resist the tradition were bullied and persecuted.

**Mr Gutman**, chief Rabbi of Strasbourg, was particularly worried about the classification of circumcision as the "dark side" of Judaism and feared that Europe was losing its capacity of dialogue within itself and with other cultures, whilst once again Jews were to serve as a scapegoat. Inviting transatlantic experts to give lessons to European Jews was a paternalistic approach, whilst the screening of the British film obscured the debate at the Council of Europe. He remained confident that Europe would continue to recognise the importance of the spiritual and cultural heritage of the Jewish people.

**Mr Bahls** spoke on behalf of the German association *Mogis* defending children affected by violence against their physical integrity and sexual self-determination. Being a victim himself, he was deeply sympathetic to those who were intimidated by this debate. Nevertheless, an open debate on the non-therapeutic amputation of the male foreskin was needed. Those negatively affected by such operations in their childhood felt mutilated and abused but did not always dare speak up. Most of the 30% of circumcised men in the world had certainly not agreed to this operation. There were many reasons for foreskin amputation but the medicalisation of the debate was a new phenomenon.

**Mr El Heloui**, President of the Grand Mosque of Strasbourg, considered circumcision as an ancestral custom involving a minor surgical intervention carried out under anaesthesia by skilled surgeons, even though it had a religious component. The operation was not more dramatic than cutting an umbilical cord or fingernails. It was meant to serve the well-being of children, even though medical complications could occur in any operation. Given the number of people who believed this operation beneficial, including for medical reasons, any legislation to outlaw it would only lead to this practice going underground.

**Ms Kahn** from the association *Regards d'enfant* ("view of children") and the lodge *B'nai B'rith René Hirschler Strasbourg*, considered that a battle had been lost at the end of 2013 and hoped that this situation would be reversed soon. She wondered if peace and democracy were promoted in Europe by launching a debate on an issue which was mostly related to religious freedom and risked stigmatising large parts of the population. There was a risk that certain religions would gradually disappear from Europe if their rituals were banned by legislation.

**Mr Lewin**, Executive Director of the European Conference of Rabbis, pointed out that the present debate was held at the same time as the one on the danger of increasing anti-Semitism in Europe and only one day after Holocaust Memorial Day. It questioned a practise that had been a fundamental precept of Judaism for millennia and stigmatised European Jews trying to peacefully exercise their right to freedom of religion. By October 2013, not one religious expert had been heard; a third of the Assembly members were not even present when the text was adopted; the work process had therefore lacked rigour. Germany had just legalised circumcision in 2012. The Assembly should therefore not base its decisions on the statements of a German expert who had not managed to convince decision-makers in his own country. Jewish life in Europe was not possible without the practice of this ancient ritual, as the Conference of European Rabbis had also pointed out to the Secretary General when welcoming him at their Berlin meeting in November 2013. Jews of Europe called upon the Assembly to revise its text adopted last October.

**Mr Sinden** of the French association *Droit au corps* ("Bodily right") considered the Assembly Resolution very moderate and was shocked by the aggressive character of the discussion, given that the Assembly had never said that circumcision should be banned but had called for a debate on the matter.

**Mr Carmel** of the European Jewish Congress was shocked by the fact that none of the medical or religious experts speaking at the hearing had been invited to speak before and believed that the current attempts made in certain Scandinavian countries to ban circumcision had been initiated in this Assembly. The Council of Europe should better defend the fundamental rights of minorities to ensure that the prosecutions of the past would not occur again on this continent. No amalgam should be made between female genital mutilation and male circumcision. With her initiative, Ms Rupprecht had neither served the purpose of religious rights, nor the rights of children, women or minorities.

**Mr Winterling** from the German victim organisation *Intaktiv* underlined that Mr Schonfeld's film had only shown a tiny fraction of the harm inflicted upon children by circumcision, which traumatised them as adults all their life. The benefits of an operation removing parts of a perfectly functioning body were by far exaggerated. If distinctions were to be made between types of operations, the dividing line should be drawn between body piercings on the one hand and male and female genital mutilation on the other hand.

**Mr Amar**, representative of the European Council of WIZO Federations and a surgeon, said he had carried out about 5,500 circumcisions in his professional life (5,000 in clinics, 500 in his surgery in Mulhouse/France) and had never seen any children in pain (thanks to anaesthetics during and after the operation) or any subsequent complications. The rights of the child also included the right to benefit from their parents' greater experience (e.g. concerning the belief that circumcision was beneficial).

**Mr Schreiber**, child surgeon from Germany, referred to his own experience, which had revealed that circumcisions led to a considerable number of complications. Some of those speaking in favour of circumcision should not refer to religious freedom so persistently given that many of them were known to be atheists.

## Conclusions

**The Chairperson** then, once again, gave the floor to invited speakers on the panel (in inverse order) to allow them to reply to the audience and to the former rapporteur to conclude the debate.

**Dr Goldman** was convinced that much of the pain in the world was created by ancient traditions, which should be discontinued wherever they were harmful to anyone. Male infants should be kept as they were born: natural and whole.

**Dr Hartmann** felt personally offended by some of the statements made during the debate, and did not accept to see his 32 years of experience in child surgery being dismissed in this way. Christians had changed harmful practices which had been proved wrong. He invited all participants to remain objective in a continuing debate on this issue. In Germany, non-circumcised Jewish men could also actively participate in Jewish religious life.

**Professor Silay** was convinced of everyone's willingness to act in the best interest of children. The question was not to circumcise or not, but rather how to improve the medical conditions.

**Professor Lobel** was convinced that operation techniques and parents' information were continuously improving. In response to the question raised by the Moroccan representative he confirmed that according to the research published by the Journal of Sexual Medicine, adult men being circumcised would experience a certain psychological trauma but no lasting consequences for their lives.

**Ms Rupprecht** reminded the audience that the work process leading to the recent Assembly resolution had been open to different stakeholders from the very beginning. Whilst children's rights had been placed at the heart of the debate, there was no intention of attacking certain religions. However, it had to be recalled that Article 9 of the European Convention for the Protection of Human Rights and Fundamental Freedoms also defined the limits of religious freedom. Radical changes could not be forced but an in-depth dialogue was needed. She appealed to all participants to develop some empathy with the children concerned by negative consequences of operations and not to suspect those questioning circumcision of bad faith.

**The Chairperson** thanked all participants for this animated debate and closed the meeting, whilst inviting everyone to pursue their discussions bilaterally afterwards. The Social Affairs Committee would consider any further follow-up to this issue, when the Assembly received the reply from the Committee of Ministers to its Recommendation 2023 (2013).

**Committee on Social Affairs, Health and Sustainable Development  
Commission des questions sociales, de la santé et du développement durable**

List of presence / *Liste de présence*  
Strasbourg, 28 January 2014

**Hearing / Audition**

**Children's right to physical integrity**

**Hearing of experts on the circumcision of young boys  
following the adoption of Resolution 1952 (2013) and  
Recommendation 2023 (2013) in October 2013**

***Le droit des enfants à l'intégrité physique***

***Audition d'experts sur la circoncision des jeunes garçons  
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Recommandation 2023 (2013) en octobre 2013***

**Chairperson / Président :**

Mr Valeriu <b>GHILETCHI</b>	Republic of Moldova / <i>République de Moldova</i>
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#### EXPERTS

##### **NAME / NOM**

Prof Dr Ali İhsan DOKUCU  
Dr / Dr. Ronald GOLDMAN

Colleague of Mr SILAY / *Collègue de M. Silay*  
Ph.D., Researcher and Director of the Circumcision  
Resource Center, Boston / *Ph.D, Chercheur et*  
*Directeur, « Centre de ressource de circoncision »*  
*(Circumcision Resource Center), Boston*

Turkey / *Turquie*  
United States of  
America / *Etats*  
*Unis d'Amérique*

Dr Wolfram HARTMANN

Paediatrician and President of the Professional  
Federation of Pediatricians and Youth Doctors /  
*Pédiatre et Président de la Fédération*  
*professionnelle de pédiatres et docteurs des*  
*adolescents*

Germany /  
*Allemagne*

Rabbi / <i>Rabbin</i> Moché LEWIN	European Conference of Rabbis, Brussels (accompanying Professor LOBEL) / <i>Conférence européenne des Rabbins, Bruxelles (accompagné par le Professeur LOBEL)</i>	Belgium / <i>Belgique</i>
Prof Bernard LOBEL	Urologist, Former Head of Department at the University Hospital Centre of Rennes, Member of the French Academy of Surgeons / <i>Urologue, Professeur à la Faculté de Médecine, Ancien Chef de Service au Centre Hospitalo-Universitaire de Rennes, Membre de l'Académie Française de Chirurgie</i>	France
Mr / <i>M.</i> Victor SCHONFELD	Producer of documentary films, London / <i>Producteur de films documentaires, Londres</i>	United Kingdom / <i>Royaume-Uni</i>
Assistant Professor / <i>Professeur adjoint</i> Mesrur Selçuk SILAY	Paediatric Urologist, Bezmialem Vakif University, Faculty of Medicine, Division of Paediatric Urology, Istanbul / <i>Urologue pédiatrique, Université Bezmialem Vakif, Faculté de Médecine, Division de l'Urologie Pédiatrique, Istanbul</i>	Turkey / <i>Turquie</i>

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##### **NAME / NOM**

Mr / *M.* Bernard SABELLA..... Palestinian National Council / *Conseil national palestinien*

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Ms / Mme Manuèle AMAR	CEFW – Conseil Européen des Fédérations WIZO	France
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Mr / M. Pierre Louis BIKART	Conseil représentatif des institutions juives de France (CRIF), Alsace	France
Mr / M. Guy BORG	Conseil représentatif des institutions juives de France (CRIF), Alsace	France
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Ms / Mme Volha DASHKAVETS	Student, Belarusian State University, Faculty of International Relations, 4th year	
Ms / Mme Hanna KHATSULEVA	Student, Gomel State University, Faculty of Economy, 5th year	
Mr / M. Yauheni KRYZHANOUSKI Ms / Mme Inha MIADZVEDZEVA	Resource person Student, Academy of Administration of the President of the Republic of Belarus, Faculty of Public Management, 2 <sup>nd</sup> year	
Ms / Mme Alexandra RONKINA	Programme Officer, Department of International Programmes, Raoul Wallenberg Institute for Human Rights	

Ms / *Mme* Nataliya YAZUBETS Student, Brest State University, Faculty of Law, 4<sup>th</sup> year

Ms / *Mme* Lizaveta ZHUK Student, Belarus State University, Faculty of International Relations, 4th year

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