

1985-2010 – NOCIRC – Celebrating 25 Years!

\$2.3M Awarded in Botched Circumcision Lawsuit

A Georgia court awarded \$1.8 million to a 4-year-old boy for damages from a botched circumcision and \$500,000 to his mother for medical treatments and psychiatric counseling for the boy and his family. Attorney, David J. Llewellyn, said, "This case points out the dangers of circumcision that every parent must seriously consider."

Oregon Boy's Rights Prevail

The US Supreme Court denied a father's petition to convert his son to Judaism and to circumcise him (*Boldt v Boldt*), and sent the case back to the Oregon court to determine what the boy, now 14, wanted. He testified on 4/22/09 and said he did *not* want to be Jewish or circumcised, and he is afraid of his father. The judge prohibited circumcision and ordered a custody evaluation. On 9/29/09, the father gave up custody to the mother and the boy remains intact. Doctors Opposing Circumcision assisted with this case.

Circumcision Death Subterfuge

Eight-day-old Amitai Moshe died at his mother's breast, 2/2/07, about 35 minutes after circumcision at a London synagogue. He bled from his nose and mouth—a sign of cardiac failure in infants. Prof. Peter Fleming, Britain's leading expert on Sudden Infant Death Syndrome (SIDS), declared the baby died from SIDS. A New Zealand expert said SIDS begins at 2-3 months, not before, is associated with airway obstruction, and that painful procedures decrease risk. She could not recall SIDS ever occurring after circumcision or in mother's arms. She considered the expert's opinion rubbish and accepted the pathologist's opinion that the death may have been from heart failure or something else provoked by circumcision but, without circumcision, the death would *not* have occurred.

Brooklyn Baby Dies After Circumcision

Bradley Dorcius died two days after being circumcised at SUNY Downstate Hospital, following bleeding from his mouth and nose [see story above re cardiac failure]. *ABC 7 Eyewitness News*, 10/03/09.

Every child has the right to protection from all forms of medically unnecessary genital alteration until they are of sufficient maturity to give fully informed consent.

– Paul Mason, Tasmania Commissioner for Children

Tasmania Law Reform

Following concerns raised by Tasmanian Children's Rights Commissioner, Paul Mason, the Tasmanian Law Reform Institute found criminal and civil law lacked certainty, and circumcision may abuse the rights of a child. Their paper, "Non-Therapeutic Male Circumcision," states, "Even if a court considers the physical loss following circumcision negligible, the social and psychological effects of a wrong decision can be devastating" and circumcision might be considered assault or a wounding. "There is uncertainty as to whether the consent of a parent....is sufficient to allow a circumciser to legally perform the procedure."

The Royal Australasian College of Physicians

"[T]he RACP does not recommend that routine circumcision in infancy be performed," according to their 8/27/09 statement, which adds, "**One reasonable option is for routine circumcision to be delayed until males are old enough to make an informed choice.**"

The College of Physicians and Surgeons of British Columbia

"The College is issuing this [9/09] guide...in light of evidence-based medicine and contemporary principles in ethics, law and human rights...[R]outine infant male circumcision, i.e., routine removal of normal tissue in a healthy infant, is not recommended...proxy consent by parents is now being questioned. Many believe it should be limited to consent for diagnosis and treatment of medical conditions..."

Circumcision's Effectiveness A Distant Third

The British Columbia Centre for Excellence in HIV/AIDS determined that scaling up heterosexual condom use to 50% and treatment availability to 80% would prevent nearly one million cases by 2019. Condom use and ART coverage, alone or in combination, were found to reduce new HIV infections from 64-95% by 2025 and to reduce mortality by 10-34%. Circumcision brought about a 3-13% reduction in new HIV infections and a 2-4% reduction in mortality. Its impact "was overshadowed when combined with other interventions." Universal access to HIV medications and widespread distribution of condoms has shown in the real world precisely what this mathematical model has shown in the virtual world. Circumcision has had no discernable effect in Lesotho, Malawi, and parts of Kenya. Funds diverted to circumcision campaigns, especially those targeted at children who are *not at risk*, reduce resources for interventions that do work. (See reference for Lima V. et al. study, page 6.)

If all men were circumcised, only circumcised men would get AIDS, other sexually transmitted diseases, urinary tract infections, penile cancer, or anything else you want to add to the list.

– James L. Snyder, MD, FACS

Letter from the Editor

This year, we will hold our 11th International Symposium on Circumcision, Genital Integrity, and Human Rights, we will publish our seventh symposium book, and we will celebrate the 25th anniversary of NOCIRC. Since I began my work in 1979, we have *increased* the genital integrity rate from 10% to nearly 50%. As a grassroots movement, we've accomplished a lot in the past 30 years! Thank you for your generous support in keeping our efforts going.

As I prepare this newsletter, it has become glaringly evident that I cannot keep up with the articles being published now on the issue of circumcision and genital integrity. The whole world is talking about the issue, however, no sooner do we counter excuses for circumcision, an article is published to discredit our claims. Those objecting to the "circumcision-to-prevent-AIDS" agenda struggle to get published. Years ago, Hanny Lightfoot-Klein called circumcision "an anachronistic blood ritual" and John Erickson said, "This battle is going to get bloodier before it is over," which makes the African dilemma all the more horrific.

Since PC Remondino, MD, wrote, in 1894, "[W]e feel fully warranted in suggesting the wholesale circumcision of the negro [sic] race as an efficient remedy in preventing the predisposition to discriminate raping so inherent in that race," the US has spent hundreds of years demonizing Black male sexuality as exaggerated and bestial. And, now, a white American medical establishment is spending millions of dollars to promote an amputation thought to be a cure for abnormal sexuality. With the blood of African males flowing at the hands of government-, Bill Gates-, and Bill Clinton-supported programs to circumcise, it becomes apparent that the battle is at hand. The *blood money* behind an unconscionable agenda is flowing toward researchers, government agencies, circumcision-device developers (and stakeholders), and circumcisers, at the expense of unsuspecting, uninformed, coerced African males.

If circumcision is so effective, why are circumcised males in six African countries more likely to be HIV positive than intact males? The studies that allegedly show a reduction in HIV among circumcised men are questionable. The

trials were halted early, potentially exaggerating any benefit, participants were paid, and they were provided two years free medical care. Many subjects dropped out of the studies. The circumcisions took place in sterile and medicalized conditions, and most likely *cannot* be duplicated in any real-world implementation program.

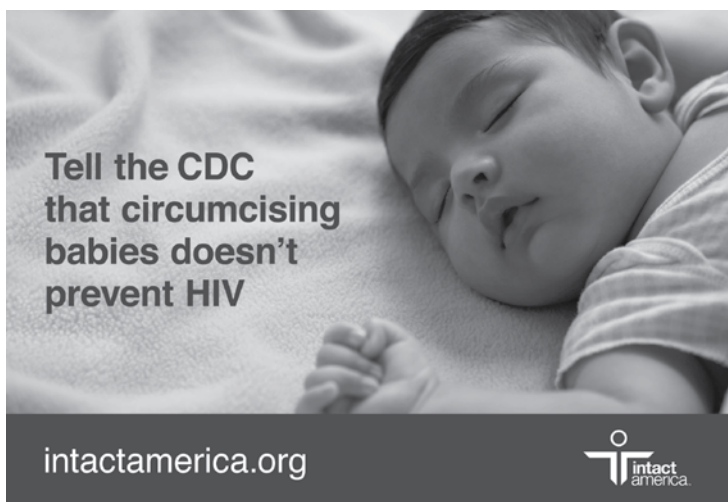
In all, of about 10,000 men enrolled in the three studies, there were 77 less circumcised men who contracted HIV during the two years. During the same study period, there were 252 "adverse events" or complications reported as a result of the surgery. So, more than three times as many participants suffered a complication as those who were supposedly "protected" from HIV.

Now, the CDC, the AAP, and the AAFP are all gearing up to release new position statements on circumcision. The CDC said it was considering recommending circumcision, but after pressure from Intact America and its supporters, they said, "Any recommendation would be voluntary"—as if babies could or would volunteer for circumcision.

The uneducated and misinformed, and those with a cultural, religious, or personal bias, or a need to defend their own status, or who profit through research or clinical practice tend to promote circumcision. However, when we look at the practice through the legal, ethical, and human rights lens of the 21st century, we realize there is no place for this anachronistic blood ritual in the 21st century.

The rights of the child are already defined by national and international law. Now we must apply those laws. America is up to about a 50% genital integrity rate nationally as we join the developed world in becoming a non-circumcising nation. Once the majority of infants and children are intact, those who want to cut genitals will become increasingly uncomfortable and shamed by their lack of compassion and reverence for human rights. As we promote peaceful beginnings and genital integrity, remember, we hold the trump card. We have law, ethics, and human rights on our side.

Marilyn Milos



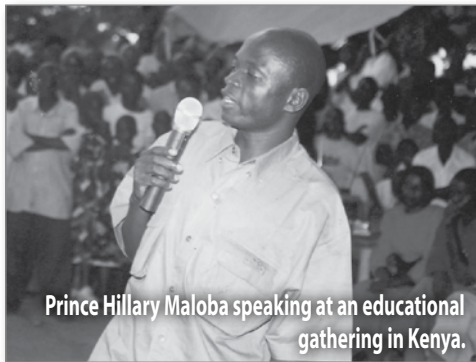
In just over one year of operation, Intact America, has consolidated the work of NOCIRC and other intactivist organizations into a sophisticated and visible campaign against involuntary circumcision. Georganne Chapin, IA's executive director, has been featured on national radio, television and in print media. Through extensive internet campaigns, IA has mobilized thousands of volunteers to send letters to the Centers for Disease Control and to professional medical organizations, highlighting ethical issues and calling for these organizations to refrain from recommending infant circumcision and to investigate circumcision's risks and harms. Marilyn Milos serves on Intact America's Board of Experts. In 2010, IA will continue to build its base of supporters, and add to its boards of Scholars, Health Professionals, and Advocates. Thus far, celebrity endorsers of IA include Alan Cumming, Bill Irwin, and Adrian Colesberry. For more information, visit www.intactamerica.org.

Letters to the Editor

"As a healthcare provider who deals with men's health and HIV, these recommendations are clearly the result of personal agendas, biases, and greed among researchers and healthcare workers who stand to make millions off the trusting parents who want to do the best for their kids. As a Harvard clinician who has traveled and worked in South Africa providing HIV care, circumcision is the biggest travesty to be incorporated into the HIV plan. First on the list are Dan Halperin and Ronald Gray, who have reaped millions of dollars in grants for their departments and have kept themselves working for years promoting circumcision. Dan Halperin "feels like he is following in the footsteps of his *mohel* grandfather." Think his Jewishness complicates his objectivity? Ronald Gray is responsible for selling circumcision as a *vaccine*—completely misleading the poor desperate Africans...I am embarrassed to be part of a medical system and country that is so full of personal interest, which is really the driving force of this whole campaign. These people pushing circumcision don't care about the children, men, HIV...they care about themselves. Circumcision has already proven to be a failure in the fight against STDs and HIV in the USA. Why follow our own failed experiment?"

– Foreskindoc, posted on The Mommy Files, 8/25/09

"My concern has been the violation of human rights of Luos through forced circumcision as the solution to end HIV in Kenya. Luos have been cheated by western scientists. For years, many Luos have suffered at the hands of circumcising communities, being caught, beaten, and forcefully circumcised. Luos have been blamed for bringing AIDS in and are warned that, unless they get cut, AIDS will wipe them out. I have advocated for the rights of Luos for a long time, am called an anti-circumcision supporter, and will never get any government support.

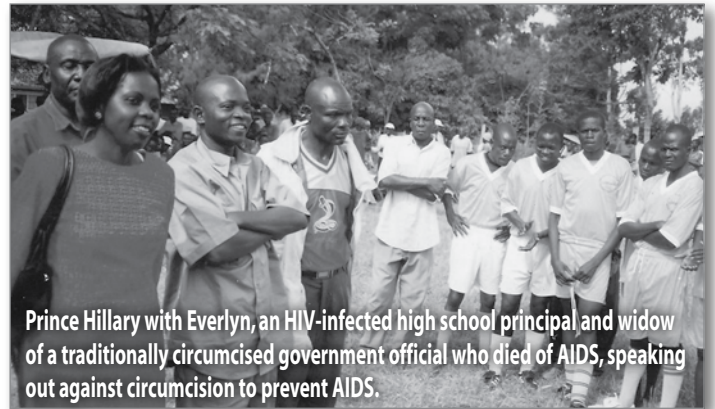


Prince Hillary Maloba speaking at an educational gathering in Kenya.

Currently, Luos are circumcised for political reasons. There is an old notion that an uncircumcised man cannot become president of the Republic of Kenya, so Prime Minister and

Luo leader, Raila Odinga, urged Teso and Turkana tribes to adopt circumcision to make themselves safe. Tribesmen told Odinga not to impose his ideas on them, refused circumcision, and vowed not to abandon their culture. Odinga is a Luo, has influence, and calls for circumcision for his own political agenda. American researchers have rushed to Luoland to "save Luos from HIV," but I know they are supported by Luo leaders to circumcise so that, in the coming election, Raila Odigna will say Luos are circumcised now, so why deny them leadership.

There is a lot of money coming from America to cut Luos. This is totally mad and it pains us. Doctor Partick, who has been in Mumisa town campaigning for Luos to get cut and has benefitted from funding, has said it is useless to circumcise Luos. He said some Luos were crying and complaining, feeling cheated after getting cut. We are happy he has joined us. Some doctors tell us that they do it for the money, not because circumcision can stop HIV. There is a lot of confusion about American- and Raila-forced circumcision.



Prince Hillary with Everlyn, an HIV-infected high school principal and widow of a traditionally circumcised government official who died of AIDS, speaking out against circumcision to prevent AIDS.

We are against male circumcision both in Kenya and Uganda. We volunteer for the rights of our people, we are jobless and poor volunteers, we receive no funding from anywhere because of our stand. Whatever you can do to help is appreciated."

– Prince Hillary Maloba, NOCIRC of Kenya

"As a foreigner I always found America's obsession with sex interesting. Overall a prudish, religious society, you outperform Europe in rape, teenage pregnancies, abortions, and in pornographic consumption. It seems to me that when Americans learn to shed their puritanical attitudes, they will come to terms with human sexuality itself and that will include respecting a little boy's foreskin..."

– MK, Minnesota, August 24th, 2009

"...[A]s a pediatric urologist, I manage complications of neonatal circumcision...in a two-year-period, I was referred >275 newborns and toddlers with complications. None of these were 'revisions' because of appearance, which I do not do. 45% required corrective surgery (minor as well as major, especially for amputative injury)...Complications... are often not reported, but of 300 pediatric urologists in this country who have practices similar to mine...well, one can do the math, to understand the scope of this problem [and] to understand the adverse cost-benefit aspect of complications (>\$750,000) in this unfortunate group of infants and young children..."

– M. David Gibbons, MD
posted at Men's Health Magazine on "The Debate Over Circumcision: Should All Males Be Circumcised?"

AFRICA

Uganda – Uganda’s Minister of Ethics and Integrity, James Nsaba Buturo, said parliament passed a law banning FGM, which is practiced mostly in northeastern Uganda (3,000+ girls each December). FGM is illegal in more than a dozen African countries, but laws are rarely enforced. *AP*, 12/1/09.

CANADA

British Columbia – A father who circumcised his 4-year-old son was found guilty of criminal negligence by the BC Supreme Court. Justice Marion Allan said the conduct of the father was “a marked and substantial departure...from the standard of care of a reasonable person.” The man has been barred from contact with his son. *Globe and Mail*, 10/16/09.

EGYPT

Cairo – Ahmed Gad al-Karim, 69, is the first doctor charged under a new law that forbids FGM, after an 11-year-old girl was hospitalized with heavy bleeding. Other doctors, charged under an earlier law, already are serving time. <http://bikyamasr.wordpress.com>, 8/30/09.

ENGLAND

Windsor – A 9-week-old baby bled to death hours after being circumcised, an inquest was told. The Berkshire Coroner criticized the lack of advice given parents, who were told not to change the nappy, which was filled with blood, for four hours. Calls to the emergency number were not answered. The next day (2/22/07), the baby was hospitalized, where he died in his mother’s arms. *TimesOnline*, 2/13/09.

GERMANY

Bonn – Karl Spandl, 50, was rushed to the hospital for surgery after a painful abscess developed on his penis. The doctor removed his foreskin to “prevent complications.” Spandl said, “When I woke up, I almost passed out again with shock. I never said they could take that. And now I have almost no feeling in the tip — my sex life has been totally ruined.” He is demanding 14,000 pounds for a surgery to restore his foreskin, using membranes from inside his mouth. www.metro.co.uk, 12/12/09.

ISRAEL

Jerusalem – A mohel was sentenced to six months of community service and fined NIS 10,000 (\$2,650) for causing severe injuries to the penis of an infant, who has undergone 10 surgeries and requires additional treatment to correct the damage. The mother said the money doesn’t even cover the medications and she believes “...they should have given him a jail sentence.” www.VosIzNeias.com, 11/8/09.

SOUTH AFRICA

Eastern Cape – Bisho High Court Judge Yusuf Ebrahim ruled circumcision without consent illegal and is against an individual’s constitutional rights, following an action by a young man who took his father to court after being forcibly circumcised despite the young man’s refusal. Traditional leaders

embraced the judgment, saying they respect each adult’s right of choice. www.sowetan.co.za, 10/16-09.

SPAIN

Alcantarilla – Parents of a 5-year-old boy were arrested for injuries caused to the child during an attempted home circumcision. The boy’s parents said he had caused the injuries. Police found instruments and traces of blood stains on the floor in the family’s home. www.typicallyspanish, 11/3/09.

THE NETHERLANDS

Amsterdam – A Dutch man, Moroccan-born Mustapha el-Meddioui, 30, faces a possible 6-year prison sentence for allegedly performing circumcision on his 5-year-old daughter. The girl told her foster mother her father “put scissors” in her genitals. He denies it. www.int.iol.co.za, 9/3/09.

UNITED KINGDOM

In “Cutting through red tape: non-therapeutic circumcision and unethical guidelines,” David Shaw, Lecturer in Ethics at the University of Glasgow, argues “...it is clear that an ethical doctor will object to conducting a clinically unnecessary operation on a child who cannot consent...” and that “any doctor who does participate in NTC [non-therapeutic circumcision] of a minor may be guilty of negligence and in breach of the Human Rights Act.” *Clinical Ethics* 2009; 4:181-186.

London – A 20-year-old man, circumcised as a baby, is suing the doctor for physical and psychological damage, arguing that circumcision, without medical need, is mutilation. The case will test whether doctors performing ritual circumcision on infants face disciplinary action and/or jail. David Smith, Manager of NORM-UK, says many believe “the only way to make doctors put their scalpels down is to take legal action. This is not about money, it’s about protecting the next generation.” www.mirror.co.uk, 11/17/09

UNITED STATES

California – The tip of an infant’s penis was severed by a mohel performing a circumcision. *O’Hara v Berberich*, Alameda County Superior Court, Plaintiff Attorney David B. Baum. Verdict of \$429,484. *CA Bar Journal*, November 2009.

Illinois – A Northwestern Memorial Hospital obstetrician was sued for cutting off a portion of a 1-day-old’s penis. The boy’s father, David Burden, claimed negligence when,

[T]he irreversible, invasive, and painful removal of any neurologically complex external organ of a powerless patient at the request of a third party is an ethical travesty.

– Paul Mason, Tasmania Commissioner for Children

Laws, Lawsuits, & Legislation (cont.)

on 10/5/07, Dr. Marc Feldstein removed more than the baby's foreskin. *Chicago Sun-Times*, 4/17/09

Maryland – The 4th US Circuit Court of Appeals will not review the asylum case of Francoise A. Gomis, whose father said he will take her back to Senegal, circumcise her, and marry her off to an older man. Gomis came to the US on a work visa after her 14-year-old sister was forcibly circumcised, suffering blood loss and infection. Judge Roger L. Gregory, the sole dissenter, requested the rehearing and objected to its denial as contrary to law. He wrote, "To deny her withholding of removal and send her back to Senegal, to virtually certain circumcision, would be a great miscarriage of justice. If we choose to ignore the blatant evidence before us of her specific situation by shielding our eyes with general statistics, then we will be sending her to a torturous future of which I shudder to imagine." *Maryland Daily Record*, 9/23/09

North Carolina – A jury found Johnny Marlowe guilty of misdemeanor child abuse for circumcising his two sons. He faces a maximum of 120 days. "The holy spirit pressed me to do it," the father told the court, saying, "This is not

about circumcision, it's about religious freedom." *www.wbtv.com*, 10/1/09

South Dakota – The parents of a 6-week-old baby who bled to death after a circumcision at Rosebud's Indian Health Service Hospital are suing the government. Eric Keefe underwent circumcision on 6/13/08, his mother gave him Motrin and Tylenol for pain, and he suffered massive blood loss at home that night, dying at the hospital the next morning. Parents Forrest and Mary Keefe say Dr. Douglas Lehmann failed to inform them about the type of pain medication they should have used. They are asking \$2 million for personal injury and wrongful death. *ArgusLeander.com*, 9/18/09

Texas – A Houston jury convicted Katherine Katie Nadal of cutting off her 5-week-old son's genitals. Even with reconstructive surgery, the boy will never look normal, he will be sterile, will need hormone therapy, and is at risk for suicide. The mother claimed her small dachshund chewed the baby's penis and testicles off while she slept. The day before, the parents argued about circumcision. The father opposed it. *Houston Chronicle*, 8/15/09

Medical Literature Highlights

CIRCUMCISION A MODIFIED RITUAL OF CASTRATION?

"In the earliest records of human religion, castration was regarded as an act of devotion. Moreover, the ritual of circumcision is still followed by many modern religions. In this article, we have exposed the archeological, historical, cultural and religious evidence between the ancient ritual of castration and circumcision....The ritual of castration evolved into circumcision as a less-invasive and bloody procedure than castration." Mordeniz C, Verit A. Is circumcision a modified ritual of castration? *Urol Int*. 2009;82(4):399-403. Epub 2009 Jun 8.

CONSENT FOR NON-THERAPEUTIC CIRCUMCISION

"The aim of this study was to assess whether surgeons are conforming to guidance laid down by professional organisations and the courts in obtaining dual parental consent for non-therapeutic circumcision....The data reveal a consistent non-conformity with recommended practice and the common law....The reason for this non-compliance may be ignorance of the rules, or due to the impracticality of their implementation..." Robinson R, et al. Consent for non-therapeutic male circumcision on religious grounds. *Ann R. Coll Surg Engl*. 2009 Mar;91(2):152-4. Epub 2008 Dec 19.

"Male circumcision is only permitted if the child has given his consent and is thus only legally permitted if the child has reached an age at which he is mature enough to understand the meaning and extent of such an action which

"We whack 'em all."

– Dr. Renee Stein, St. John's Mercy Medical Center, St. Louis, MO. *Newsweek*, 4/5/09

is hardly the case before he has completed his 16th year." Schreiber M, et al. *Klin Padiatr*. Legal Aspects of Ritual Circumcision. 2009 Dec;221(7):409-414.

SAFETY AND EFFICACY OF MALE CIRCUMCISION

"There is little evidence showing clinical benefit from non-therapeutic male circumcision.... Current evidence is unclear on the effectiveness of adult circumcision in preventing sexually transmitted infections, urinary tract infections, and penile cancer. Furthermore, there is no current evidence that circumcision in infants prevents HIV/AIDS, sexually transmitted infections, urinary tract infections, and penile cancer. Patients who request circumcision for clinical reasons should be informed of the lack of consensus surrounding the procedure, the lack of strong evidence regarding its benefits, and the potential medical and psychosocial harms of the procedure." Dr. Maddern said the prepuce seems to act as a barrier against contamination and, by helping maintain a moist environment, enhance sexual pleasure. According to the study, the only medical justification for circumcision is to treat boys or men with penile abnormalities. Perera CL, Bridgewater FHG, Thavaneswaran P, Maddern GJ. Safety and Efficacy of Nontherapeutic Male Circumcision: A Systematic Review. *www.annfammed.org/cgi/content/full/8/1/DC1*

CIRCUMCISION, HUMAN RIGHTS, AND RESPECT FOR BODILY INTEGRITY

"The practice of RNC routine (non-religious) neonatal circumcision is questionable from a variety of viewpoints including not only the ideal of evidence-based medicine and human rights considerations, but also the notion of respect for bodily integrity." Dekkers W. Routine (non-religious) neonatal circumcision and bodily integrity: a transatlantic dialogue. *Kennedy Inst Ethics J.* 2009 Jun;19(2):125-46.

"Patients who request circumcision in the belief that it bestows clinical benefits must be made aware of the lack of consensus and robust evidence, as well as the potential medical and psychosocial harms of the procedure. As the efficacy of prophylactic nontherapeutic male circumcision has not been comprehensively studied in neonates, it would be inappropriate to recommend widespread neonatal circumcision for this purpose." Perera CL, et al. Safety and Efficacy of Nontherapeutic Male Circumcision: A Systematic Review. *Ann Fam Med* 2010;8:64-72. doi:10.1370/afm.1073.

CONSCIENTIOUS OBJECTION TO CIRCUMCISION

"...[T]he healthcare system should make reasonable accommodations for physicians with conscientious objections." Committee on Bioethics. *Pediatrics* 2009;124:1689-1693.

SEXUALLY TRANSMITTED INFECTIONS

"Improved STI control will require more-effective STI management, including partner treatment and behavioral risk reduction counseling." Mehta SD, et al. Adult Male Circumcision Does Not Reduce the Risk of Incident *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, or *Trichomonas vaginalis* Infection: Results from a Randomized Controlled Trial in Kenya. *J Infect Dis.*, 2009 Aug 1;200(3):370-378.

"These are the first prospective data obtained from homosexual men to assess circumcision status as a risk factor for STIs. Circumcised men were at reduced risk of incident syphilis but no other prevalent or incident STIs. Circumcision is unlikely to have a substantial public health impact in reducing acquisition of most STIs in homosexual men. Templeton DJ, et al. Circumcision and Risk of Sexually Transmissible Infections in a Community-Based Cohort of HIV-Negative Homosexual Men in Sydney, Australia. *J Infect Dis.* 2009 Nov 13.

HIV/AIDS

"Researchers have followed HIV-positive Africans who did not know they were infected to study HIV-related morbidity, mortality and transmission to unsuspecting spouses and children. Public health managers do not warn Africans about risks to contract HIV from unsafe health care, and no African government has investigated any unexplained and suspected nosocomial HIV infection by tracing and testing people who attended suspected clinics. Researchers have avoided finding and talking about nosocomial HIV infections in countries with generalized epidemics. Rejecting double standards in health-

care safety and scientific rigour may be essential to solve and stop Africa's HIV epidemic. Allowing competitive international trade in generic drugs to treat AIDS could mitigate some of the harm done by these double standards." Gisselquist D. Double standards in research ethics, health-care safety, and scientific rigour allowed Africa's HIV/AIDS epidemic disasters. *International Journal of STD & AIDS* 2009;20:839-845.

"Regulations and guidelines in the United States, Canada, and the United Kingdom require institutions that manage medical research on humans anywhere in the world to protect research participants. Analyses of published data from six medical research projects in Africa funded by governments and other organizations in the above countries reveal HIV infections statistically linked to participation in research. Given this evidence, regulations and guidelines obligate institutions that fund, manage, or regulate these projects to investigate to determine if invasive procedures in research clinics infected participants." Gisselquist D. HIV Infections as Unanticipated Problems During Medical Research in Africa. *Accountability in Research*, 2009;16:199-217.

"The study [by Bailey and colleagues in Bungoma, Kenya] found complication rates of 17.7% and 35.2% in the clinical and traditional groups, respectively. Furthermore, the study revealed shortcomings in practitioner knowledge, training and resources..." Kim NH, Goldstein M. High complication rates challenge the implementation of male circumcision for HIV prevention in Africa. www.nature.com/nrurol/journal/v6/n2/pdf/ncpuro1279.pdf.

"Globally, men who have sex with men continue to have a high risk of HIV infection. In sub-Saharan Africa, same-sex behaviours have been largely neglected by HIV research up to now. The results from recent studies, however, indicate the widespread existence of MSM groups across Africa, and high rates of HIV infection, HIV risk behaviour, and evidence of behavioural links between MSM and heterosexual networks have been reported...homosexuality is illegal in most countries, and political and social hostility are endemic. An effective response to HIV/AIDS requires improved strategic information for all risk groups, including MSM." Smith D, et al. *The Lancet*, Early Online Publication, 7/20/09.

"...[G]iving priority to increased HAART coverage...and condom use, both previously shown to be cost-effective even in resource-limited settings, can have an immediate large effect in curbing the HIV epidemic in South Africa." Lima V, et al. The combined impact of male circumcision, condom use and HAART coverage on the HIV-1 epidemic in South Africa: a mathematical model. 5th IAS Conference on HIV Treatment, Pathogenesis and Prevention, Cape Town, abstract WECA105, 2009.

"Circumcision of adult MSM may be cost-effective in this resource-rich setting. However, the intervention costs are high relative to the costs spent on other HIV prevention programs." Anderson J, et al. Cost-Effectiveness of Adult Circumcision in a Resource-Rich Setting for HIV Prevention among Men Who Have Sex with Men. *J Infect Dis.* 2009 Nov 12. [Epub ahead of print.]

MALE CIRCUMCISION AND THE HIV/AIDS MYTH

"Circumcision of HIV-infected men did not reduce HIV transmission to female partners over 24 months; longer-term effects could not be assessed. Condom use after male circumcision is essential for HIV prevention." Dr. Wawer found that 18% of the women in her study contracted HIV/AIDS from circumcised men, compared to 12% of women who contracted it from intact men. Researchers had to stop the trial because early results showed circumcision markedly increased the

risk to women partners. Maria Wawer, et al. Circumcision in HIV-infected men and its effect on HIV transmission to female partners in Rakai, Uganda: a randomised controlled trial. *The Lancet*, July 18, 2009, Vol 374:229-237.

CIRCUMCISION COMPLICATIONS

"This study provides compelling evidence that strongly cautions against use of the TK method on young adults." High rate of adverse events following circumcision of young male adults with the Tara Klamp technique: A randomised trial in South Africa. Lagarde E, Taljaard D, Puten A, Auvert B. *SAMJ*, March 2009, 99(3):163-169

World News

AFRICA

Kenya – Catholic workers in the Diocese of Meru developed "An Alternative Rite of Passage," pulling elements from the traditional FGM rite. Members of other faiths and their pastors have been invited to participate. *Catholic News Service*, 3/12/09.

A 7-year-old girl bled to death at the hospital where she was taken 24 hours after infibulation. Her mother and a circumciser were arrested and charged with murder. *www.eastandard.net*, 4/13/09.

According to findings of the Kenya AIDS Indicator Survey, North Eastern and Coast provinces, where 97% of males are circumcised, registered an increase in HIV prevalence. The new findings indicate the practice cannot protect an individual from HIV unless combined with other practices, including condom use, being faithful to one partner, or abstinence, in which case, circumcision is *not* needed. *Daily Nation*, 10/26/09.

Sierra Leone – Four journalists who criticized FGM were kidnaped, stripped, and marched through the streets before being released. *www.bbc.com*, 2/2/09.

Zimbabwe – Soldiers 18-29 years will undergo voluntary male circumcision as part of an effort to curb the spread of HIV. The Ministry of Health plans to roll-out the program in January, with plans to extend it to civilians and newborn babies. *www.Newbabwe.com News*, 11/30/09.

Participants at an HIV/AIDS conference in Harare were shocked to learn that one razor blade was used to circumcise about 25 people at initiation ceremonies. Instead of curtailing the spread of AIDS, they were actually exposing people. *www.allafrica.com*, 5/26/09.

West Africa – Efforts to eradicate FGM have taken a step forward with a fatwa (religious ruling) against the practice in Mauritania and sanctions in Niger against mothers who subject their daughters to it. The fatwa was signed by 34 imams and scholars. "The fact that the religious leaders in Mauritania are standing up and doing this is quite amazing," said Molly Melching, Executive Director of Tostan, a Senegal-based organization working on FGM in Mauritania. *Reuters*, 1/22/10.

CANADA

Saskatoon – Infant circumcisions are no longer performed at Royal University Hospital. "It is not appropriate to provide access to an unnecessary procedure in acute care," according to a report by senior administrators. *The StarPhoenix*, 4/23/09.

Vancouver – Photographer, videographer, James Loewen created a 20-minute video documenting the History of the Intactivist Movement, which debuted at the 2009 celebration for Marilyn Milos, Hanny Lightfoot-Klein, and Soraya Mire, who each began their work 30 years earlier. Following the success of that endeavor, James began conducting video interviews about genital integrity with Dr. Dean Edell, Steve Scott, Hanny Lightfoot-Klein, Soraya Mire, Marilyn Milos, Miriam Pollack, and many others. He is also creating satirical pieces pointing out the obvious injustice and inhumanity of non-therapeutic circumcision of non-consenting minors. Some of his brilliant body of work can be seen on YouTube, channel Bonobo3D.

NORWAY

Urologist Ole Tysland said it is necessary to prioritize the endless stream of requests for treatment and circumcision is not needed for medical reasons, the government shouldn't pay for it, and it was moved down on the priority list. *www.islamineurope.blogspot.com*, 3/25/09.

SOUTH AFRICA

NOCIRC-SA urged the government to halt male circumcision adoption, calling the plan dangerous and unethical. Director Dean Ferris says, "The promotion of male circumcision for HIV prevention is fraught with logistical, monetary, ethical, and human rights concerns." *www.africasciencenews.org*, 3/30/09.

South Africa's HIV infection rate has leveled off at of 10.9% for those aged two or older. HIV prevalence in children aged 2-14 dropped from 5.6% in 2002 to 2.5% in 2008. Olive Shisana, an author of the study, said there were "promising findings of a changing pattern of HIV infection among children and youth." *www.newsvotebbc.co.uk*, 6/10/09.

Eastern Cape – Two 13-year-old boys received medical treatment after botching their do-it-yourself circumcision. They removed the glans along with the foreskin. *www.iol.co.za*, 9/28/09.

World News (cont.)

Zuko Zanywa, 19, was hospitalized when his rotted genitals literally fell off after eight days of torture, poor medical treatment, and beatings at an illegal initiation school. His brother, Vuyo, 18, died in his arms. *The Times*, 7/18/09.

Nyandeni – The body of an 18-year-old initiate was found in an illegal initiation school. Sizwe Kupelo, Eastern Cape health department spokesperson, said the death brought this year's circumcision fatalities in South Africa to 56. *Sapa*, 9/29/09.

SWEDEN

Two out of three doctors surveyed said they refuse to circumcise boys unless it is medically necessary because they consider it assault without the child's consent. They view the procedure as barbaric and akin to FGM, according to Gunnar Gothberg, chairman of the Swedish Pediatric Surgeons Association. *UPI*, 7/25/09.

Solna – Two boys, ages 8 and 5, were seriously injured after illegal home circumcisions, and it is suspected that the same man who lost his license from the National Board of Health and Welfare in 2007 after injuring several boys is to blame. *www.thelocal.se*, 4/20/09.

THE PHILIPPINES

Manila – US Marines and Philippine military medical personnel are providing "safe" circumcisions for Filipinos, generally practiced on boys 10-13 years old. *www.stripes.com*, 4/30/09.

TURKEY

Adana – Upon recommendation of the urology service at Cukurova State Hospital, one-month-old baby "K" was taken for circumcision, given anesthesia, and died. *www.takvim.com.tr*, 10/31/09.

UNITED KINGDOM

Essex – The General Medical Council was told Dr. Aziz Chaudry allegedly did not adequately anesthetize boys under-

going circumcision, leaving them restrained in agonizing pain. Chaudry denies misconduct. *BBC*, 10/26/09.

Staffordshire – Reproductive biologist, Professor Jack Cohen has given his support to NORM-UK, a charity founded to educate the public and medical profession about the foreskin. Professor Cohen said, "I support the principle that every man and woman has the right to veto alterations of their body." When asked about the African AIDS studies, Cohen said, "The small numbers who were apparently protected by surgery in the trials don't justify the policy conclusions drawn, particularly when they stand in contrast to population evidence, in Africa and elsewhere."

Hertfordshire – An unnamed man was hospitalized after attempting to circumcise himself with nail clippers, which "must have caused excruciating pain, even if he had had a few drinks beforehand," a medic said. *Telegraph*, 6/30/05.

UNITED STATES

Trinidad, Colorado – Dr. Marci Bowers, a gynecological and pelvic surgeon has recently begun to perform "clitoralplasty" or "female circumcision reversals" on African women. The relatively new procedure reshapes the anatomy and, in 80% of patients, restores pleasurable sensation. *www.Newsweek.com*, 10/20/09.

New Mexico – Doctors are no longer performing circumcisions at St. Vincent Hospital in Santa Fe, where nurses took a conscientious objector stand and, one by one, doctors joined them. Personal correspondence, 6/15/09.

New York – FGM is illegal but authorities aren't prosecuting offenders or educating communities that practice FGM. One estimate claims 41,000 women in NY are at risk of being cut or already are. Community-based organizations are grappling with the problem at the grassroots level. *www.majikthise.typepad.com*, 3/26/09.

Genital Integrity Policy Statement Recommendations by Doctors Opposing Circumcision

We recommend that the genital integrity of boys be preserved. Parental request for non-therapeutic circumcision of a son appears to exceed the powers granted to parents by law. We further recommend that doctors refuse to perform non-therapeutic circumcision at parental request.

We call on medical schools to stop requiring medical students to perform non-therapeutic circumcisions.

We call on medical societies to repudiate the practice of non-therapeutic child circumcision and to adopt genital integrity policies.

We call on hospitals to prohibit the practice of non-therapeutic circumcision of children in their facilities.

We call on the American Hospital Association to adopt a uniform genital integrity policy for its members.

We call on the United States Conference of Catholic Bishops to apply paragraph 2297 of the *Catechism of the Catholic Church* and Directives 1, 6, 9, 23, 29, and 33 of the *Ethical and Religious Directives for Catholic Health Care Services*, Fourth Edition, to non-therapeutic circumcision of male children.

We call on public and private health insurance providers to support efficient use of health-care resources by ending subsidies for non-therapeutic male circumcision and by promoting genital integrity.

We call on medical doctors everywhere to refuse to perform non-therapeutic circumcision of children.

We call on healthcare professionals everywhere to make clear to the public that non-therapeutic circumcision is unhealthy and injurious to children and should not be performed.

We call on state and medical boards to establish legal and ethical guidelines for the regulation of male circumcision.

We call on courts to recognize and apply human rights law in cases involving children.

We call on all segments of the medical community and of society to work together to create an environment in which newborn and immature human beings receive the respect for human dignity and the special protection they so richly deserve.

Announcements

17th Annual Demonstration/March Against Infant Circumcision, US Capitol, *Genital Integrity Awareness Week*. March 29 – April 3, 2010. See www.sicsociety.org.

INTERNATIONAL SYMPOSIA PROCEEDINGS

Available from NOCIRC, POB 2512, San Anselmo, CA 94979-2512, USA:

The Truth Seeker: Crimes of Genital Mutilation. 1st International Symposium on Circumcision. James W. Prescott, Editor, Marilyn Fayre Milos, co-editor. 1989. \$10ppd.

Sexual Mutilations: A Human Tragedy. 4th International Symposium on Sexual Mutilations, ed. by George C. Denniston and Marilyn Fayre Milos. 1997. \$70ppd.

Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice. 5th International Symposium on Sexual Mutilations, ed. by George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos. 1999. \$50ppd.

Understanding Circumcision: A Multi-Disciplinary Approach to a Multi-Dimensional Problem. 6th International Symposium on Genital Integrity, ed. by George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos. 2001. \$75ppd.

Flesh and Blood: Perspectives in the Problem of Circumcision in Contemporary Society. 7th International Symposium on Genital Integrity, ed. by George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos. 2004. \$75ppd.

Bodily Integrity and the Politics of Circumcision: Culture, Controversy, and Change. 8th International Symposium on Genital Integrity, ed. by George C. Denniston, Pia Grassivaro Gallo, Frederick Mansfield Hodges, Marilyn Fayre Milos, and Franco Viviani. 2006. \$75ppd.

Circumcision and Human Rights, 9th International Symposium on Genital Integrity, ed. by George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos. 2008. \$120ppd.

Genital Autonomy: Protecting Personal Choice, 10th International Symposium on Genital Integrity, ed. by George C. Denniston, Frederick M. Hodges, and Marilyn Fayre Milos. 2010. Currently being published.



“Victorious Babies” by Alex Steelsmith

Books & Booklets

An Irreverent Curiosity: In Search of the Church's Strangest Relic in Italy's Oddest Town, by David Farley. 2009. New York: Gotham Books. ISBN 978-1-592-40454-4.

A Surgical Temptation: The Demonization of the Foreskin & the Rise of Circumcision in Britain, Robert Darby, Ph.D. 2005. Chicago University Press. To order, write to or call 978-544-7141.

Bodies in Doubt: An American History of Intersex, Elizabeth Reis. 2009. \$55, with a 20% discount if you mention the code, NAF. Johns Hopkins University Press. ISBN 978-0801891557.

Doctors Re-examine Circumcision, Thomas J. Ritter, MD, and George C. Denniston, MD. 3rd edition. 2002. \$15ppd. Washington: Third Millennium Publishing Co. ISBN: 0-9711878-0-0. NOCIRC, POB 2512, San Anselmo, CA 94979-2512.

Fearful Symmetries: Essays and Testimonies Around Excision and Circumcision, Chantal Zabus, editor. 2008. \$92. Rodopi, Amsterdam. ISBN: 978-90-420-2572-1.

Guide to Getting it On, Paul Joannides. 2006. \$19.95. Goofy Foot Press, POB 1719. Waldport, OR 97394. www.goofyfootpress.com

Marked in Your Flesh: Circumcision from Ancient Judea to Modern America, Leonard Glick, MD, PhD. 2005. Oxford University Press. To order, write to quabbin@rcn.com or call 978-544-7141.

What Your Doctor May Not Tell You About Circumcision: Untold Facts on America's Most Widely Performed – and Most Unnecessary – Surgery, Paul M. Fleiss, MD, and Frederick M. Hodges, DPhil. 2002. \$15ppd. New York: Warner Books. ISBN: 0-446-67880-5.

Videos & CDs

Birth As We know It. 60-min. DVD. \$50. Beautiful births and information about circumcision and genital integrity. www.birthintobeing.com.

Cut: Slicing Through the Myths of Circumcision, by Eliyahu Ungar-Sargon, 70-min. DVD. \$24.95 plus \$4.95 S&H. www.CutTheFilm.com.

Mother, Why Was I Circumcised? Program for Dutch public broadcast, VPRO, see www.macdocman.com

NOCIRC Educational DVD, featuring Dr. Dean Edell. 20-min. www.nocirc.org

Tahara. 18-min. NTSC VHS. \$30ppd (\$100 for institutions, schools, libraries).

The Origins of Love and Violence: Sensory Deprivation and the Developing Brain, with James W. Prescott, PhD, and Michael Mendizza. 4+ hours. DVD. \$79. www.tffuture.org/violence/ or Touch the Future, Box 1226, Solvang, CA 93463



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