

# NOCIRC NEWSLETTER

Fall 1991

Vol. 5, No. 2

## THE SECOND INTERNATIONAL SYMPOSIUM ON CIRCUMCISION

A world-renown faculty of the Second International Symposium on Circumcision (ISC), who met in San Francisco from April 30 - May 3, forged forward with presentations of unprecedented research findings from diverse scientific fields.

Speakers provided an unequalled historical, cultural, medical, sexual, psychological, and legal overview of the complex issues of male circumcision and female genital mutilation.



Dr. Benjamin Spock, with Marilyn Milos, R.N., and Donna Macris, CNM, accepts the First Human Rights Award of the International Symposia on Circumcision for reversing his opinion. He now says "My own preference, if I had the good fortune to have another son, would be to leave his little penis alone."

Dr. Michel Odent wrote "My plans were originally to listen to several selected lectures...[but] all the speakers were so good that I could not leave the conference room." Dr. Ashley Montagu said "The Conference was a great success because of your choice of speakers. I learned a lot from them and I have, in all my more than fifty years of conferencing, never met a more congenial group of people, with hearts in the right place."

Dr. Odent and Dr. Montagu, whose talks opened and closed the Symposium, acknowledged the role of the International Symposia on Circumcision as the crux of the human rights movement. They emphasized the importance of accepting every new human being into the world with respect, dignity, compassion and love. And, they recognized that acts of violence against newborns and children have a shattering affect upon all of humanity.

"What's done to children, they will do to society." — Karl Menninger

### HIGHLIGHTS

**David B. Chamberlain, Ph.D.**, President of the Pre- and Peri-Natal Psychology Association of North America (PPPANA), described how, in the last century when medicine rose to dominate childbirth in the developed countries, it brought with it a denial of infant pain based on ancient prejudices and scientific dogmas which can no longer be supported.

**Rima Laibow, M.D.**, reaffirmed Erikson's model of the mother as responsible for the successful completion of her infant's first developmental task of establishing trust. Laibow added, "An infant does retain significant memory traces of traumatic events. When a child is subjected to intolerable, overwhelming pain, it conceptualizes mother as both participatory and responsible regardless of mother's intent...the perception of the infant of her culpability and willingness to have him harmed is indelibly enplaced. The consequences for impaired bonding are significant."

**Gerald Larue, Th.D.**, Professor Emeritus of Biblical History and Archeology at the University of Southern California, cited archeological evidence of mummies and art work of ancient Egyptians to illustrate the existence of the practice of circumcision centuries before it was first written about in Jewish temple literature in the 10th century B.C. He explored the various roles of rite and ritual that circumcision played in early cultures.

**Lisa Braver Moss** discussed the Jewish roots of anti-circumcision arguments, while **Moshe Rothenberg, MSW**, considered ending circumcision in the Jewish community. He opened his presentation quoting Spinoza, "An unexamined life is not worth living," and, aware of the need for the Jewish community to be held to the same universal human rights standard as the rest of the world, said "The mistakes it [Judaism] carries with it, such as the ritual of circumcision (Brit Milah) should be considered no differently from the way they are considered by society in general." In accordance with its philosophy to provide a peace table for discussion of diverse opinions, ISC welcomed Bay Area rabbis who asked to present rabbinical views.

**Rev. Jim Bigelow, Ph.D.**, noted that, at the turn of this century, as medical science grew in stature, Evangelical Christendom responded by claiming medical validity for Old Testament Law. This was particularly true for infant male circumcision. Dr. Bigelow presented scriptural evidence that Old Testament Law was never intended as sound medical advice, but rather was symbolic sacrifice.

**John R. Taylor, MB**, a Canadian pathologist, explained that the foreskin is the sensory extension of the penis. From his revolutionary research findings regarding the structure and function of the foreskin, he concludes, "The prepuce is much more complex than the 'simple fold of skin' described in textbooks. Its inner, mucosal surface contains a tightly pleated zone, near the tip, rich in nerve endings...with a

special sensory function.” In other words, the part of the penis that is irreversibly lost when a baby is circumcised is an organ of perception. Textbooks will be revised because of Dr. Taylor’s scientific findings.

**William Cameron, M.D., FRCP**, Canadian AIDS researcher, presented his findings to the General Assembly. “In my opinion,” Cameron says, “male circumcision remains a ‘second-best’ strategy in medical public health concerns about STD’s [sexually transmitted diseases]. It is relatively more important to alter exposure to infectious agents than male susceptibility to them.”

**Jim Bigelow, Ph.D.**, surprised participants with in-depth information on surgical and nonsurgical methods of foreskin restoration dating back to the Hellenic Period (323-30 B.C.). Originally done by Jews who wanted to appear nude in the Greek games without giving offense by displaying an exposed glans, by the first century, foreskin restoration included surgical techniques. Dr. Bigelow explained that, with the persecution of the Jews during the Nazi regime, having or not having a foreskin might mean the difference between life or death. Today, men are restoring their foreskins primarily for their own sense of wholeness. In his slide presentation, **R. Wayne Griffiths, M.S., M.Ed.**, documented various nonsurgical restoration procedures and their subsequent results. Urologists and other health-care professionals took serious note of the profound implications of these presentations.

**Asha Mohamud, M.D.**, a Somalian pediatrician, explained that “The custom [of female genital mutilation] is shrouded in secrecy and

interwoven with strong, complex socio-cultural and religious beliefs...Throughout history and to the present day, patriarchal societies have circumcised females to repress their sexuality and status.” Today, more than 98 million women suffer the medical, social, and psychological complications of genital mutilation. Dr. Mohamud showed a videotape (made by the Inter-African Committee) in which a baby girl was scarified and circumcised. The screams of the little girl were horrifying, and not unlike the screams of a baby boy when his genitals are cut. “A collective international effort is necessary to support the indigenous organizations and national governmental agencies devoted to the eradication of this custom,” Mohamud told the Assembly. **Hanny Lightfoot-Klein** chronicled her African travels and described the impact of female genital mutilation upon the society of women in Africa.

**Elizabeth Noble, P.T.**, documented factors which influence the parental decision-making process.

**Donna Macris, CNM, MSN**, in a precedent-setting proposal, encouraged health-care professionals to claim conscientious objector status by refusal to participate in newborn circumcision because it violates inalienable body ownership rights.

**Charles Bonner, Esq.**, who won a substantial settlement for a circumcision victim, believes legal efforts must intensify to assure that the Constitutional rights of male children are protected.

### “INFORMED CONSENT” RESOLUTION FORMAT ESTABLISHED

A model resolution establishing “informed consent” for circumcision has been formulated. Based on an existing law for informed consent for hysterectomy, the resolution has two parts: (1) Informed consent procedure; Written statement, and (2) Failure to inform by written consent as unprofessional conduct. For a copy of the resolution, which now needs to be presented to every state’s legislative body, please send a SASE to NOCIRC headquarters. [Note: In an Open Letter to the American Medical Association, John Erickson wrote “...consent given by a person of good will to commit such an act against a baby can never be — and never has been — informed” because, if **truly** informed, “that choice, beyond any reasonable doubt, is to leave his foreskin intact.”]

### CHILD WINS \$22.8 MILLION FOR BOTCHED CIRC

An Atlanta hospital will pay \$22.8 million to a boy whose penis was burned off in a 1985 circumcision accident. The child has undergone several operations, and a series of reconstructive operations are expected to continue for at least nine years, until he is 15 years old. He will never function sexually as a normal male and will require psychological counselling and lifelong urological care.

A second circumcision accident victim (same day, same hospital, different doctor), who subsequently underwent a sex-change operation, is now a sterile “female” person completely incapable of reproduction. The amount of settlement for him/her was not disclosed.

After these tragedies, the circumcision rate at Northside Hospital dropped, but it is now as high as before.

### “LOVE SURGERY” VICTIM AWARDED \$5 MILLION

Last June, an Ohio jury awarded \$5 million to a woman said to be maimed by her gynecologist’s “love surgery.” The doctor,

who lost his license to practice, did various operations on women, including circumcision, which resulted in complaints of sexual dysfunction (similar to complaints made by circumcised men).

### SYPHILIS RATE AT 41-YEAR HIGH

The syphilis rate has increased by 75 percent since 1985 and is the highest it has been since 1949, reports the Center for Disease Control. Dr. Mitchell Rider asks, “If routine infant circumcision prevents sexually transmitted diseases [as some advocates claim], why is the syphilis rate in the USA at a 41-year high, **now**, when the most sexually active age group was born when neonatal circumcision practice was at its highest?”

### ADOPTIVE AGENCIES ALTERING POLICY

Latter Day Saints Social Services changed its practice of routinely circumcising male babies after an adoptive mother (a Registered Nurse) suggested a policy review. Now, Wide Horizons for Children, Inc. (formerly International Adoptions, Inc.), is leaving its boys intact, too.

## INTERNATIONAL NEWS

**Kenya, Africa:** Medical authorities are concerned about the safety of the traditional practice of circumcision, especially its possible contribution to the spread of AIDS. Circumcisers use the same knife on a group of young men, supposedly creating a lifelong bond between initiates, and then wipe the knife with the same cloth. (*Associated Press*, December 1990)

**Republic of South Africa:** "Drink often to blame in circumcision disasters" the headlines read above the story of a bush-doctor who mutilated 21 young men during a circumcision ceremony. Some may never enjoy a normal sexual life or have children. (*Herald*, January 12, 1991.)

**North South Wales, Australia:** Three men were sent to trial for allegedly using kitchen scissors to circumcise a 12-year-old boy without anaesthetic. (*Herald-Sun*, March 28, 1991.)

**England:** Casualties of home circumcision are on the increase across the country. At least 100 Muslim boys each year are being treated for complications of hemorrhage, septicaemia, meningitis, and severance of part of the head of the penis. Under existing law, a boy who has been maimed by circumcision can prosecute for assault. A spokesperson for the National Society for the Prevention of Cruelty to Children said, "We don't want to stomp over people's traditions, but cruelty to children is our business." (*Independent*, May 7, 1991.)

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## STATISTICS

**Canada** Provincial and territorial statistics for circumcisions have been compiled from federal and provincial agencies and are based on physician claims for reimbursement under the health insurance plan operating in Canada. Alberta, British Columbia and the Yukon no longer reimburse for neonatal circumcision unless medically necessary. Neonatal circumcision in Quebec and Newfoundland is now under 1%. In all provinces, there is a steady decline in neonatal circumcision. Ontario, with the highest frequency, is now under 40%, down from 60% in 1974.

**New Zealand** The Director of our NZ NOCIRC Center reports that the circumcision rate of the youngest generation (children) is 1%, the next generation (young adults) is 5-8%, the next (between 30-50 years) is approximately 10-15%, and the oldest (over 50) is 15-20%. He attributes the decrease to a liberalization of views and a reluctance on the part of the medical profession to perform the surgery. In prenatal classes, vigorous debate is undertaken by the social welfare people against circumcision. He adds that **"It is indeed a shame that the American people — who live in a society which has so many guaranteed freedoms — continue to deprive their children of the greatest freedom, that of the right to their own bodies."**

**United States** The circumcision rate increased eight-tenths of a percent from 1988 to 1989 following suspect reports that babies left intact are at increased risk for urinary tract infection and claims that men with foreskins are more likely to acquire AIDS (in the face of HIV positive American men, the majority of whom are circumcised). And, while the AAP may not have wanted their "neutralized" position statement on circumcision to be misinterpreted, the American press **did** misconstrue the data, which may have misled uninformed American parents. In the U.S., 58.8% of boys are being cut. Still, with 40% of American intact boys providing a healthy example of what is normal and natural, future parents will become educated.

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## HOW'D THEY FIGURE IT?

Researchers found that babies given a pacifier dipped in a sugar solution cried less during circumcision than babies given a plain pacifier or nothing to suck. Rather than consider that the sugar gave babies something distracting to focus on during an excruciatingly painful procedure, the researchers surmised that the sugar actually reduced the pain of unanesthetized surgery. Personal experience, if not common sense, should tell us otherwise. Using the same logic, we have been provided with a unique study which leads us to speculate as to whether or not giving sugar-dipped pacifiers to babies affects the ability of researchers to think.

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## NO LAUGHING MATTER

Two letters in a recent issue of the *American Medical News* took issue with the report of a mother's "humorous" comment after seeing her son's circumcision, "What do you folks do...Let the air out of it?" Elizabeth Noble responded "It is hard to believe that a mother would make such a comment about her son's suffering, except in a case of pathological denial." Dr. Leo Sorger wrote "In Europe and Scandinavia the [circumcision] rate is less than 1%, and residents of those nations consider the popularity of circumcision in America a form of madness...As an intact male and an obstetrician, I have refused to do circumcisions for a number of years." Perhaps these letters will encourage other doctors to join their colleagues who refuse to perform this unnecessary surgery.

## LETTERS TO THE EDITOR:

**Body Ownership Rights** “I am totally against circumcision and have great resentment about it being done to me. I feel it should be a personal decision. It is my body, therefore it should have been my choice, not my parents or some doctor’s.” S.B., Colorado

*NOCIRC and the ISC agree! The first tenet of the Declaration of the First International Symposium on Circumcision reads: “We recognize the inherent right of all human beings to an intact body. Without religious or racial prejudice, we affirm this basic human right.” In addition, circumcision is in violation of Article V of the United Nations’ Universal Declaration of Human Rights which says “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.”*

**Efforts Acknowledged** “Your campaign to put a stop to the unnecessary mutilation of small boys in the USA is well known and applauded by thinking people in this country. A lot of men who, like me, were circ’ed unnecessarily have been led to seek restorative techniques to relieve a distress which is not recognized by an otherwise enlightened medical establishment here. The fact that it may cause deep and abiding unhappiness and even psychiatric disorder, is of no consequence to them — or is just not understood.” J.F., Bedford, England.

*The Declaration of the First International Symposium on Circumcision acknowledges this medical oversight in one of its tenets: “We categorically state that circumcision has unrecognized victims.”*

**“What Hurts the Most...**is not my own circumcision, but the knowledge that other boys are still being circumcised. I was lucky in that I was not horribly damaged beyond repair, however I still feel bitter & angry at the loss of my normal healthy foreskin.” J.W., Brooklyn, NY.

**Hands Off!** “My parents not only resisted medical advice for circumcision but also let my foreskin loosen at its own slow rate. I was about 12 before my urethral meatus was visible and 16 before I saw the corona of my glans. Even with this slow loosening of the foreskin, I never experienced irritation or inflammation. Before becoming sexually active, I spent a few minutes per day over a period of months gradually stretching the foreskin by hand until it would easily retract. This approach was simple, painless, and effective. There is a wide normal range, and my own experience convinces me that there is no reason to be too quick with the knife.” H.M., Illinois

*In his new book, Dr. Thomas Ritter writes “In the United States, where most doctors are circumcised and know abysmally little about the foreskin, it is the responsibility and obligation of every parent who wishes to retain a son’s foreskin to instruct the obstetrician, pediatrician, or family doctor to carefully look at the infant’s penis and then, having ascertained its normalcy, to keep his grubby hands off the child’s foreskin.” (40 Compelling Reasons Why You Should Say No to Circumcision!, publication date April 1992, Hourglass Books).*

**What To Say** “I look forward to the day when my intact son asks why our penises are different. I am going to tell him he has the new, improved model!” D.R.

**“And the day came that the child was spared that slice of disrespect. And, in gratitude, the child looked out with a crystal clear eye that had a calming effect upon all of humanity.” — Unknown**

# BULLETIN BOARD

## Tapes, etc.

- MASTER DUPLICATORS, 11042 Bettes Place, Garden Grove, CA 92640, has audiotapes of both the First and the Second International Symposia on Circumcision. Write to them for an order form.
- Videotapes of both the First and the Second International Symposia on Circumcision and a 70-minute edited version of the First Symposium (\$29.95) are available. Send an SASE with your request for an order form or your check with an order to the NOCIRC office.
- "Circumcision: What Parents Should Know," a 30-minute educational videotape, is available from Associated Media Productions, P.O. Box 70923, Reno, NV 89570-0923, (702)826-8945.
- For information on a one-minute public service announcement broadcast video on circumcision, contact Barry Ellsworth, E/M Films, 255 Lafayette Street, #511, New York, NY 10012.
- Jess Grant's 1991 recording, SONGS FOR BOYS, includes "For My Foreskin." Call (415)255-1947 for more information.
- Lou Reed's new release, MAGIC AND LOSS, includes "Harry's Circumcision."

## New Books

- Watch the Spring Newsletter for two books from Hourglass Book Publishing due out in April: *40 Compelling Reasons Why You Should SAY NO TO CIRCUMCISION!* by Thomas J. Ritter, M.D., and *The Joy of Uncircumcising!* by Jim Bigelow, Ph.D.
- For information on the publication date of Gary Griffin's book, *Decircumcision...Foreskin Restoration and Circumcision Procedures*, write to Added Dimensions Publishing, 4216 Beverly Blvd., Suite 262, Los Angeles, CA 90004.

## Studies

- Jim Bigelow, Ph.D., is gathering documentation for his book on foreskin restoration which will include consideration of the psychological effects of circumcision upon its victims. How has circumcision affected your life? Write to Dr. Bigelow at 315 Congress Avenue, Pacific Grove, CA 93950. Confidentiality guaranteed. His book is scheduled for release in April.
- To contribute to a study on the emotional impact of infant circumcision on adults, please write to Ron Goldman, P.O. Box 232, Boston, MA 02133, and describe how your circumcision has affected you. Acknowledgment and confidentiality assured.
- R. Wayne Griffiths, M.S., M.Ed., continues his study on the effects of both neonatal (newborn) and postnatal (infancy and childhood) circumcision. Send a SASE to 3205 Northwood Drive, Suite 209, Concord, CA 94520, for the questionnaire.
- Elizabeth Noble sends thanks for your response to her survey and apologies to those she didn't manage to reach.

## Foreskin Restoration Information

- For information, send a SASE and \$4.00 to UNCIRC (UNCircumcision Information and Resources Center), 315 Congress Avenue, Pacific Grove, CA 93950.

## Support Groups

- For information on support groups and an information network for men interested in or undergoing foreskin restoration, send a SASE to R. Wayne Griffiths, 3205 Northwood Drive, Suite 209, Concord, CA 94520.
- Circumcision Survivors Support Group forming in Boston area for circumcised men who want to share their feelings and heal their wounds. Call Ron Goldman at (617)566-1430.
- For alternative Brit Milah information, contact Moshe Rothenberg, (718)859-0650.

## Lost & Found

- Rosemary Romberg's (*Circumcision: The Painful Dilemma*) new address: 13020 Homestead Court, Anchorage, AK 99516.
- Please include name of publication, the address, date, and page number with those articles you send us.
- NOCIRC's "Circumcision Why?" pamphlet was revised in March, so if you're making copies off the old one (it's not copyrighted, so it's okay), it's time to send for a new one!

## For You Helpers

- Send a 9 x 12-inch envelope (with \$1.90 postage per issue) addressed to your local library or hospital and we'll send a copy of the July/August 1989 issue of The Truth Seeker, "Crimes of Genital Mutilation."

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Paul Tardiff (r.) with Dr. James Snyder and Marilyn Milos at the Medical Society of Virginia's Annual Meeting, November 1990.

**IN MEMORY:** Those of you who noticed "Credits" in the NOCIRC Newsletter saw that Paul Tardiff was responsible for publications. It was Paul who, in his 1984 interview with Dr. Dean Edell, described sex without a foreskin as "sight without color." Paul discussed the loss of penile sensitivity after his circumcision at the age of 30 to the General Assemblies of both the First International Symposium on Circumcision (1989) and the American College of Nurse-Midwives' Annual Convention (1990), and he explained that circumcision does affect sexual functioning. Paul, a founding member of the ISC, helped to coordinate the Second International Symposium until he became too ill to work at his computer. Hospitalized during the Second Symposium, Paul was tremendously disappointed at not being able to attend. He was able to return home, however, and died peacefully on June 18. Paul believed in the inalienable right of children to body ownership and was deeply committed to the work of NOCIRC. He has made our work easier and more efficient by leaving us his computer and laser printer. Thank you, Paul. We appreciate your generosity and cherish your memory.

**YOUR DOLLARS AT WORK. LAST YEAR, YOU HELPED:**

- sponsor the Second ISC,
- provide a workshop at the National Men and Masculinity Conference in Tucson,
- sponsor a presentation at the Fifth International Congress on Pre- and Peri-natal Psychology in Atlanta,
- support the Inter-African Committee's work to eradicate female genital mutilation,
- distribute more than 20,000 copies each of the Fall and Spring newsletters along with a wealth of other information.

**YOUR DOLLARS AT WORK. THIS YEAR, YOU'LL RECEIVE:**

- the Syllabus of Abstracts of the Second International Symposium on Circumcision with this year's tax-deductible donation of \$10 or more. This concise document makes a powerful statement!

**NOCIRC survives because of your confidence and support. Thank you!**

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