

AAP Upholds 1999 Position Statement on Circumcision

A reaffirmation statement of the 1999 Policy on Circumcision, which does not recommend routine neonatal circumcision, was issued by the American Academy of Pediatrics, 9/1/05.

Medicaid Funding

Idaho, Louisiana, and Minnesota eliminated Medicaid payment for routine circumcision during 2005, joining Arizona, California, Florida, Maine, Mississippi, Missouri, Montana, Nevada, North Carolina, North Dakota, Oregon, Utah, and Washington in ending funding for a non-therapeutic, surgery on a non-consenting minor.

Dutch National Health Drops Circumcision Payment

Mother, why was I circumcised?, a critical documentary about circumcision by Michael Schaap, was broadcast in the Netherlands, which led to strong public debate. MP Ayaan Hirsi Ali, subsequently put questions to the Minister of Health who, on 12/17/04, excluded circumcision of boys from the Dutch National Health insurance. To see video: www.macdocman@mac.com.

Increased Risk of MRSA for Circumcised Newborns

Methicillin-resistant *Staphylococcus aureus* (MRSA), which doesn't respond to penicillin-related antibiotics, has reached epidemic proportions. The circumcision wound is a known portal-of-entry for the pathogen, which causes skin infection, cellulitis, pustulosis, bacteremia, urinary tract infections, musculoskeletal infections, and even death. See: DoctorsOpposingCircumcision.org/DOC/mrsa.html.

HIV and Circumcision

The immediate task is to increase condom availability in areas where the needs are greatest.

– Malcolm Potts and Roger V Short, *AIDS*

- “Male circumcision does not eliminate the risk of HIV for men, and the effects of male circumcision on women’s risk of HIV are not known.” UNAIDS and WHO, *AIDS*, 12/05
- “[M]ass circumcision would not be as cost-effective as other interventions that have been demonstrated to be effective. Even if effective, mass circumcision as a preventive measure for HIV in developed countries is difficult to justify.” Van Howe RS, Svoboda JS, and Hodges FM [more on page 3].

The risk of MRSA is immediate. The protection from HIV, if any, by circumcision occurs some distance in the future, by which time a vaccine or effective drugs may exist.

– George Hill, Vice President of Bioethics and Medical Science, Doctors Opposing Circumcision

Parents argue in court about circumcision for 8-year-old son

A Cook County Circuit Court Judge, Jordan Kaplan, in Chicago, IL, granted a temporary restraining order to stop the circumcision of an 8-year-old boy while his father contests the mother’s plan to have it done. Names were withheld to protect the child’s privacy. The 31-year-old mother contends two doctors recommended circumcision to prevent medical problems. The 49-year-old intact father fears the “unnecessary amputation” will harm his son both emotionally and physically. A hearing on a permanent injunction is scheduled. *United Press International*, 2/20/06

Religious Freedom vs. Public Health

The New York City Health Department is drawing up safety guidelines to govern the practice of *metzizah b’peh* (sucking blood from the circumcision wound) after linking the rite to additional cases of herpes in infants, one of whom suffered brain damage as a result. Others have died. While Orthodox Jews consider any campaign against their dangerous practice a violation of religious freedom, US Supreme Court case law (*Prince v. Massachusetts*) says that parental religious “freedom” stops where a child’s welfare is put in danger. During this conflict of “religious freedom vs. public health,” certainly a crucial point, no one is mentioning the constitutional right of the child to religious freedom.

Artificial Foreskin

Viafin-Atlas, Ltd., an England-based organization that manufactures therapeutic products for circumcised males, announced its dismay because of the thousands of emails received from US men about the detrimental effects of circumcision. Company representatives wrote to the American Academy of Pediatrics and the US Secretary of Health and Human Services to relay the despair and anger felt by victims of unnecessary neonatal circumcision. Appropriate suggestions were made to enforce the human rights that are owed to infants and children. The need for post-circumcision therapeutic products clearly reveals circumcision’s harm. 1/18/06

2006 College Essay Contest Winners:

1st place: Emily Petrequin,

Schenectady County Community College

2nd place: Stacy Trinh, Hawaii Pacific University

3rd place: Tamara Blake, University of California, Riverside

Read winning essays at www.nocirc.org.

Letter from the Editor

This has been a very busy and exciting year, with lots of activity and forward movement!

In March, I spoke at the Punahale conference in Hawaii, where my talk was well received. Attendees later told me their plans for ending circumcision on the islands. One midwife was worried about a laboring woman whose baby was at risk. I gave her information for the parents, and the baby, born during the conference, remains intact!

Penn & Teller aired an exposé of circumcision on *Showtime* last April. They made it very clear that circumcision is wrong, as are those who promote or do it. The show, which was nominated for an award, gave the issue even more national attention.

Four doctors, two nurses, and a host of volunteers worked diligently in July/August on the Penile Touch Test Sensitivity Evaluation Study. We tested 163 men. The testing is done and the results are being prepared for publication.

A South African study, claiming circumcision lowers the risk of acquiring AIDS, was presented as a poster paper at an AIDS conference in Brazil. Another paper showed the effectiveness of female circumcision to prevent HIV (see page 4), but the media ignored that finding. Circumcision was praised with 60% effectiveness. Condom use has been shown to have 90% effectiveness, far more cheaply. Risk factors for HIV infection include unprotected sex, promiscuity, lack of education, and denial of the problem. Availability of condoms and appropriate education are sufficient to control AIDS in Europe, Japan, and elsewhere. Why not Africa, where a safe circumcision costs \$15/person, while education and condom use cost \$1/person? Decreasing HIV trends in Uganda reflect success through an aggressive educational program about the importance of safe sex and condom use. Considering the cost of safe circumcision, risks of the surgery, decreased loss of sensitivity, and reluctance, therefore, to use condoms for safe sex, it seems evident that education, not amputation, is the sane approach to curbing the spread of HIV/AIDS.

From our booth at the AAP conference in Washington, DC, we handed out more information than ever before. Many

physicians eagerly asked for our material and thanked us for being there. While in DC, we also held a NOCIRC workshop, where presenters shared accomplishments and offered exciting ideas. We premiered the NOCIRC 30-second Public Service Announcement (PSA), which is available from NOCIRC on DVD and in broadcast quality for people to take to their local Public Access or PBS television stations to be aired. You can see the PSA at www.nocirc.org. To launch our advertising campaign, we also ran an ad in the February issue of *American Baby* magazine, which is in obstetricians' offices nationwide. The ad reflects the positive message and images of the PSA and has been very effective.

In November, at the APPPAH (Association of Prenatal and Perinatal Psychology and Health) Congress in San Diego, I was on a panel with Peggy O'Mara (editor, *Mothering* magazine) and Suzanne Arms (author, *Immaculate Deception*). The NOCIRC message was welcomed! The Congress was held at the same place twenty years earlier, where Ashley Montagu, at the podium to accept a human rights award, pointed toward me standing at the NOCIRC booth and said, "I've been speaking against circumcision for years. I'm glad to see someone has finally picked up the banner." Years later, at lunch with Ashley in San Francisco, I reminded him of that moment and told him that I hadn't yet realized I'd "picked up the banner." I explained that, on my way to that Congress, I learned I was fired from my job for giving parents information. He said, "Congratulations, Marilyn, you must have been doing something right! And," he added, "you're in good company because I got fired from my first job, too." Today, however, I have no doubt that I did pick up the banner...and I'm very grateful for all those who now are carrying it with me!



"An invasion of armies can be resisted, but not an idea whose time has come." - Victor Hugo

∞ In Memory of Our Beloved Colleagues ∞

Jeannine Parvati Baker, director of NOCIRC of Utah – Joseph, did the closing ceremony of the first seven international symposia.

Diane Johnson, initiated baby fair/NOCIRC booths in Atlanta, Georgia.

Bob Oliver, MD, non-circumcising obstetrician, spoke up on behalf of Medicaid defunding of circumcision in NC.

Christopher Price, Esq., NOCIRC of Wales, wrote brilliant documents to protect genital integrity rights of infants and children.

Bob "Bear" Simmons, NOCIRC of Georgia, marched in 2002 to the Capitol in Washington, DC.

A memorial fund has been established to honor the desire of our colleagues to end non-therapeutic circumcision of non-consenting minors. Please make your contribution to NOCIRC in the name of the person you wish to honor. Thank you.

Laws, Lawsuits, and Legislation

CANADA

British Columbia – The British Columbia College of Physicians and Surgeons states “Under the Canadian Charter of Rights and Freedoms and the United Nations Universal Declaration of Human Rights, an infant has rights that include security of person, life, freedom and bodily integrity. Routine infant male circumcision is an unnecessary and irreversible procedure. Therefore, many consider it to be ‘unwarranted mutilating surgery.’” 2005

IRELAND

A government-appointed committee recommended that health authorities establish regional services to carry out cultural male circumcision, saying, “circumcisions performed by untrained people in inappropriate environments are not acceptable in Ireland.” It warns that “any injury to an infant from circumcision carried out by ‘an incompetent person’ could be deemed child abuse and subject to child protection legislation or criminal law.” *The Irish Times*, 1/24/06

SCOTLAND

Holyrood – Scotland’s modified Prohibition of Female Genital Mutilation Bill closes the loophole for UK nationals to send a girl overseas for circumcision. www.dailyrecord.co.uk/, 5/4/05

UNITED KINGDOM

“We conclude that it is ethically inappropriate to subject children—male or female—to the acknowledged risks of circumcision and contend that there is no compelling legal

authority for the common view that male circumcision is lawful.” M Fox and M Thomson. A covenant with the status quo? Male circumcision and the new BMA guidance to doctors. *J Med Ethics* 2005; 31:463-469

UNITED STATES

Watford City, ND – Mervin Gajewski petitioned a ND Court to appoint him “next friend” of all ND intact minor boys so that he could pursue an action outlawing or restricting male circumcision in ND. The Court denied the petition, saying “The rules contemplate appointment of a next friend for a real person, not for a philosophical, hypothetical plaintiff in an action.” So, with permission from his parents, a young boy will become the “real person” in Gajewski’s next petition to the court. (Personal correspondence with Jody McLaughlin, NOCIRC of ND.)

New York, NY – A jury awarded \$1.5 million to a boy born in April 2003 whose circumcision, performed by an OB/gyn resident without supervision, left him with significant loss of glans tissue. After two repair surgeries, the boy still has a deformed penis and altered urine flow. *Mario Rodriguez v. NY City Health and Hospitals Corp.* 2/9/05

Charleston, SC – A jury, on 2/3/06, awarded \$30,000 to a 52-year-old man who alleged he lost significant penile length when a urologist re-circumcised him to treat cracking and burning on his penile skin. *Robert T. Jeffcoat v. Palmetto Adult & Children’s Urology, PA and Frederick J. Goulding, MD*, Ninth Judicial Circuit, Charleston County, SC. David J. Llewellyn, Atlanta, GA, and Stuart Hardwick, Jr., Columbia, SC, represented Mr. Jeffcoat. ■

Highlights from Medical Literature

HISTORY

•Both these claims – that ritual or religious circumcision arose as a hygiene or sanitary measure and that allied troops serving in the Middle East during the Second World War were subject to such severe epidemics of balanitis that mass circumcision was necessary – are medical urban myths that should be firmly laid to rest. Darby R. The riddle of the sands: circumcision, history, and myth. *NZ Med J.* 2005 Jul 15;118(1218):U1564.

•[F]ear of spermatorrhea, as a disease entity and as linked with medical anxiety about masturbation, was an important factor in the acceptance of circumcision as a valid medical intervention in the late nineteenth century. Darby R. Pathologizing male sexuality: Lallemand, spermatorrhea, and the rise of circumcision. *J Hist Med Allied Sci.* 2005 Jul;60(3):283-319.

BALANITIS TREATMENT

A report of Zoon’s balanitis successfully treated with tacrolimus provides further confirmation that Zoon’s balanitis need

not be an indication for circumcision. Hernandez-Machin B, Hernando LB, Marrero OB, Hernandez B. Plasma cell balanitis of Zoon treated successfully with topical tacrolimus. *Clin Exp Dermatol* 2005; 30(5):588-9.

CIRCUMCISION COMPLICATIONS

Severe glanular ischemia that occurred 24 hours after circumcision of an 11-year-old boy was successfully treated with pentoxifylline injection for 5 days. The black color of the glans penis changed to brownish at 48 hours and appearances were close to normal at 5 days. Aslan A, Karaguzel G, Melikoglu M. Severe ischemia of the glans penis following circumcision: A successful treatment via pentoxifylline. *Int J Urol* 2005; 12(7):705-7.

HIV INFECTION AND CIRCUMCISION

•“Even if the two ongoing randomised controlled trials in Africa show a protective benefit of circumcision, factors such as the unknown complication rate of the procedure,

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the permanent injury to the penis, human right violations and the potential for veiled colonialism need to be taken into account." RS Van Howe, JS Svoboda, and FM Hodges. HIV infection and circumcision: cutting through the hyperbole. *JR Soc Health*; 125(6):259-65.

- A lowered risk of HIV infection among circumcised women was not attributable to confounding with another risk factor in these data. Stallings R.Y., Karugendo E. Female Circumcision and HIV Infection in Tanzania: for Better or for Worse?
- Male circumcision may provide an important way of reducing the spread of HIV infection in sub-Saharan Africa. Auvert B, Taljaard D, Lagarde E, Sobngwi-Tambekou J, Sitta R, Puren A. Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: the ANRS 1265 Trial. *PLoS Med*. 2005 Nov;2(11):e298. [The Lancet refused to publish this study because of ethical considerations.]

PAIN

R. Whit Hall and K.J.S. Anand. Physiology of Pain and Stress in the Newborn. *NeoReviews* 2005;6:e61-68

Shalini Khurana, R. Whit Hall and K.J.S. Anand. Treatment of Pain and Stress in the Neonate: When and How. *NeoReviews* 2005;6:e76-86

PHIMOSIS

- "We suggest the implementation of improved educational measures regarding preputial pathophysiology in the medical curriculum...to reduce the number of unnecessary specialty referrals and...to aid primary care physicians in recognizing the presence of physiological phimosis so that patients and families may be reassured of normalcy." McGregor TB, Pike JG, Leonard MP. Phimosis - a diagnostic dilemma? *Can J Urol*. 2005 Apr;12(2):2598-602.
- "Prepuce spontaneously separates from the glans as age increases and true phimosis is rare in children. Surgical intervention should be avoided for nonseparation of prepuce." Abhinav A, et al. Preputial retraction in children. *J Indian Assoc Pediatr Surg*, Apr-June 2005; 10(2):89-91.
- "[W]e recommend...to wait as long as possible for spontaneous evolution of phimosis...and, in case of non evolution of congenital phimosis or pathologic phimosis, to use as first step treatment corticoid topics rather than surgical treatment." Breaud J, Guys JM, Phimosis: medical treatment or circumcision? *Arch Pediatr*. 2005 Jun 23.
- "When topical steroid application is used to treat phimosis, moderately potent steroids should be considered first to avoid adverse effects that could, in theory, occur with higher potency agents." Stephen Shei Dei Yang, et al. Highly potent and moderately potent topical steroids are effective in treating phimosis: A prospective randomized study. *Journal of Urology* April 2005.

- "Treatment for phimosis with topical steroids, combined with stretching exercises, is an effective and suitable alternative to surgical correction (preputial plasty/circumcision)." Zamperi N, et al. Phimosis: Stretching Methods with or Without Application of Topical Steroids. *J Pediatr* 2005;147:705-6.
- "The technique of preputial plasty presented enlarges the stenotic ring of prepuce by a transversal widening on the dorsal side. The ring of prepuce obtained is wide and symmetrical on its dorsal and ventral sides and therefore cosmetically and functionally satisfactory. It is a good alternative to the more radical circumcision technique." Dessanti A. et al. Preputial plasty using transversal widening on the dorsal side with EMLA local anesthetic cream. *J Pediatr Surg*. 2005 Apr;40(4):713-5.

PENILE SENSITIVITY AND SEXUAL SATISFACTION

"[B]efore circumcision, men should be warned of the long-term consequences (penile sensations and effect on erectile function) as well as be talked through the more traditional subjects (peri-operative complications)." S. Masood, et al. Penile Sensitivity and Sexual Satisfaction after Circumcision: Are We Informing Men Correctly? *Urol Int* 2005; 75:62-66.

PENILE CANCER IN CIRCUMCISED MEN

"Penile carcinoma in circumcised men is a distinct disease commonly following nonclassic vigorous circumcision. Delayed diagnosis and deferring surgical treatment are associated with increased mortality." Seyam RM, Bissada NK, Mokhtar AA, Mourad WA, Aslam M, Elkum N, Kattan SA, Hanash KA. *J Urol*. 2006 Feb;175(2):557-61.

PRIAPISM CAUSED BY CIRCUMCISION

Integrated treatment for priapism caused by circumcision: a case report. Jin BF, Huang YF, Shao CA, Xia XY, Guan FG, Li G, Wang J. *Zhonghua Nan Ke Xue*. 2005; 11(7):544-7.

PTSD AFTER FGM

"Circumcised women showed a significantly higher prevalence of PTSD (30.4%) and other psychiatric syndromes (47.9%) than intact women. PTSD was accompanied by memory problems. A mental health problem exists among the circumcised women that may furnish the first evidence of severe psychological consequences of FGM." Alice Behrendt, Dipl.Psych., and Steffen Moritz, PhD. Posttraumatic Stress Disorder and Memory Problems After Female Genital Mutilation. *Am J Psychiatry* 162:1000-1002, May 2005

UTI STUDIES INACCURATE?

- "Previously reported differences in the rate of urinary tract infection by circumcision status could be entirely due to sampling and selection bias. Until clinical studies adequately control for sources of bias, circumcision

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Highlights from Medical Literature (cont.)

should not be recommended as a preventive for urinary tract infection." Van Howe RS. Effect of confounding in the association between circumcision status and urinary tract infection. *J Infect.* (2005);51:59-68

- "Assuming equal utility of benefits and harms, net clinical benefit is likely only in boys at high risk of UTI." Singh-Grewal D, Macdessi J, Craig J. Circumcision for the prevention of urinary tract infection in boys: a systematic review or randomised trials and observational studies. *Arch Dis Child* 2005; 90:853-58.

I have some good friends who are obstetricians outside the military, and they look at a foreskin and almost see a \$125 price tag on it. Each one is that much money. Heck, if you do 10 a week, that's over \$1,000 a week, and they don't take that much time.

– Thomas Wiswell, *Boston Globe*, 6/22/87

World News

AUSTRALIA

The Royal Australasian College of Physicians released guidelines for doctors managing pain in children. The part of the nervous system that turns down pain is underdeveloped in babies, making them highly sensitive to medical procedures. *National Nine News*, 10/17/05

AFRICA

Kenya – Human Rights activists said 15 school girls were forcibly circumcised secretly. Western Kenya Centre Against Torture Programme Officer, David Koros, said some 200 girls were set to be circumcised. "We are marshaling resources to take the parents to court...we are asking the Government to intervene..." said Koros. *www.eastandard.net*, 12/5/05

Kenya – Agnes Pareyio is the United Nations in Kenya Person of the Year for her efforts to save girls from FGM. She is the co-ordinator of a community-based organization that is facilitating the design of sustainable programs for eliminating the female rite. *www.sabcnews.com*, 11/14/05

Uganda – Ugandan HIV/AIDS infection rates have fallen from 15 to 5%. However, the Global Fund to Fight AIDS, tuberculosis, and malaria halted more than \$150m of its grant to Uganda, and health campaigners from 16 organizations say an acute shortage of condoms is increasing the risk of HIV infection. Uganda's AIDS program was criticized by the UN, who said that, under pressure from the US, it was putting greater emphasis on abstinence than condoms. Ugandan Health Minister, Mike Mikula, denies any change in policy and the US rejected the UN accusation. 9/2/05

Uganda – The United Nations called on Uganda to stamp out child sacrifice and female genital mutilation. An 18-member UN team monitored compliance with the 1991 UN Convention on the Rights of the Child, which guarantees basic freedoms and commits states to take measures to abolish traditional practices prejudicial to children's health. *Reuters*, 9/30/05

INDONESIA

Jakarta – Indonesia will ban female circumcision, the Health Ministry said. The decree came after a seminar at which religious leaders said that, while male circumcision is an obligation under Islam, the female equivalent, which is widely practiced in Indonesia, is not. *AFP*, 6/3/05

IRAQ

Kirkuk – Forty villages in Iraq's Germian region have become proof of FGM occurring in the Middle East. *Christian Science Monitor*, 8/10/05

MOROCCO

Casablanca – The 2-year-old son of King Mohammed VI was circumcised with thousands of other Moroccans in their show of solidarity for the prince. The king pardoned more than 7,000 prisoners in honor of the event. *Associated Press*, 4/14/05

SOUTH AFRICA

Cape Town – Circumcision does not provide absolute protection against HIV and AIDS, according to Dr Kh. Z. Al Hussaini, who told *Gulf News* that condoms remain the only effective barrier against HIV with a 99% success rate. He spoke following studies conducted in Africa that suggested circumcision lowered the risk of contracting HIV. "Don't think that just because someone is circumcised he is immune from HIV and AIDS," the urologist said. *www.gulf-news.com*, 8/10/05

East London – Six initiates died from gangrene, septic wounds, infections, and meningitis following circumcision. About 120 others were hospitalized. Provincial Health Department spokesperson, Sizwe Kupelo, said more than half of the initiates were underage, the youngest being 12. The department closed down 20 circumcision schools and rescued more than 150 initiates. Kupelo said 14 traditional surgeons and about the same number of traditional circumcision nurses have been arrested. Three operated on 90 initiates, using three unsterile blades: one used the same blade on 29 initiates, another used one blade on 18, and the third used one unsterilized blade on more than 40 initiates.

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Johannesburg – Medical experts in South Africa fear repeated use of unsterilized blades for circumcision is spreading HIV. The practice, performed without anaesthesia, is to reinforce the belief that “real men can endure pain,” but hundreds of boys die or are maimed, leading health officials to criticize the tradition. Graeme Meintjes, a South African AIDS specialist, said, “We can imagine, in some communities, about 20% of boys going off to the bush will be HIV-positive – it’s an extremely high risk.” *www.allAfrica.com, 7/6/05*

Libode – After another initiate died, Eastern Cape Health Department official, Sizwe Kupelo said “I would like these people to be charged with culpable homicide. [Initiates] are being killed in the name of custom, but it’s no longer custom...You can’t be proud of something that kills.” Another boy was in critical condition, and a third had gangrene and his penis must be amputated. A fourth boy was admitted to hospital after trying to circumcise himself. The four youths were 14 and 17 – under the age required by the circumcision law. *Sapa, 7/01/05*

Eastern Cape – The circumcision season ended with 22 boys dead, the last a 24-year-old initiate who hanged himself. Fifteen circumcisers were arrested. Of the 5,833 circumcised boys, 239 were admitted to hospital. Five boys had penile amputation. The department rescued 535 boys left to die in the bush. *Sapa, 1/5/06*

Mthatha – One boy died and 8 others, aged 18-20, were admitted to hospital after circumcision. The man in charge of the legal initiation school failed to report the sick boys. *www.int.iol.coi.za, 11/28/05*

SWEDEN

Boys in Sweden are still being damaged by circumcision, despite a 2001 law to protect them. The number of boys circumcised by people without a legal right to do so is unclear, according to the National Board of Health and Welfare. Circumcisions are performed almost exclusively by Muslim and Jews. Five boys, aged 1-7, received care for complications. *www.thelocal.se, 10/5/05*

THE NETHERLANDS

A commission for the Dutch Health Department advised that all girls in the Netherlands – not just Islamic ones – be checked by doctors for genital mutilation. About 50 cases emerge each year but the Commission for the Prevention of Female Genital Mutilation says there are many more cases. *The Times, 3/25/05*

THE PHILIPPINES

Roxas City – A 3-day gathering of the “child-friendly” Kiwanis club, promoting circumcision of male children, expected to promote the local tourism industry, according to the office of tourism. *PIA, 8/10/2005*

Kasarival – Vice President and Housing and Urban Development Coordinating Council Chairman, Noli de Castro, has launched a circumcision mission. *The Philippine Star, 5/22/05*

TURKEY

For the first time in Turkey, a book about circumcision, *Sunnet: Sunnet Hakkında Yalanlar ve Gerçekler (Circumcision: The Lies and Facts about Circumcision)*, has been published. Author Nil Gun is happy to see that people are concerned with the subject. [Personal communication to NOCIRC.]

UNITED KINGDOM

London – A Muslim “assaulted” his 5-year-old son by having him circumcised against his mother’s wishes, a court heard. The father was alleged to have

secretly taken the boy to a doctor in north London for the procedure, and then told the mother “There is nothing you can do.” *www.news.scotsman.com, 5/3/05*

UNITED STATES

San Diego, CA – MGMBill.org resubmitted the US and California MGM Bill proposals to Congress and the California State Legislature in its Third Annual USA MGM Bill submission. Its state offices submitted state-level MGM Bill proposals to legislatures in 14 states, reaching more than 2,700 lawmakers in all. *U.S. Newswire, 2/6/06*

San Francisco, CA – The SF Human Rights Commission’s report, “A Human Rights Investigation into the Medical ‘Normalization’ of Intersex People,” says, “‘Normalizing’ interventions done without the patient’s informed consent are inherent human rights abuses.” It puts forth findings and recommendations for medical providers, mental health providers, educators, parents, and researchers. Bodies Like Ours, a support and activist group, states, “Many intersex people who are born with genitals that appear ‘ambiguous’ undergo medical treatments to visually ‘normalize’ their physical appearance.” The report finds that ‘normalizing’ medical treatments that do not treat medical illness are a human rights abuse...” *www.bodieslikeours.org, 5/19/05*

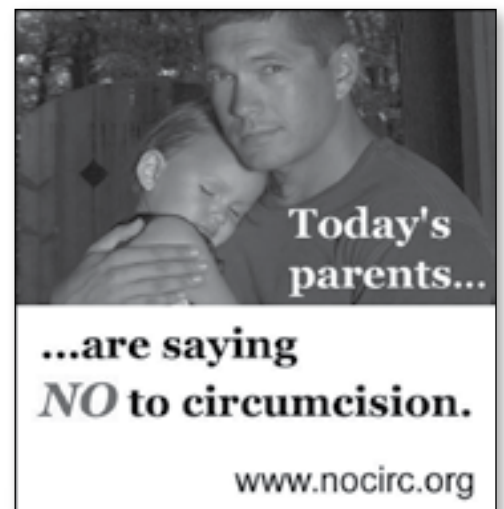


Photo from NOCIRC PSA and Ad Campaign



"Victorious Babies" by Alex Steelsmith

Announcements

Genital Integrity Awareness Week, March 29-April 4, 2006. Find out what you can do to help at www.genitalintegrity.net.

13th Annual Demonstration/March Against Infant Circumcision, US Capitol, *Genital Integrity Awareness Week*. March 29 - April 4, 2006. See www.sicsociety.org

International Symposia on Circumcision, Genital Integrity, and Human Rights Proceeding Papers available from NOCIRC, POB 2512, San Anselmo, CA 94979-2512, USA:

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

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

ON SALE! 5th International Symposium, Oxford University, UK. *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, ed. by George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos. 1999. \$50ppd.

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

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

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

Books and Booklets

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

Connection Parenting: Parenting through Connection instead of Coercion, through Love instead of Fear, Pam Leo, 2005. \$14. CDS Books, NY, 800-343-4499.

Dear Mama, natural parenting for the first year, Melissa M. Harden. 2005. \$15.99. ISBN 0-9768851-0-7. Call toll free 877-8-DEARMA. Mention this ad with your order and 10% will be donated to NOCIRC.

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 of PA - Lancaster, POB 103, Mountville, PA 17554.

Female Circumcision and the Politics of Knowledge: African Women in Imperialist Discourses, Obioma Noraemeka, ed. 2005.

Female Circumcision: Multicultural Perspectives, Rogaia Mustafa Abusharaf. \$39.95. 2006.

Female Circumcision: The Unkindest Cut, ed. by Amna Badri and Margaret Grieco. December 2005.

Female Genital Mutilations: Legal, Cultural and Medical Issues, Rosemarie Skaine. \$39.95. 2005.

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

Healing Circumcision, Deva Daricha. 2003 \$30 book and CD. Deva Daricha, Director, Centre for Human Transformation, Box 233, Yarra Glen, Victoria 3775 Australia.

I Want My Foreskin for Giftmas!, Carl Schutt. 2004 \$15. ISBN 0-9753202-6-2. Inkus Imagination, POB 35, Red Bank, NJ 07701. Review copy free w/ \$3 postage. Mention this with your order and 10% of sale will be donated to NOCIRC. Musical read-a-long: www.IWantMyForeskinForGiftmas.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

NOCIRC PSA and ad (see page 6) available from NOCIRC, POB 2512, San Anselmo, CA 94979 or email nocirc@cris.com.

Circumcision? Intact Facts. 18-min. VHS. \$44.05. Injoy Productions, 7107 La Vista Place, Longmont, CO 80503. Tel: 800-326-2082.

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

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

Tahara. 18-min. NTSC VHS. \$30ppd (\$100 for institutions, schools, libraries). Sara Rashad. See: www.taharafilm.com.

And More...

Restoration in Focus: An Instructional Video. 100-min. VHS tape in PAL format. £15 including postage by second class recorded delivery in UK. In US, NTSC format from Tim Hammond, 3801 Market Street, Suite 2, San Francisco, CA 94131 USA. See: www.norm-uk.org.

Restore Yourself! A Handy Kit for Circumcised Men. \$27.95 ppd. 30-day money-back guarantee. www.RestoreYourself.com or Norm Cohen, NOCIRC of Michigan, POB 333, Birmingham, MI 48012. Tel: 248-642-5703.

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present

The 9th International Symposium on Circumcision, Genital Integrity, and Human Rights

August 24-26, 2006
University of Washington
Seattle, Washington

Registration postmarked to NOCIRC by July 31:
\$50 half-day; \$90 full day; \$225 full program.

After July 31, on-site registration only:
\$65 half-day; \$110 full day; \$250 full program.

Continuing Education:
CE credits will be provided upon request.

Accommodation Suggestions

Recommended hotels. Quoted prices are for conferees and will only apply if enough rooms are occupied. **Do not** delay making your reservation – these hotels sell out in summer and alternatives are farther from the symposium venue.

On Campus: University of Washington dormitory, \$31 each for double share, \$49.50 for single, with \$20/day food purchase required of each person. Shared baths. Good restaurant on first floor. Just 200 meters to symposium venue. A PDF for U of WA dormitory registration will be posted at www.nocirc.org.

Off-Campus Deluxe Hotels, within 6 blocks of symposium venue:

Best: The Watertown, \$140, \$160, closest and newest, with modern conveniences, pool, and fitness room. Continental breakfast. +1 206-826-4242.

Good: University Inn, sistership to The Watertown, older facilities, pool. Traditional \$105, Deluxe \$115, modern conveniences. Continental breakfast. +1 206-632-5055.

Off-Campus Economy Hotels:

Best Value: The University Motel, suites only. Best value for group of four, three blocks to shops, restaurants, groceries. 2-BR apartment-size rooms with full kitchen. Single \$77, double \$88, triple \$89, 4-person \$95, 6-person \$107. Eight-block walk to symposium. +1 206-522-4724.

Bargain Basement, youth hostel style: Closest bargain for a single. National Historic Registered building, 1909 charm but spartan. No cooking facilities. No elevator, no TV, shared baths. Single \$55, double \$70. Just 200 meters to symposium venue. +1 206-633-4441.

For additional details, contact John Geisheker, Executive Director, D.O.C., +1-206-568-0566, 9am-7pm PST or at kiwijohn2@cs.com.

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