

Male Circumcision and Sexual Dysfunction

A Danish survey of 5,552 men and women found that circumcision was associated with frequent orgasm difficulties in men and with a range of sexual difficulties, dyspareunia, and a sense of incomplete sexual needs fulfillment in women. Examination of these matters in areas where male circumcision is more common is warranted. Frisch M, et al. *International Journal of Epidemiology* 2011:1-15

Dutch Doctors Urge End to Circumcision

Dutch doctors should discourage the circumcision of boys, even from Jewish and Muslim families, according to the Royal Dutch Medical Association, because children cannot give informed consent. "[T]hat is wrong and a violation of the child's rights," says medical ethicist, Gert van Dijk. "In our code of medical ethics, it states that you must not do harm to the patient, but with this procedure this is exactly what you're doing." The Dutch medical association has urged religious leaders to find alternative rites of passage that are not irreversible and that are not painful for the child.

Circumcision Assault Case Brings Fine and Conviction in Finland

Helsinki District Court, on 12/30/11, imposed a fine on a man convicted of assault and battery for circumcising two Muslim boys. The parents were convicted of incitement to assault and battery but not fined. In 2008, the Finnish Supreme Court ruled that religiously mandated circumcisions are not illegal if performed according to proper medical procedure. In its ruling, the Helsinki District Court stated it would be a misinterpretation of the Supreme Court's earlier decision to see it as authorizing non-medical circumcisions. The court ruled that circumcision should be with the consent of the person undergoing the procedure.

Viral Load Major Factor in HIV Transmission

The level of HIV-1 in the blood of an HIV-infected partner is the most important factor influencing risk of sexual transmission to an uninfected partner, according to a multinational study of heterosexual couples in sub-Saharan Africa. The study, published in the *Journal of Infectious Diseases*, calculated the risk of HIV-1 transmission per act of sexual intercourse and found the average rate of infection to be about 1 per 900 coital acts. The higher the viral load in the index infected partner, the higher the risk of HIV transmission, emphasizing the importance of lower viral load to help prevent the spread of HIV-1 through sex. The findings also

confirmed that condoms are highly protective and reduce HIV infectivity by 78%. *Medicalpress.com* 1/12/12

Economists Say Adult Male Circumcision Not Best Anti-HIV Tactic

A group of top world economists said that male circumcision is not nearly as cost-effective as other methods for prevention of HIV/AIDS. The Copenhagen Consensus Center economists compared the costs of prevention and treatment options per lives saved and estimated the cost-benefit ratio at 23:1. *USA Today* 9/28/11

San Francisco Circumcision Measure

Ten thousand San Francisco voters signed a petition to get a measure on the ballot to prohibit non-therapeutic circumcision of non-consenting minors, but were not able to vote on the issue. An unlikely coalition of Jews and Muslims, with the help of the Anti-Defamation League and the ACLU, filed a lawsuit to block the ballot measure, saying a ban would deny religious freedom of the parents [thus denying the child's right to religious freedom]. Using a law that prohibits local governments from regulating medical procedures (a law passed to allow veterinarians to declaw cats without medical reason), Superior Court Judge Loretta Giorgi struck the measure from the ballot.

California Governor Signs Bill Preventing Circumcision Bans

Governor Jerry Brown signed a bill on 9/6/11 that prevents local governments from banning circumcision. However, laws against battery and false imprisonment and the 1st, 4th, and 14th constitutional amendments already make circumcision unlawful. The laws simply need to be implemented.

American Medical Association Adopts New Policy

The AMA voted to oppose any attempt to legally prohibit male infant circumcision. AMA president, Peter W. Carmel, MD, said, "Today the AMA again made it clear that it will oppose any attempts to intrude into the legitimate medical practice and the informed choices of patients," however, non-therapeutic circumcision is not a legitimate medical practice, babies are not informed, and they have not given consent. *GlobeNewsWire* 11/15/11

ACOG Denies Intact America Booth

Intact America applied for a booth at the American College of Obstetrics and Gynecology 2011 convention, just as NOCIRC did for many years, also without success. In their rejection letter, ACOG said circumcision is "beyond the scope of the practice of obstetrics and gynecology." Interestingly, the majority of circumcisions in the USA are done by ob/gyns.

Letter from the Editor

The past year was certainly eventful. The measure to ban non-therapeutic circumcision of non-consenting minors in San Francisco brought publicity worldwide. And, while some people were discouraged that the measure was struck from the ballot, denying voters their constitutional right to vote on it, it was to be expected. We can expect more backlash, too. This illustrates the strength and success of our campaign. Those with personal, professional, cultural, and religious agendas will continue to attempt to prove the “benefits” of circumcision but, with most of the world being non-problematically intact, their mission is impossible! Baby boys, like baby girls, have an inalienable right to their own bodies and each day more and more people recognize this irrefutable truth.

Our 12th international symposium will be held September 30-October 3, 2012 (see page 10). We changed the dates and the venue because David Smith, Director of Genital Autonomy, and I were invited to speak at a conference in Helsinki just two weeks after our symposium was scheduled. We asked, Eeva Matsuke, Project Coordinator of Sexpo Foundation, which has worked for forty years to protect the rights of children, if she would be interested in combining the events and she agreed that this would enrich both our proceedings. As you can see from the front page stories, Finland, Denmark, and the Netherlands, unlike the USA, are willing to protect infants and children from non-therapeutic circumcision because they recognize the rights of the child are paramount.

Meanwhile, a *Joint Strategic Action Framework to Accelerate the Scale-Up of Voluntary Medical Male Circumcision for HIV Prevention in Eastern and Southern Africa, 2012-2016* has been published. The national Ministries of Health of 14 priority countries are the leaders of the scale-up at the country level. Core partners in the development, implementation, and monitoring of this joint framework are the Bill & Melinda Gates Foundation, Centers for Disease Control and Prevention (CDC), US Government's Department of Defense, Office of the US Global AIDS Coordinator, UNAIDS Secretariat Headquarters, UNAIDS Regional Support Team for Eastern and Southern Africa, US Agency for International Development (USAID), WHO Headquarters, WHO Regional Office for Africa, The World Bank Global HIV/AIDS Program, and the World Bank country-level Health Team and Task Team Leaders of World Bank

Health Operations. As is evident, the US has a strong presence in the group and it is our tax dollars that are being used to implement a plan based on three flawed studies that will not work. The AIDS rate is higher in circumcised males in several African countries, including Cameroon, Ghana, Lesotho, Malawi, Rwanda, and Swaziland. It is not the foreskin or sexual behavior that is the primary cause of the pandemic. With an agenda of circumcising 28 million men by 2015 and a surgical site infection rate of 40% in Africa, 112 million will suffer infections. This agenda makes the shameful Tuskegee experiments pale in comparison.

The situation in Africa is dire. Africans need food, clean water, and safe medical practices (rather than unsterilized equipment and re-use of needles, probably the main cause of the spread of HIV/AIDS), but, instead, money is being used to circumcise an entire continent of men. Anthropologist, Dr. Robert Bailey, who pushes circumcision on Africans, is quoted as saying, “We’re hacking away at it every month. Those foreskins are flying.” Medical anthropologist, David Gisselquist says, “African men are being scared and scarred out of their foreskins!” The immense human suffering that is being promoted is both unconscionable and beyond comprehension.

The lawsuits, botched circumcisions, and deaths reported in this newsletter are an indication of the harm of circumcision. The survey on the harmful effects on sex later in life (page 1) is further indication. How many complaints, lawsuits, and deaths will it take to overcome the denial of those who promote circumcision? Fortunately, the Internet responses to circumcision advocates reveal the vast number of people who are truly educated now and willing to speak out in defense of infants, children, and the adults they will become.

This year, we take our hats off and say farewell to three outspoken intactivists. Van Lewis, a fearless protector of children's rights since 1970, died of pancreatic cancer in June; John Sawkey, Canadian activist of many years, died of cancer in July; and NOCIRC of Ohio director, Jim Moore, died in his sleep in December. Each of these men contributed greatly to the Genital Integrity Movement and each will be remembered for their heroic efforts.



Letters to the Editor

We don't know who else to tell about this, but a friend/associate we started to know well at our local gym just committed suicide. Brian Mathew Brandt was only 28 years old. He was a very vocal intactivist. He hated himself and his mother over a very aggressive circumcision conducted while he was an infant. This haunted him his whole life, as he explained to people that his was an aggressive circ gone wrong. He felt that he was mutilated and could never have sexual relations. We know for certain that his suicide was due to his circumcision. How can we get that message out? We know Brian would want people to know. (In fact, we tried to put him in touch with you while he was alive...he instead tried to go through some

courts, judges, and doctors only to have door after door shut on him--no one took him seriously). He wanted to get back at his mother for 'doing' this to him and thus saw suicide as the only way out. *Name withheld upon request.* 11/12/11

From Kenya

Kenyan leaders announced they were circumcised to set an example and told Luos that, unless they accept circumcision they would be wiped out by AIDS. Thousands were circumcised and afterwards had unsafe sex with many women, many being HIV+. Now, themselves HIV+, they are blaming leaders. They also discovered that many Luo MPs, fearing the cut, were

Letters to the Editor (cont.)

never circumcised, but were bribed to influence others. Some circumcised men complain of side effects and sexual dysfunction. Many Luos are willing to expose this ugly violation of their human rights.

Funding for male circumcision in Kenya is mainly from the World Health Organization, UN, PEPFAR, Dutch funding of the Kenyan circumcision campaign, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria, which funded the Ministry of Health that facilitates male circumcision in government hospitals, health centers, and health posts. The National AIDS control council funds organizations and individuals at the grassroots level to conduct circumcision.

There are no consent forms that these people sign. It's like vaccination, people are told to go for free circumcision at local clinics, private hospitals, and government hospitals to get cut to prevent them from HIV infection. In Luoland, the government arranges with the school administration to take children to get circumcised in government or nearby clinics, without the knowledge of their parents or of the children themselves. Children are caught by surprise as they face the knife.

One has to read a consent form to make a decision. A child cannot read a consent form. Many Luos, Teso, and Turkana don't know how to read or write. How can they read and sign a form? The agenda is to cut Luos, Turkanas, and Teso to please donors and say HIV is prevented. People are recorded for data collection only to please donors. The more people they circumcise, the more funding they get and they enrich themselves. The cheated people are getting HIV, although they were told that, if they got cut, they would not. They are saying now that condoms should be used to those Luos who have never gone for circumcision. It's terrible!

Post election brought real pain to many people. Luos were cut first and then killed. America pushed for Luo male circumcision and Luos are feeling pain and suffering as a result. Turkanas in Kenya are dying of hunger and draught, and yet American scientists are pushing for Turkanas to get circumcised. How do you cut people who are dying of hunger? Why not help them initiate viable projects and support them in this time of need? Funds are being wasted to circumcise them. Why not buy them food? *Prince Hillary Maloba, Kenya 12/12/11*

Laws, Lawsuits, & Legislation

CANADA

British Columbia – A father who botched the circumcision of his 4-year-old son on the kitchen floor of his home lost an appeal of his conviction for criminal negligence causing bodily harm. The BC Court of Appeal threw out that decision and convicted him of aggravated assault and assault with a weapon, which carries a heavier sentence. Doctors had refused to circumcise the boy because it would require general anesthesia, which couldn't be justified on a boy that age. The father argued his religious beliefs but the court ruled it was not religious beliefs at issue but the rights and best interest of the child. The father was given two years in prison. *The Canadian Press 12/22/11.*

SOUTH AFRICA

Johannesburg – Dr. Charles Mdamombe, who tried to flee after a botched surgery, was found guilty of culpable homicide in the death of 3-year-old Chinonso Onyenekwu at the Lister Poly Clinic in Johannesburg, 1/09. The boy choked to death on the contents of his stomach when he was in the recovery room. The doctor, chastised by the judge for gross negligence, responded too late to the nurse's alerts about the boy's condition. *Timeslive.co.za 1/22/12.*

UNITED KINGDOM

British Medical Association – Guidance from the British Medical Association, *Female Genital Mutilation: Caring for patients and safeguarding children*, issued in July, states "Female genital mutilation (FGM) is a form of violence against girls and women that has serious physical and psychological consequences which adversely affect health and is a reflection of discrimination against women and girls."

Birmingham – Dr. Shaafi Adan Dirir overdosed a 5-year-old boy on local anesthesia and left the boy fighting for his life. The General Medical Council suspended Dirir for 12 months last year but a review of his conditions last month ruled no evidence of improvement and the ban was extended for another year. *www.birminghammail.net 3/25/11.*

UNITED STATES

"Since 1965, tens of millions of boys have been circumcised under the Medicaid program, most at birth, at a cost to the US Federal Government, the States and taxpayers of billions of dollars...As American medical associations concede, non-therapeutic circumcision is unnecessary, elective, cosmetic surgery on healthy boys, usually performed for cultural, personal or religious reasons. The fundamental principle of Medicaid law is that Medicaid only covers necessary medical treatments after the diagnosis of a current medical condition. Physicians and hospitals face severe penalties for charging Medicaid for circumcision. Medicaid officials and the Federal and State Governments are also required to end coverage. It is unlawful to circumcise and to allow the circumcision of healthy boys at the expense of the government and taxpayers." Adler PW. Is it lawful to use Medicaid to pay for circumcision? *JLM 2011, 19:335-53*

Arkansas – "An Arkansas Children's Hospital surgeon mutilated their infant son in a botched circumcision in 2009, a Jonesboro couple says in a malpractice lawsuit against the hospital, doctor and nurses, claiming the error left the boy-described as a 'cripple'-with a disfigured "fragment." *Arkansas, 03/05/2011.*

Laws, Lawsuits, & Legislation (cont.)

Los Angeles, CA – Los Angeles Superior Court Judge Rex Heeseman signed a \$4.6 million settlement of a lawsuit brought on behalf of a boy who lost 85% of the top of his penis in a botched circumcision when he was a week old. Dr. Anthony Pickett used a Miltex Mogen clamp that, because of its defective design, did not protect the head of his penis. Now 8, the boy will need yearly pediatric urology care and continue with psychiatric care to deal with the trauma and resultant surgeries. Browne Greene, attorney for the boy, said the lawsuit has societal benefits. *Dailybreeze.com* 7/18/11

Shoshone, ID – Prosecutors charged Gabriel Baker, Jeremiah Bennett, Aaron Donabedian, and Jamie Taylor with a home invasion during which a family was held at gunpoint. Charged with multiple felonies and, if convicted, facing life in prison, Donabedian said he helped in the robbery so he could afford a \$500 circumcision for his baby. *The Associated Press* 4/28/11.

Muncie, IN – A Delaware Circuit Court 4 jury determined a local physician, Dr. Michael R. Burt, should not pay damages as a result of circumcising an infant in 2003, even though the doctor admitted making a mistake. In her lawsuit, the mother said she did not want her child circumcised, saying her family believed “genital integrity is a basic human right.” *www.thestarpres.com*, 10/6/11

New Jersey – In the case of Marji Dainty vs. Jeffrey R. Gorman, Hon. Judge Lawrence P. De Bello denied a father’s motion to have his two sons, ages 11 and 14, circumcised without their mother’s consent, as part of a Jewish conversion ceremony. Mr. Gorman insisted that the children were driving this initiative and added that his Jewish family could never

fully accept the boys without a proper circumcision. Judge De Bello ruled against Mr. Gorman and upheld the divorced couple’s previous agreement to leave the boys intact, preserving their freedom to choose religion and/or circumcision as consenting adults, if so moved. Mr. Gorman was reprimanded by the judge for his efforts to coerce the children, making promises of lavish gifts and parties if they are circumcised, taking them to have their foreskin examined by a urologist, and encouraging them to be strong in a religious battle against their mother. The Judge ordered Mr. Gorman to cease and desist from further conversation with the children in matters of circumcision, conversion, and religious indoctrination. *Superior Court of New Jersey, Chancery Division, Family Part, Mercer County* 1/14/11.

Portland, OR – Keemonta Peterson, 30, who botched a home circumcision of her 3-month-old son, was sentenced to five years probation. She must undergo mental health treatment and work with a mental health probation officer as part of a plea agreement. *Oregonlive.com* 8/15/11

South Dakota – Eric Keefe bled to death on 6/14/08, after he was circumcised by Dr. Lehmann at the age of six weeks. The case of Keefe v US Department of the Interior (the father was employed by the Indian Health Service) was settled out of court for \$230,000, according to the attorneys.

Falls Church, VA – An immigration judge reversed himself in a high-profile asylum case, finally granting protection to a young woman who had suffered FGM and feared further persecution if she were returned to Mali and a forced marriage by her father to a first cousin. *Tahirih Justice Center*, 4/26/11

Medical Literature Highlights

ACOG RECOMMENDATIONS

“One third of the recommendations put forth by the College in its practice bulletins are based on good and consistent scientific evidence.” [What about the other two thirds?] Wright, JD, et al. Scientific Evidence Underlying the American College of Obstetricians and Gynecologists’ Practice Bulletins. *Journals.lww.com* doi: 10.1097/ACOG.0bo13e3182267f43

ALEXITHEMIA AND CIRCUMCISION TRAUMA

“This preliminary study investigates what role early trauma might have in alexithymia acquisition for adults by controlling for male circumcision. Three hundred self-selected men were administered the Toronto Twenty-Item Alexithymia Scale checklist and a personal history questionnaire. The circumcised men had age-adjusted alexithymia scores 19.9 percent higher than the intact men; were 1.57 times more likely to have high alexithymia scores; were 2.3 times less likely to have low alexithymia scores; had higher prevalence of two of the three alexithymia factors (difficulty identifying feelings and difficulty describing feelings); and were 4.53 times more likely to use an erectile dysfunction drug. Alexithymia in this population of adult men is statistically significant for having experienced circumcision trauma and for erectile dysfunction drug use. Bollinger D and Van Howe RS. Alexithymia

and Circumcision Trauma: A Preliminary Investigation. *International Journal of Men’s Health* July 2011;19(2):184-195.

BIOETHICS

“The Committee on Bioethics of the American Academy of Pediatrics released a policy on female circumcision 4/26/10, proclaiming that some forms of genital cutting minor females were permissible, particularly nicking the clitoris. The policy was quickly met with opposition and ‘retired’ by the Academy on 5/27/10...The short-lived policy failed to recognize the basic human right to bodily integrity that applies to all humans, including infants and children, placing the Academy outside the mainstream of how ethicists currently view the rights of children.” Van Howe, RS. *Ethics & Medicine* 2011;27(3):165-73.

“This case study of circumcision and HIV prevention demonstrates that if we rely solely on evidence from RCTs and exclude evidence from well-designed non-randomized studies, we limit our ability to provide sound public health recommendations.” Reidar LK and Franklin GM. What counts as reliable evidence for health policy: the case of circumcision for preventing HIV infection. *BMC Medical Research Methodology* 2011, doi: 10.1186/1471-2288-11-34

CIRCUMCISION AND HIV

"In 2007, WHO/UNAIDS recommended male circumcision as an HIV-preventive measure based on three sub-Saharan African randomized clinical trials (RCTs) into female-to-male sexual transmission...While the absolute reduction in HIV transmission associated with male circumcision across the three female-to-male trials was only about 1.3%, relative reduction was reported as 60%, but, after correction for lead-time bias, averaged 49%. In the Kenyan trial, male circumcision appears to have been associated with four new incident infections. In the Ugandan male-to-female trial, there appears to have been a 61% relative increase in HIV infection among female partners of HIV-positive circumcised men. Since male circumcision diverts resources from known preventive measures and increases risk-taking behaviours, any long-term benefit in reducing HIV transmission remains uncertain." Boyle GJ, Hill G. Sub-Saharan African randomised clinical trials into male circumcision and HIV transmission: Methodological, ethical and legal concerns. *J Law Med* 2011;19:316-34.

"The World Health Organization and UNAIDS have supported circumcision as a preventive for HIV infections in regions with high rates of heterosexually transmitted HIV; however, the circumcision solution has several fundamental flaws that undermine its potential for success...Based on our analysis, it is concluded that the circumcision solution is a wasteful distraction that takes resources away from more effective, less expensive, less invasive alternatives. By diverting attention away from more effective interventions, circumcision programs will likely increase the number of HIV infections." Van Howe RS and Storms MR. How the circumcision solution in Africa will increase HIV infections. *Journal of Public Health in Africa* 2011;2:e4

"Most uncircumcised MSM in this London survey were unwilling to participate in research on circumcision and HIV prevention. Only a minority of uncircumcised men thought that there were benefits of circumcision. It is unlikely that circumcision would be a feasible strategy for HIV prevention among MSM in London." Thornton AC, et al. Circumcision among men who have sex with men in London, United Kingdom: an unlikely strategy for HIV prevention. *Sex Transm Dis.* 2011 Oct;38(10):928-31.

LICHEN SCLEROSUS

"LS is much more common in boys than is generally assumed. LS should be suspected in any case of acquired phimosis. Treatment with complete circumcision does not necessarily bring about a definitive cure. Further research on the pathogenesis of this disease is needed. Becker K. Lichen sclerosis in boys." *Dtsch Arztebl Int* 2011;108(4):53-8.

PHIMOSIS

"Bilateral lateral slit preputial plasty should be the preferred surgical technique in primary phimosis. It is an easy, safe, cosmetically and functionally more acceptable day-care procedure as compared to circumcision for surgical treatment of primary symptomatic phimosis." Agarwal P, et al. *The Internet Journal of Surgery* 9/22/11

PENILE CANCER

Organ-sparing surgery, such as radical circumcision and wide local excision is an appropriate treatment option for selected penile cancer patients. It preserves sexual and urination function without significantly increasing the risk of recurrence. Li J, Zhu Y, Zhang SL, Wang CF, Yao XD, Dai B, Ye DW. Organ-sparing Surgery for Penile Cancer: Complications and Outcomes. *Urology* 2011 Nov;78(5):1121-4.

A study of 492 men from rural Brazil found that 35% of the participants, who ranged from 18-80 years, reported having sex with animals in their lifetimes. Sex with animals is a risk factor for penile cancer and may be associated with venereal diseases. Zequi SdC, et al. Sex with Animals: Behavioral Characteristics and Possible Association with Penile Cancer. *Journal of Sexual Medicine* doi: 10.1111/j.1743-6109.2011.02512.x.

PREMATURE EJACULATION

"Premature ejaculation is common. However, it has been underreported and undertreated...We found that erectile dysfunction, circumcision, Indian ethnicity, and frequencies of sexual intercourse of less than 5 times per month were associated with PE. Tang WS and Khoo EM. Prevalence and correlates of premature ejaculation in a primary care setting: a preliminary cross-sectional study. *J Sex Med* 2011 Apr 14. Doi: 10.1111/j.1743-6109.2011.02280.x.

TISSUE-ENGINEERED URETHRAS SUCCESSFUL

Tissue-engineered urinary urethras, grown in the lab using patients' own cells, were used six years ago to treat five Mexican boys with damaged urinary tracts. The grafts took, repaired the defects, and are functioning. The same US surgeons have grown new bladders for patients and Professor Anthony Atala, director of Wake Forest Institute for Regenerative Medicine in Winston-Salem, NC, and colleagues are currently working to engineer more than 30 different replacement tissues and organs. *Bbc.co.uk* 3/7/11

Corrections for 2010 newsletter.

- Under OB/GYNS AND CIRCUMCISION, correct reference is: Smith JF. The professional imperative for obstetrician-gynecologists to discontinue newborn male circumcision. *Am J of Perinatology* 2011;28:125-8.
- Under PROTECTION, correct reference is: Perera CL, Bridgewater FH, Thavaneswaran P, Maddern GJ. Safety and efficacy of non-therapeutic male circumcision: a systematic review. *Ann Fam Med* 2010;8:64-72.
- Under FGM & LABIAL REDUCTION, correct reference is: Berer M. Labia reduction for non-therapeutic reasons vs. female genital mutilation: contradictions in law and practice in Britain. *Reproductive Health Matters* 2010;18(35):106-110. Thanks to David C. Jones, MD

If we are to teach real peace in this world, and if we are to carry on a real war against war, we shall have to begin with the children.

– Mahatma Gandhi

AFRICA

Kenya – Kenyan parents, determined to circumcise their daughters despite the outlawing of FGM, are taking them across the border to Tanzania, the African Woman and Child Feature Service reported. *AlertNet*, 1/17/12

The Ministry of Public Health and Sanitation and the National Male Circumcision Task Force have expressed concern over reports of multiple sex partners among those who recently underwent male circumcision. Nyanza provincial director of public health and sanitation, who is also the task force chairman, Jackson Kioko, said there have been reports that those who have been circumcised are taking it as immunity against HIV. *Nairobi Star* 1/24/12

Nairobi, Kenya – A global advocacy group for gender-based violence survivors has called on the International Criminal Court to reconsider its refusal to recognize forced male circumcision as sexual violence in a case against alleged organizers of Kenya's 2007-2008 post-election crisis. Brigid Inder, executive director of The Hague-based Women's Initiatives for Gender Justice, said the judges' decision to classify forced male circumcision under "other inhumane acts" was "a misstep" that failed to take into account the element of force and purpose of the crime. Inder said the classification failed to address "the coercive environment" in which forced circumcisions were carried out—typically by mobs armed with knives, machetes, or even broken soda bottles. The violence claimed at least 1,000 lives nationwide and displaced hundreds of thousands between 12/07 and 2/08. Concerns that the crimes could be repeated in the 2012 elections were realized. An ICC decision to classify forced circumcision as sexual violence could raise awareness about the crime and encourage survivors to seek treatment not just for the physical injuries but also for psychological trauma. *irinnews.org*

Turkana County, Kenya – National Aids is paying men Sh100 to entice them to undergo circumcision after the number of men subjecting themselves to the procedure dwindled. *Standardmedia.co.ke* 8/29/11

Malawi – The HIV prevalence and circumcision status in Malawi differs by age group. While intact males have a higher rate of HIV in the 15-24 age group, circumcised males have a higher rate of HIV in the 29-49 age group, indicating circumcision status is not the issue. *Malawi Demographic and Health Survey 2010*, 9/11

Mozambique – "In sub-Saharan Africa, significant numbers of children with seronegative mothers are HIV infected. Similarly, substantial proportions of African youth who have not had sex are infected with HIV. These findings imply that some African children and youth acquire HIV through blood exposure in unhygienic healthcare, cosmetic care, and rituals. In prior research, male and female Kenyan, Lesothoan, and Tanzanian adolescents and virgins who were circumcised were more likely to be infected with HIV than their uncircumcised counterparts." Brewer D. Scarification and male circumcision are associated with HIV infection in children and youth. *WebmedCentral Epidemiology* 2011;2(9):WMC002206

Senegal – More than 5,000 villages have joined a growing movement to end FGM. An educational group, Tostan, has had a major impact with a program that seeks to build consensus on the dangers of the practice, while being careful not to denounce FGM as barbaric. FGM was officially banned over a decade ago, and the government has been supportive of Tostan's efforts. *The New York Times* 10/15/11

Uganda – President Yoweri Museveni has cautioned people not to consider circumcision as the remedy for HIV/AIDS infection. He said messages promoting the practice are misleading and may put the lives of many people in danger since it has not been scientifically proven. *Newvision.co.ug* 7/3/11

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. <http://news.bbc.co.uk/9/2/05>

A 3-week-old baby died after undergoing circumcision at St. Paul's Health Centre IV in Kasese Municipality. The mother, Dorah Muhindo, said she was told to not feed her baby after 6am. The circumcision did not take place until 11am. The baby was still unconscious at the time of discharge at 5pm, so had not eaten in 8 hours. His condition worsened and he was taken back to the hospital but not in time to save his life. Four children have died at that hospital in just four months. *Monitor.co.ug* 1/24/12

Zimbabwe – Deputy Prime Minister Thokozani Khupe told the BBC News that male MPs are not willing to be circumcised to set an example in the fight against AIDS. One called it "madness," while another said he was setting a good example through his behavior. *BBC News* 9/1/11

CHINA

China will combat HIV/AIDS by implementing a country-wide "treatment as prevention" strategy modeled by the pioneering work of the BC Centre for Excellence in HIV/AIDS, a program at Providence Health Care, in Vancouver, British Columbia. "We believe that treatment as prevention is the model of care and containment that will best help China meet its goal of bringing HIV and AIDS under control by 2015," said Dr. Zunyou Wu, Director, National Center for AIDS/STD Control and Prevention, Chinese Centre for Disease Control and Prevention. *Positivelypositive.ca* 2/24/11

INDONESIA

Papua – With the highest HIV/AIDS rate in any Indonesian province, the Jayapura administration is planning to require male residents to undergo circumcision in an effort to cut HIV transmission rates in Papua. Edison Muabuay, an administration spokesman, said "The obligatory circumcision will be regulated in 2012." The province's officials are demanding

that all males report to clinics for circumcision. It is not yet known how the government will summon men to clinics or punish them if they fail to report. www.thejakartaglobe.com/2/9/12

IRAQ

Northern Iraq – Although experts assume that circumcised girls are more prone to psychiatric illnesses than non-circumcised girls, little research has been conducted to confirm this claim...Within the circumcised group, a mental health problem can be diagnosed that may constitute the first evidence for the severe psychological consequences of juvenile girls' genital mutilation. Kizilhan JI. Impact of psychological disorders after female genital mutilation among Kurdish girls in Northern Iraq. *Eur. J. Psychiat.* 2011;25(2):92-100

SAUDI ARABIA

Hail – Health Affairs is investigating how a private hospital left a 2-year-old boy without a penis. He appeared to have suffered a wound and was taken to King Khaled Hospital due to thrombosis and burns. After 20 days, he was released but ten days later was taken back after his entire penis had fallen off. Saudigazette.com.sa/5/22/11

SLOVENIA

Ljubljana – Following a request to assess circumcision and the rights of the child, the Slovenian Human Rights Ombudsman sought advice from the General Surgery for the College of Experts, the Commission of the Republic of Slovenian National Medical Ethics, and the Health Institute of Slovenia. The Ombudsman determined that circumcision of boys for non-medical reasons is not medically justified, is unethical and a violation of children's rights, and that the right to religious freedom does not justify interference with the right to physical integrity of another. Circumcision for non-medical reasons may only be performed with the child's consent, after 15 years of age. Muslims have expressed outrage over the Ombudsman's statement that circumcision is a children's rights violation. www.sta.si/2/7/12

SOUTH AFRICA

The Human Rights, Law, and Ethics Committee of the South Africa Medical Association stated that it was unethical and illegal to perform circumcision on infant boys to prevent HIV/AIDS (violating several aspects of current law, most notably the Children's Act number 38 of 2005 and the National Health Act). It expressed serious concern that not enough scientifically based evidence was available to confirm that circumcisions prevented HIV contraction and that the public at large was influenced by incorrect and misrepresented information. The Committee reiterated its view that it did not support circumcision to prevent HIV transmission. Personal correspondence to Dean Ferris, Co-Director, NOCIRC of South Africa, 6/23/11.

Health Minister Dr. Aaron Motsoaledi told members of labor federation Cosatu's central committee that private hospitals had become get-rich-quick schemes that milk medical aids.

The cost of healthcare is being arbitrarily raised in South Africa. Motsoaledi declared war on private medical costs, saying private healthcare fees had to be regulated. Timeslive.co.za/6/30/11

Eastern Cape – The plan to circumcise all newborn males in hospitals has been rejected by Eastern Cape traditional leaders. Eastern Cape House of Traditional Leaders chairman, Chief Ngangomhlaba Matanzima, criticized Health Minister Aaron Motsoaledi for introducing the hospital plan, especially for infants. About 50,000 young boys across the Eastern Cape are expected to go to the bush to undergo the Xhosa rite of passage. Thenewage.co.za/11/23/11

Mthatha, Eastern Cape – Hospitals were inundated with young men injured from botched circumcisions. "The All Saints hospital in Engcobo is flooded with injured initiates," said spokesman, Sizwe Kupelo. "They now have a total of 33 initiates; the wards are full." iol.co.za/12/22/11

UNITED KINGDOM

Marc Koska, a British entrepreneur and designer of an auto-disable syringe and founder of a charity, Safe-Point, showed the Tanzanian health minister an undercover video of a nurse injecting antibiotics into a man with HIV and syphilis and then re-using the needle on a one-year-old baby. Some 1.3 million people die every year because of the re-use of syringes, according to the WHO. There are 23 million transmissions of hepatitis and around 20 million injections contaminated with HIV. In the developing world, every syringe is used on average four times. Koska read an article in 1984 that predicted syringes would be a major transmission route for HIV. "Immediately, I knew that was my calling," he said. Guardian.co.uk/10/28/11

London – A London synagogue representative on the Board of Deputies of British Jews, Rebecca Steinfeld, a doctorate candidate at Oxford, has been removed from her position after penning an article titled "Time to ban male circumcision," which referred to circumcision as "male genital mutilation." "If we oppose FGM, has the time not come for us also to oppose MGM?," she asked. "All voices have an important place in our community and should be heard," she told the Jewish Chronicle. TheJerusalemPost.com/6/26/11

UNITED STATES

The US Department of Health & Human Services has just published data from the Kids' Inpatient Database (KID) for 2009. KID is probably the best reference for the national and regional circumcision rates during the birth admission. According to KID, the estimated national rate of circumcision of newborn males prior to hospital discharge in 2009 was 56%.

Atlanta, GA – According to the Centers for Disease Control and Prevention, chlamydia and gonorrhea are the most commonly reported infectious diseases in the US. The rate of syphilis is the highest it's been since 1995. [Circumcision obviously has not prevented these diseases.] cdc.gov/4/22/11

Manhattan, NY – A 2-year-old toddler, Jamaal Coleson Jr., died at Beth Israel Hospital 10 hours after circumcision. Instead of a local anesthetic, the boy was given a general. www.nypost.com 5/5/11

New York, NY – The day of the assembly-line circumcision is drawing closer, according to an article by Donald G. McNeil, Jr., published January 31 in the *New York Times*. Public health experts are struggling to find ways to make circumcision faster, cheaper, and safer. Dr. Stefano Bertozzi, director of HIV for the Bill and Melinda Gates Foundations is looking at two new devices, the PrePex and Shang Ring, which will increase the speed that nurses can perform circumcision in Africa, with a goal of circumcising 20 million [other reports say 28 million] men by 2015. According to Dr. Jason Reed, an epidemiologist at the Centers for Disease Control and Prevention, teams could circumcise around 400 men a day rather than the 60-80 done now.

Following are four Letters to the Editor that were sent to the *New York Times*, the third one, by Georganne Chapin, Executive Director of Intact America, was the only letter published (minus the last two sentences), at the time of this writing.

- Lost in the curious push for worldwide circumcision is the usefulness of the foreskin, known to the majority of men across the globe. The foreskin protects the glans from burns and abrasions. It contains specialized tactile receptors that heighten the sexual pleasure for both partners. It apparently mediates the ejaculatory reflex. It is the part of the penis that is most sensitive to fine touch. Its loss changes the sexual experience. On the other hand, circumcision is medically unnecessary to health. Its complications are many and are under-reported in the medical literature. Any sexually transmitted disease, including HIV, can be avoided by Abstinence, Being faithful, or Condoms (ABC). Even if one is circumcised, one must still use a condom to avoid HIV if one has sex with an infected person. What's the point? Or do Americans assume that men can't or won't control themselves when properly informed of the facts? — David J. Llewellyn, JD, Atlanta, GA

- Donald G. McNeil, Jr. inappropriately analogizes an amputated foreskin to a fingernail, opining that “the day of the assembly-line circumcision is drawing closer.” Assembly lines may be appropriate for manufacturing cars, but not for amputating body parts. Unlike fingernails, the male foreskin is a highly specialized, complex structure of erogenous tissue whose removal results in substantial, lifelong losses in sexual sensitivity. The three African studies McNeil mentions are riddled with methodological flaws and outright misrepresentations. For example, the asserted “60% reduction” in HIV transmission refers to a relative rather than an absolute risk reduction -- statistical trickery to hide the fact that eighty circumcisions are necessary to prevent one case of HIV. The “goal to circumcise 20 million African men by the year 2015” smacks of colonialism and racism, with Westerners claiming to know what is best for the black man, and disregarding basic principles of autonomy and informed consent. — J. Steven

Svoboda, JD, Executive Director Attorneys for the Rights of the Child, Berkeley, CA.

- With 20 million black men targeted to undergo “assembly-line circumcisions,” it's no surprise that medical equipment manufacturers are rushing to cash in. It appears, though, there's no money to be made from informed consent; that issue didn't figure anywhere in McNeil's enthusiastic report on the plans of researchers and organizations dominated by white, circumcised westerners, to surgically reduce the penises of poor, non-English speaking Africans.

The male foreskin comprises 15 square inches of erogenous tissue. Its removal results in an open wound and permanent reduction of sexual sensation. Reliable sources report that neither pre-surgical HIV testing and counseling, nor true informed consent, have made their way into the mass circumcision efforts. A recent investigation in Zambia showed that many men circumcised as part of this program resumed unprotected sex before their incisions healed, jeopardizing female partners who have limited ability to negotiate “safe sex” with a man who believes he's just received a surgical “vaccine.” — Georganne Chapin, JD, President and CEO of Hudson Health Plan and Executive Director of Intact America, Tarrytown, New York.

- The NYT could use some balance in its article stating that male circumcision will prevent HIV. It doesn't and it won't. The studies are flawed, racist, and perpetuate the myth that African males are hypersexual and overly well-endowed. Could cutting off African foreskins really be an effort to control their supposed rampant sexuality? Are the white, circumcised males behind this project jealous and feeling threatened? What is the real reason behind this push to circumcise Africans, and, subsequently, the planet? Most Africans are not contracting HIV through sexual contacts, but rather through the unsafe health-care system.

This mass circumcision effort is also about the billions of dollars flowing into the coffers of companies, AIDS organizations, African governments, and researchers: the HIV industry. If you want an interesting journalistic adventure, follow the money trail and look at the motivations behind it. This is not evidence-based science, it is propaganda dressed up to look like epidemiology. It is a travesty that US taxpayers will fund a Tuskegee-style “circumcision experiment” on Africans when that money could be put to use providing REAL medical care to Americans and Africans. All of us should call or write Congress now to protest a preposterous and unethical waste of our money. — Michelle Storms, MD, Assistant Professor, Michigan State University, College of Human Medicine, Marquette, Michigan

Richmond, VA – Circumcision errors are common in central VA. Pediatric urologist, Boyd Winslow, MD, says that, over the past three years, his practice has performed more than 1,600 repeat circumcisions. Some are minor fixes, others are major ones. “The ones that have more serious problems can have so much skin removed that the penis becomes constrained and scarred or bent and distorted,” he said. wtvr.com 5/18/11



"Victorious Babies" by Alex Steelsmith

Announcements

19th Annual Demonstration/March Against Infant Circumcision, US Capitol, Genital Integrity Awareness Week. March 26 - April 1, 2012. See www.sicsociety.org.

GoodSearch.com, for searching the web, and **GoodShop.com**, for shopping, donate up to 20% of every purchase you make to NOCIRC.

T-shirts: <http://mogrand.spreadshirt.com/no-circ-C95820>. Five dollars donated to NOCIRC with every purchase.

Circumcised Men: Your opportunity to complain and have it count! www.circumcisionharm.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. [Out of stock]

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. \$75ppd.

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. [Out of stock]

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. [One copy in stock]

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.

Genital Autonomy: Protecting Personal Choice, George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos. 2010. Springer. ISBN 978-90-481-9445-2.

Organizations' Websites

Ashley Montagu Resolution and Petition: Campaign Against the Torture and Mutilation of Children
www.montagunocircpetition.org

Attorneys for the Rights of the Child
www.arclaw.org

Circumcision Decision Maker
www.circumcisiondecisionmaker.com

Circumcision Information and Resource Pages
www.cirp.org

Circumcision Resource Center
www.circumcision.org

Doctors Opposing Circumcision
www.doctorsopposingcircumcision.org

Genital Autonomy
www.genitalautonomy.eu

Genital Integrity through Regenerative Medicine
www.foregen.org

Intact America
www.IntactAmerica.org

The Intactivism Pages
www.circumstitions.com

International Coalition for Genital Integrity
www.icgi.org

MGMbill.org: A Bill to End Male Genital Mutilation in the US
www.mgmbill.org

Mothers Against Circumcision
www.mothersagainstcirc.org

National Organization of Circumcision Information Resource Centers (NOCIRC)
www.nocirc.org

National Organization of Restoring Men (NORM)
www.norm.org

National Organization of Restoring Men - UK
www.norm-uk.org

National Organization to Halt the Abuse and Routine Mutilation of Males (NOHARM)
www.noharmm.org

Not Just Skin
www.notjustskin.org

Nurses for the Rights of the Child
www.nurses.cirp.org

Stop Infant Circumcision Society
www.sic.com

Taylor's Ridged Band
<http://research.cirp.org>

The WHOLE Network
www.thewholenetwork.org

Other Websites

Circumcision and HIV
www.dontgetstuck.wordpress.com

Circumcision Information Australia
www.circinfo.org

Circumstitions
www.circumstitions.com

History of Circumcision
www.historyofcircumcision.net

Intaction
www.intaction.org

Lucky Stiff
www.luckystiff.org

Stop the Cut
www.stopthecut.org

Blogs

The Daily Guggie Daly
www.guggiedaly.blogspot.com

Male Circumcision and HIV
www.circumcisionandhiv.com

Intact America
IntactAmerica.wordpress.com

Men Do Complain
www.mendocomplain.com

México Intacto (in Spanish)
www.mexicointacto.blogspot.com

Peaceful Parenting
www.drmmomma.org

Restoring Tally
www.restoringtally.com

YouTube

Bonobo3D
www.youtube.com/bonobo3d

freedom0speech
www.youtube.com/freedom0speech

Intact America
www.youtube.com/intactamerica

NOCIRC
www.youtube.com/nocirc

whatUneverknew
www.youtube.com/user/whatUneverknew

The WHOLE Network
www.youtube.com/TheWHOLENetwork

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