

Attorneys for the Rights of the Child (ARC)

A new non-profit international network of attorneys has been formed to address the legality of mutilating the genitals of children. Attorneys for the Rights of the Child (ARC) is working to eliminate these illegal and outmoded procedures by:

- raising the awareness of judges, lawyers and the general public about the human right and legal right of all children to physical integrity and self-determination;
- developing a network of attorneys to help families whose sons were circumcised without their parents' consent, parents whose sons were circumcised below the "standard of care," and parents whose sons died as a result of circumcision;
- helping plaintiffs who want to expand standards for providing legal relief to circumcised males;
- preparing and filing class action lawsuits so that state and federal laws now protecting only female minors from genital mutilation will be changed to include male minors as well.

ARC relies on equal protection under domestic constitutional law and applicable international human rights law to ensure that all minors will be protected from genital mutilation.

For more information:

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"The medical profession, which has perpetuated this tragic disfigurement of baby boys' genitals, will be challenged by an organization of legal professionals whom they cannot afford to ignore."

J. Steven Svoboda, founder and director
Attorneys for the Rights of the Child

Circumcision Is Criminal Assault, Ethicist Says

One of Canada's leading medical ethicists says that circumcision of baby boys is technically criminal assault and that doctors should stop circumcising babies. "It's a bodily wounding on a tiny infant that has given no consent itself, and it is not a medically necessary [procedure]," thus intensifying debate over routine, non-medical male circumcision. Dr. Margaret Somerville, founding director of the McGill Centre for Medicine, Ethics and Law, said Canadians should re-examine male circumcision with the same "open eyes" they used to assess female genital mutilation, now banned in Canada. "The onus," said Dr. Somerville, "is on parents to show that circumcision provides medical benefits. That issue has been the subject of three decades of furious scientific debate, and no consensus has emerged."

Egypt's High Court Upholds Ban on Female Genital Mutilation

A long battle between Islamic fundamentalists and human rights groups ended December 28, 1997, when Egypt's highest court upheld a Health Ministry decision prohibiting government-certified doctors and health workers from mutilating girls and women.

The Supreme Administrative Court ruled that cutting a female's genitals is not a requirement of Islam and is therefore subject to Egyptian law.

An estimated 70 to 90 percent of Egyptian women have been mutilated. Women in Egypt and other parts of Africa are mutilated "for cleanliness" and to control their sexuality. Mutilated women live with the dire physical and psychological consequences.

Under the new Egyptian ruling, doctors and health workers who mutilate females face three years in prison and hospitals where mutilations are performed risk being closed.

The court's decision cannot be appealed.

Proponents of female genital mutilation, including some clerics, argue that cutting off part of a female's genitals is a requirement of Islam. Many Muslim scholars dispute this claim, which clerics have never substantiated. "There is nothing in the Koran that authorizes it," the court said in its judgment.

Letter from the Editor

The world-wide movement to protect children from genital mutilation is escalating. More doctors are acknowledging the harm of circumcision and the importance of genital integrity; more ethicists are challenging harmful traditional practices; and more lawyers are defending the rights of the child.

Medical journals published several studies in 1997 proving that circumcision inflicts pain so severe and long-lasting that no known form of anesthesia can eliminate it. Other studies published in 1997 have added to the growing body of scientific evidence shattering the myth that circumcision prevents urinary tract infection, penile cancer and HIV/AIDS.

"Where Is My Foreskin? The Case Against Circumcision," by Paul M. Fleiss, M.D., in the Winter 1997 issue of *Mothering* achieved classic status almost overnight as the most comprehensive, most thorough article about the foreskin and circumcision published by the popular press to date.

1997 was an especially successful year for NOCIRC. In the spring, Plenum, one of the world's most prestigious scientific publishing houses, published *Sexual Mutilations: A Human Tragedy*, the proceedings of the Fourth International Symposium on Sexual Mutilations, held at the University of Lausanne, Switzerland. This landmark book, already in its second printing, is on the shelves of most major university libraries in the U.S. (None of the 20 medical journals to which a copy was sent has reviewed it yet.)

In the fall, NOCIRC introduced five new pamphlets in the NOCIRC Information Series (see page 7). Other pamphlets are planned.

NOCIRC provided information at several conferences, including "Advances & Controversies in Clinical Pediatrics" at the University of San Francisco in May, the Second World Congress on Family Law and the Rights of Children & Youth in San Francisco in June, and the American Psychological Association in Chicago in August. At the 8th International Congress of the Association for Pre- and Perinatal Psychology and Health in San Francisco in December, the standing-room-only audience for our one-hour discussion asked our panel questions for another hour. Then Robert Van Howe, M.D., gave his presentation, "Anesthesia for Neonatal Circumcision: Who Benefits?," and showed slides documenting scientifically that no amount of anesthesia



NOCIRC Presenters at APPPAH Congress: Marilyn Milos, Tim Hammond, Sivan Wind, Morris Sorrells, Jeannine Parvati Baker, Mary Conant, and Steve Scott.

relieves the pain of circumcision. Dr. Van Howe concluded, "Who benefits from anesthesia? Not the baby!" and received a standing ovation.

NOCIRC's website averages 1,000 national and international visits a day – more than all the other non-profit organization websites in Marin County combined.

The Fifth International Symposium on Sexual Mutilations: Medical, Legal and Ethical Considerations in Paediatric Practice will be held 5-7 August 1998 at Oxford University, England. Forty-five distinguished experts will discuss the latest advances in medical research and share their insights into the evolving ethical, legal, and human rights aspects of mutilating the genitals of infants and children.

The founding of ARC, the stand taken by an eminent Canadian ethicist, and the Egyptian high court's decision to outlaw female genital mutilation mark the shift from sexual mutilation as a medical issue to sexual mutilation as an issue of human rights.

1998 begins with the clear promise that one day every high court in the world will acknowledge, uphold, and protect the birthright of all children to keep their sex organs intact.

Marilyn Milos

"No right is held more sacred, or is more carefully guarded, by the common law, than the right of every individual to the possession and control of his own person, free from all restraint or interference of others, unless by clear and unquestionable authority of law. As well said by Judge Colley; 'the right to one's person may be said by a right of complete immunity: to be left alone.'"

Cooley on Torts, 29, U.S. Supreme Court, *Union Pacific Railroad v. Botsford* (1891)

"I Stand With Many Brothers"

"I would like to remind us that we all share patriarchy, which is the pillar of almost every current political system, capitalist or socialist. And it has a rock bottom requirement, the control of women's bodies as the most basic means of production, the means of reproduction...These patriarchal controls limit men's sexuality, too, but to a much, much lesser degree. That's why men are asked symbolically to submit the sexual part of themselves and their sons to patriarchal authority, which seems to be the origin of male circumcision...Speaking for myself, I stand with many brothers in eliminating that practice, too."

Gloria Steinem, October 6, 1997

Introductory remarks at a panel discussion on female genital mutilation
92nd Street Young Women and Men's Hebrew Association, New York City

AFRICA

Morocco, Marrakesh

Medical experts urged African countries to abandon female genital mutilation, saying two million females are mutilated each year, many having complications in childbirth. *Reuters*, 10 March 1997.

AUSTRALIA

Brisbane, Queensland

Irwin Brookdale, 34, was awarded \$9,750 after a friend circumcised him with a broken beer bottle. His assailant was convicted of unlawful assault. *The Courier Mail*, 9 October 1997.

Sydney, NSW

At the Australasian Law Teachers Association Conference, Les Harberfield of the Melbourne Institute of Technology said doctors are at risk of negligence claims if they fail to inform parents of all possible side effects of circumcision. *Sydney Morning Herald*, 4 October 1997.

Sydney, NSW

An aboriginal circumcision witnessed by government ministers wearing tribal paint caused some doctors to call the ceremony child abuse, not custom. Federal ministers John Herron and Michael Woodridge watched as 7-year-old Nathan Djerrkura was "initiated into manhood." Brisbane doctor Robert Richardson said, "Doctors John Herron and Michael Woodridge are to be condemned for watching an operation that I would be sent to jail for performing without anesthetic on a white child." *The Guardian*, 31 January 1998.

EGYPT

On December 14, a Qalyub provincial court issued a one year jail sentence and \$150 fine against Dr. Rabie Ibrahim Mahgoub for causing the death of a 14-year-old girl whose genitals he cut. Mahgoud fled after performing the surgery and was later arrested. *Associated Press*, 17 December 1997.

ISRAEL

Tel Aviv An anti-circumcision organization took its case to the High Court of Justice, claiming there is no place in a modern democratic society for a "barbaric" ceremony that marks a child who has no say in the matter. A Jewish spokesman for the group said he is proud his son was not circumcised. The court had not ruled on the petition at the time of this report. *IINS New Service*, 27 January 1998.

MALAYSIA

Kuala Lumpur

Sabbaruddin Chik, the culture, arts and tourism minister, proposed that mass circumcision ceremonies be staged as "cultural events" to boost tourism, saying that such activities could be money-making ventures people would enjoy watching. Muslim boys in Malaysia are circumcised at puberty. *Bangkok Post*, 8 December 1997.

SWITZERLAND

Geneva The director general of the World Health Organization (WHO), Hiroshi Nakajima, said 130 million women and girls living today have been mutilated and 2 million

more are mutilated each year. The WHO, the UN Population Fund, and Unicef will provide teams to help nations develop policies to halt the practice. *Reuters*, 9 April 1997.

UNITED KINGDOM

The General Medical Council issued guidelines telling doctors who circumcise boys that they must explain benefits and risks to parents. The council said circumcision raises difficult questions about rights and freedoms. The law stresses that doctors must use anaesthesia to minimize pain and discomfort and get written permission from both parents. *The Daily Telegraph*, 23 September 1997.

UNITED STATES

LaJolla, California

A U.S. Food and Drug Administration (FDA) Committee recommended FDA approval of Dermagraft, artificial skin made from circumcised baby foreskins to treat diabetic foot ulcers, on condition that manufacturer Advanced Tissue Sciences, Inc., do a post-marketing study. NOCIRC's attorney was given just five minutes to speak to the Committee in defense of the babies whose foreskins are cut off and marketed without their consent. 29 January, 1998.

Denver, Colorado

A legislative committee unanimously passed a bill to criminalize female genital mutilation and establish education programs. A local survey found that 171 women and girls in the area had been mutilated or were at risk. *The Denver Post*, 22 January 1998.

Palm Beach, Florida

A couple sued rabbi Abraham Cohen for a botched circumcision that required emergency-room stitches for their son, Noah. "He's scarred for life physically and emotionally," said attorney David Carter. "Everyone's going to think of him as the kid who was butchered by the mohel." *Press Journal*, 29 January 1998.

Elk Grove Village, Illinois

The American Academy of Pediatrics Work Group on Breastfeeding issued a new policy statement, "Breastfeeding and the Use of Human Milk," which states, "Procedures that may interfere with breastfeeding or traumatize the infant should be avoided or minimized." *Pediatrics*, December 1997.

Springfield, Illinois

As of January 1, anyone found guilty of performing female genital mutilation will face up to 30 years in prison and a \$200,000 fine. *House Bill 106*.

Baltimore, Maryland

On January 19, 1998, Delegate Talmadge Branch introduced House Bill 161, which prohibits female genital mutilation and states that "a person who violates the provisions of this subtitle is guilty of a felony and on conviction is subject to imprisonment not exceeding 5 years or a fine not exceeding \$5,000 or both." *House Bill 161*.

Carson City, Nevada

A bill outlawing female genital mutilation became effective June 26, 1997, making it a felony to send a child out of Nevada to be mutilated. *Senate Bill 192*.

Pain

“Although vaccination pain response displayed by the infants circumcised without analgesia was higher than the uncircumcised infants, this response may not be specific only to pain...the greater vaccination response in the infants circumcised without anaesthesia may represent an infant analogue to post-traumatic stress disorder triggered by a traumatic and painful event and re-experienced under similar circumstances of pain during vaccination.” Taddio A, Katz J, Ilersich AL, Koren G. Effect of neonatal circumcision on pain response during subsequent routine vaccination. *Lancet* 1997;349(9052):599-603.

“Without exception, newborns in this study who did not receive an anesthetic suffered great distress during and following the circumcision, and they were exposed to unnecessary risk (from choking or apnea [cessation of breathing]). Therefore, we have concluded that circumcision should be performed with anesthetic...Circumcision without anesthesia causes greater distress than the pain of the infiltration [injection], and this distress occurs for a longer period, and recovery takes longer...Although our physicians were highly experienced in performing circumcision...every newborn in the placebo group exhibited extreme distress during and following circumcision...It is true that as adults these newborns will not be able to retrieve the memory of their surgery and distress. This fact, however, cannot justify the practice of performing surgery without anesthetic.” Lander J, Brady-Fryer B, Metcalfe JB, Nazarali S, Muttitt S. Comparison of ring block, dorsal penile nerve block, and topical anesthesia for neonatal circumcision. *Journal of the American Medical Association* 1997;278(24):2157-2162.

Who Circumcises? Who Anesthetizes?

“Dr. Stang and Dr. Leonard W. Snellman...analyzed 1,778 returned questionnaires sent to a nationally representative cohort of 3,500 pediatricians, family physicians, and obstetricians...Thirty-five percent of pediatricians in the United States are routinely performing circumcisions, compared with 60% of family physicians and 70% of obstetricians...Of the 35% of pediatricians who circumcise, 71% use anesthetics, while only 56% of family physician circumcisers and 25% of obstetrician circumcisers use an anesthetic...The most often cited (54%) reason physicians...offered for not giving anesthetic was concern about adverse effects. The second most popular reason (44%) was that they didn't think circumcision warranted anesthesia of any kind.” Childs ND. Many pediatricians performing circumcisions. *Pediatric News* 1997;31(7):34.

Penile Hygiene

“[T]he circumcised infant requires more attention and penile hygiene than the uncircumcised infant; circumcision does not prevent phimosis and circumcised boys are more likely to develop balanitis, meatitis, coronal adhesions and meatal stenosis.” Van Howe RS. Variability in penile appearance and penile findings: a prospective study. *British Journal of Urology* 1997;80(5):776-782.

Cancer

“A 72-year-old man with a history of circumcision during infancy...presented with a nonhealing ulcerated lesion on the glans penis...Penile biopsy reveals squamous cell carcinoma...Partial penectomy was performed.” Loughlin KR. Psoriasis: association with 2 rare cutaneous urological malignancies. *Journal of Urology* 1997;157(2):622-623.

“The role of circumcision in preventing penile cancer has recently been called into question. In addition to several publications documenting penile cancer in circumcised men, a recent case-control study of 110 men with penile cancer from the Pacific Northwest revealed that 41 (37%) had been circumcised...20% of the patients in this study were circumcised at birth...In a Danish study, men with localized squamous cell carcinoma of the penis were 7.81 times as likely to have been circumcised after the newborn period as the general population. Maden et al. demonstrated that men circumcised after the newborn period had a slightly higher risk of developing penile cancer when compared with men never circumcised and a significantly higher risk when compared with those circumcised at birth. In an epidemiologic study with both retrospective and prospective cases from China, 157 men with penile neoplasms were identified. Circumcised men were markedly more likely to develop penile cancer than controls. The circumcision scar is often the focus of tumor formation...In spite of the body of evidence to the contrary, several circumcision advocates still profess that penile cancer is ‘virtually eliminated’ by neonatal circumcision.” Cold CJ, Storms MR, Van Howe RS. Carcinoma in situ of the penis in a 76-year-old circumcised man. *Journal of Family Practice* 1997;44(4):407-410.

Urinary Tract Infection

“Regardless of circumcision status, infants who present with their first UTI at 6 months or less are likely to have an underlying GU [genitourinary] abnormality. In the remaining patients with normal underlying anatomy and UTI we found as many circumcised infants as those who retained their

foreskin.” Mueller ER, Steinhardt G, Naseer S. The incidence of genitourinary abnormalities in circumcised and uncircumcised boys presenting with an initial urinary tract infection by 6 months of age. *Pediatrics*, Supplement 100(3):580.

Sexually Transmitted Diseases

“With respect to STDs, we found no evidence of a prophylactic role for circumcision and a slight tendency in the opposite direction. Indeed, the absence of a foreskin was significantly associated with contraction of bacterial STDs among men who have had many sexual partners in their lifetimes. These results suggest a reexamination of the prevailing wisdom regarding the prophylactic effect of circumcision.” Laumann EO, Masi CM, Zuckerman EW. Circumcision in the United States: prevalence, prophylactic effects, and sexual practice. *Journal of the American Medical Association* 1997;277(13):1052-1057.

HIV/AIDS

“[C]ircumcised and uncircumcised HIV infected Brazilian men were found to be equally infectious to their female partners...being heavily circumcised has not prevented the USA from becoming the industrialised country most burdened with HIV, while the opposite is true for the UK.” Nicholl A. Routine male neonatal circumcision and risk of infection with HIV-1 and other sexually transmitted diseases. *Archives of Disease in Childhood* 1997;77(3):194-195.

The Circumcision Tragedy of John/Joan/John

“The case involved a set of normal XY twins one of whom, at 8 months of age, had his penis accidentally burned to ablation during phimosis repair by cautery. After a great deal of debate...the recommendation was made to raise the child as a girl. The pseudonym John will be used when referring to this individual when living as a male and the pseudonym Joan when living as a female. Orchiectomy [amputation of testicles] and preliminary surgery followed within the year to facilitate feminization. Further surgery to fashion a full vagina was to wait until Joan was older.” Diamond M, Sigmundson K. Sex Reassignment at Birth. *Archives of Pediatrics and Adolescent Medicine* 1997;151(3):298-304.

“‘We weren’t worried,’ Linda [John/Joan’s 18-year-old mother] says. ‘We didn’t know we had anything to worry about.’ But...the surgeon...told them that John had suffered a burn to his penis...‘It was blackened,’ Linda says, recalling her first glimpse of his injury. ‘It was like a little string. And it went

right up to the base, up to his body.’ Over the next few days, the burnt tissue dried and broke away in pieces.” Colapinto J. The true story of John/Joan. *Rolling Stone* December 11, 1997:54-58, 60, 62, 64, 66, 68, 70, 72-73, 92, 94-97 passim.

Ethics

“Parents should be wary of anyone who tries to retract their child’s foreskin, and especially wary of anyone who wants to cut it off. Human foreskins are in great demand for any number of commercial enterprises, and the marketing of purloined baby foreskins is a multimillion-dollar-a-year industry.” Fleiss PM. Where Is My Foreskin? The Case Against Circumcision. *Mothering* 1997;85:39.

“Men do not easily acknowledge violence done to them; still less, violence that has rendered them sexually disadvantaged. A baby being circumcised, normally without anaesthetic, experiences torture which would be criminal if perpetrated on an adult.” Edwards G. *Nursing Standard* 1997;11(35):11.

“For 33 years of my medical career, I have witnessed constant changes in the medical reasons for the merciless mutilation of our male infants. It is a shame that we allow and adopt the fabricated, pseudoscientific reasons to promote the unnecessary and harmful procedure, just for enormous financial gratification. It will be interesting to find out if men’s so-called ‘middle life crises’ and sexual dysfunction even in younger men are not the late sequels of circumcision.” Konopka AM. Circumventing circumcision. *Infectious Diseases in Children* 1997;10(7):4.

“You are operating on a child and potentially damaging his sexual performance for the rest of his life.” Green S. Guidance needed on circumcision method. *GP – General Practitioner* October 3, 1997:18

Call for Equal Rights

“The bifurcation of male circumcision from female circumcision can no longer be tolerated. Claims that the two cannot be linked perpetuates the continued legitimacy of one human rights abuse, male circumcision, through the condemnation of another.” Chessler AJ. Justifying the unjustifiable: rite v. wrong. *Buffalo Law Review* 1997;45(2):555-613.

“One can never be too rich or too thin or have too much foreskin.”

John A. Erickson, Letter to the Editor
British Journal of Urology, August 1997

Edgar J. Schoen, M.D.

"The benefits of newborn circumcision...include prevention of cancer of the penis, of balanoposthitis, and protection against the effects of phimosis and poor hygiene as well as prevention of UTI and STD, particularly of HIV.

Protection against these diseases [sic] constitutes a substantial public health advantage and provides a strong argument in favour of instituting universal newborn circumcision in Europe. With AIDS spreading rapidly in developed Western countries in persons who practice heterosexual behaviour as well as in men who practice homosexual behaviour, implementation of universal circumcision beginning with Europe is prudent and timely." Benefits of newborn circumcision: is Europe ignoring medical evidence? *Archives of Diseases in Childhood* 1997;77(3):258-260.

[Isn't Schoen aware that the U.S. has one of the world's highest percentages of circumcised sexually active males and one of the world's highest rates of genital cancers and STDs, including AIDS? If he isn't, why isn't he? If he is, why does he make such statements? – Editor]

Gerald N. Weiss, M.D.

"For millennia the male's preputial cavity has acted as a cesspool for infectious agents transmitting diseases, although amenable to prophylactic surgery – i.e. neonatal circumcision, the most frequently performed surgery in childhood...No patient circumcised at birth in the United States has been reported to have developed carcinoma of the penis." Prophylactic neonatal surgery and infectious diseases.

Pediatric Infectious Disease Journal 1997;16(8):727-734.

[Why would a medical doctor refer to a normal part of human sexual anatomy as a cesspool? Why does Weiss say that "No patient circumcised at birth in the United States has been reported to have developed carcinoma of the penis"? There are at least 20 published medical studies documenting penile cancer in males circumcised at birth. Hasn't Weiss read them? A 1993 study of older men in the Pacific Northwest finding that 20% of men with penile cancer were circumcised at birth was referenced by Weiss in his own paper. – Editor]

Thomas E. Wiswell, M.D.

"Clinical and neurologic testing has not detected differences in penile sensitivity between men who were circumcised and those who were not. I know of no data indicating that circumcised men have more long-term genital-related problems with either psychological, social, emotional, and sexual function or sexual pleasure." Circumcision circum-spection. *New England Journal of Medicine* 1997;336:1244-5.

[What clinical and neurologic testing is Wiswell referring to? There are no published scientific studies investigating clinical or neurologic differences in penile sensitivity between circumcised and intact males. How would one measure the difference in foreskin sensitivity between males who have a foreskin and males who don't? There are, however, published scientific studies documenting the rich innervation of the foreskin. Hasn't Wiswell read them? Hasn't he read Dr. John R. Taylor's study, "The prepuce: specialized mucosa of the penis and its loss to circumcision," in the *British Journal of Urology* (February 1996)? Why does Wiswell claim to be unaware of the scientific research that shows the short-term and long-term psychological and emotional trauma that circumcision can cause? Hasn't he read *Circumcision: The Hidden Trauma*, by Ronald Goldman, Ph.D.? How can Wiswell believe his own statement? He made it in his own editorial that accompanied the publication of Dr. Anna Taddio's study of the long-term neurological damage caused by infant circumcision. Hasn't Wiswell read the studies relevant to the area in which he presents himself as an expert? – Editor]

The Cloak of Medicine

"Moreover, neonatal circumcision is done without the consent of the subject, removes healthy tissue with a unique anatomical structure and function, and leads to differences in adult sexual behavior...We need, therefore, to address the issue directly and end the persistent efforts to find a medical rationale for circumcision by removing the cloak of medicine from this procedure."

Margaret A. Somerville, FRSC, LL.D.
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Montreal, Canada

David M. Alwin, M.D.
St. Mary's Hospital, Montreal, Canada
The New England Journal of Medicine
August 21, 1997



NOCIRC T-Shirts for Newborns. Red letters on white. 100% cotton. Protect your baby from an "accidental" hospital circumcision with this special T-shirt. Also available in larger size (17-32 lbs). \$4.50 each, two for \$7 ppd. NOCIRC, POB 2512, San Anselmo, CA 94979.

New NOCIRC Publications

NOCIRC Annual Report, Marilyn Fayre Milos, Editor. \$10/year. NOCIRC.

NOCIRC pamphlets: 50¢ each or \$25/100 (same or mixed) plus \$3 S/H.

Five different pamphlets: \$2 and business-size SASE with 55¢ postage.

Answers To Your Questions About NOCIRC

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Answers To Your Questions About Infant Circumcision (English or Spanish)

Answers To Your Questions About Your Young Son's Intact Penis (English or Spanish)

Answers To Your Questions About Your Young Son's Circumcised Penis



New! Artist Alex Steelsmith has created this "victorious babies" illustration for NOCIRC. As a token of thanks for your tax-deductible contribution of \$50 or more, we'll put it on a cup, T-shirt, or tote bag for you. Please let us know which you would prefer, and your T-shirt size if applicable.

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INFORMATION CENTERS ON THE WORLD WIDE WEB

Association Contre La Mutilation Des Enfants (A.M.E.)
<http://www.pratique.fr/~ame1>

CIRCUMCISION, On-line peer-reviewed medical journal. Robert S. Van Howe, M.D., FAAP, Editor.
<http://weber.u.washington.edu/~gcd/CIRCUMCISION/>

CIRP (Circumcision Information and Resource Pages)
<http://www.cirp.org/CIRP/>

D.O.C. (Doctors Opposing Circumcision)
<http://weber.u.washington.edu/~gcd/DOC/>

FGM (Female Genital Mutilation) Research Home Page
<http://www.hollyfeld.org/fgm/>

☞ **Foreskin**
<http://www.foreskin.org>

Info-Circumcision (Circumcision Information Resource Centre)
<http://www.infocirc.org>

☞ **In Memory of the Sexually Mutilated Child**
<http://www.datasync.com/~qsmid>

NOCIRC (National Organization of Circumcision Information Resource Centers)
<http://www.nocirc.org>

NOCIRC of Washington
<http://weber.u.washington.edu/~freeman/NOCIRC/>

☞ **NOHARM (National Organization to Halt the Abuse and Routine Mutilation of Males)**
<http://www.noharm.org>

☞ **NORM (National Organization of Restoring Men)** <http://www.geocities.com/HotSprings/2100/>

☞ **Nurses for the Rights of the Child**
<http://www.cirp.org/nrc/>

☞ New Web Sites

There is still time to join those who want to be included in a NOCIRC publication listing the names of parents who chose to keep their sons intact. Send your name to NOCIRC, POB 2512, San Anselmo, CA 94979.

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Fifth International Symposium on Sexual Mutilations: Medical, Legal and Ethical Considerations in Paediatric Practice

University of Oxford, England, 5-7 August 1998

Presenters include health-care professionals, medical researchers, scholars, legal experts and ethicists from Europe, North America, Australia and Africa who will address the medical, ethical, legal and human rights aspects of male and female sexual mutilations. All presentations will be given in English.

Early Registration: £90/day, £200/entire program. Please make check payable to: NORM-UK, POB 71, Stone, Staffordshire ST15 0SF England. If paying in U.S. funds, the following equivalents apply: \$150/day, \$330/full program. Please make checks payable to: NOCIRC, POB 2512, San Anselmo, CA 94979-2512 USA.

On-site Registration (pounds only): £120/day, £250/full program.

Registration fee exclusive of accommodation and catering.

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Brochures: For program and registration information, send SASE to NOCIRC.

Accommodation Suggestions: Oxford Tourist Information. The Old School, Gloucester Green, Oxford OX1 2DA. Telephone - UK: 01865-726-871; International: +44 1865-726-871. Fax - UK: 01865-240-261; International: +44-1865-240-261. World Wide Web address: <http://www.uk-guide.com/s-east/oxfortic.htm>. Accommodation information: <http://www.yahoo.co.uk/travel/accommodation>

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