

Circumcision *Cannot* Be Financially or Medically Justified

"If neonatal circumcision was cost-free, pain-free, and had no immediate complications, it was still more costly than not circumcising... Neonatal circumcision is not good health policy, and support for it as a medical procedure cannot be justified financially or medically." – Robert S. Van Howe (See "Circumcision *Not* Cost Effective," page 3). ■

Education & HIV

Girls' attendance of primary and secondary school in Uganda cut the HIV rate 50% and 75%, respectively, according to the World Bank. Estimates suggest that, if all children received primary education, as many as 700,000 cases of HIV could be prevented each year. Teaching *abstinence, monogamy, and condom use* has succeeded in Africa and elsewhere. ■

Health Officials Investigate Mohel

After a baby's death from herpes and three other infected infants were found to have been circumcised by Rabbi Yitzchok Fischer, the mohel was investigated. Most mohels use a pipette to suck the blood, but Fischer uses his mouth to suck blood from the baby's penis (*metzizah bi peh*), as practiced by the ultra-Orthodox. Fischer was asked to submit to a blood test, ordered to stop performing *metzizah* by mouth, and to use a sterile tube and gloves. The Health Department learned Fischer wasn't following the order, so city lawyers filed a complaint on 12/22 in Manhattan Supreme Court to compel him do so. His lawyer, Mark Kurzmann, said Fischer is "cooperating with the city's investigation to resolve this matter." Kurzmann mentioned concerns about the government regulating religious practices. *New York Daily News*, 2/2/05 (See "The Horrors of Metzitzah," page 5.) ■

US Rabbis Approve Mohel's Use of Tube

The Rabbinical Council of America issued a statement, saying mohels should use a tube to suck blood from a baby's penis after circumcision. *Forward*, 3/04/05 ■

Circumcision Rate Continues to Drop

The U.S. circumcision rate declined 11.4% over two years, according to figures just released by the National Center for Health Statistics, from 63.1% in 2001 to 55.9% in 2003. The largest decline was in the western states, where 68.6% of boys remain intact. ■

British Columbia College Tightens Circumcision Recommendations

The 2004 British Columbia College of Physicians and Surgeons circumcision policy statement establishes new ethical standards. The legal environment in which circumcision has been tolerated is rapidly shifting. Main points of the statement are:

- When a child is presented for circumcision, the child, not the parents, is the patient.
- The doctor's duties and responsibilities are to the child patient and not to the parents.
- A circumcision may be carried out only if it is in the best interests of the child.
- Circumcision is an injury to the penis that removes erogenous tissue. It further exposes the child to bleeding or infection, either one of which may lead to death.
- Non-therapeutic circumcision of a male child is an apparent violation of that child's rights.
- Doctors must advise parents that the current medical consensus is that routine infant male circumcision is not a recommended procedure; it is non-therapeutic and has no medical prophylactic basis; it is a cosmetic procedure.
- Doctors have no obligation to perform a non-therapeutic circumcision at parental request and may refuse to do so.
- The power of parents to consent to non-therapeutic circumcision is being questioned.
- Circumcision is not unlawful, but physicians who perform non-therapeutic circumcisions are at risk of suit for damages by the child when he reaches the age of majority.
- If a circumcision of a child is to be carried out, the doctor should obtain the written informed consent of both parents. ■

With the circumcision of male children now left without medical justification, and the recent federal laws forbidding similar surgeries for females, the lawfulness of this non-therapeutic procedure, when performed on legally incompetent children, has become precarious, unstable, and vulnerable to litigation.

– Doctors Opposing Circumcision

2005 College Essay Contest Winners:

- 1st place: Yuri Jardotte, Montclair State University
 - 2nd place: Gregory Estevan, Southeastern Louisiana University
 - 3rd place: Kelly Millard, University of Scranton.
- Read winning essays at www.nocirc.org.

Letter from the Editor

NOCIRC is celebrating a significant milestone – 20 years of service to parents, healthcare professionals, childbirth educators, attorneys, ethicists, and concerned individuals. Established in 1985, today there are more than a hundred NOCIRC centers worldwide.

If the rapid decline in the circumcision rate – 11.4% over two years, from 2001 to 2003 – continues, in just 12 years, the US will join the other English-speaking countries in abandoning circumcision.

Georganne Chapin says the patron saint of Padua is St. Anthony, who cares for lost things, including amputations, so our 8th International Symposium at the University of Padua was appropriate. This symposium dealt *equally* with male and female genital integrity rights. Our co-hosts, Professors Pia Grassivaro Gallo and Franco Viviani, mentioned that some genital alterations do not involve cutting, so they suggested a way to accurately describe genital-altering procedures without negatively branding survivors, that is, using the term *human genital modifications* (HGM). This terminology was adopted by presenters throughout the symposium. The proceedings will be published later this year.

Across the country, activists are working on the Medicaid project, urging legislators to drop coverage for non-therapeutic circumcision of non-consenting minors. Several states are in the process of joining the 14 that have already defunded circumcision. On March 13, 2005, Governor Dirk Kempthorne signed the bill to end Medicaid funding in Idaho. The circumcision rate dropped dramatically at the University of Mississippi Medical Center since Medicaid stopped funding last July.

Thanks to NOCIRC of FL's Kathy Howard, NOCIRC launched a billboard and ad campaign (see photos on page 8). One billboard is on the highway to DisneyWorld in FL, another was

on the road to the largest maternity hospital in Pittsburgh, PA, for two months. Two new billboards are up in VA and MO, and the latter includes the MO and KS NOCIRC web sites. The art for billboards, local newspapers ads, and baby and parenting magazine ads is available from NOCIRC.

Mainstream television has picked up our message. In ABC's *According to Jim*, the main character's wife tells her sister, "OK, you were right about not having Kyle circumcised." Later, on the phone, she says, "No, Mother, it's too late now at this age." She listens to her mother's response and says, "That's Dad's generation!"

I had the honor and privilege of giving a presentation, *Circumcision: A Preventable Birth Trauma*, to the attendees of the Punahale Gathering and Summit, in Makapala on the Big Island of Hawaii, in March. The conference was about the prevention and treatment of shock and trauma. I created a PowerPoint presentation for the event, which helped me to give participants a lot of information in a short period of time. While my presentation only took 25 minutes, I spoke for nearly two hours. I have never been so well received, with all of the participants understanding the message and determining what they can do to bring an end to genital cutting of infants and children. They've already begun the work, so the outreach was wonderfully productive, for which I am grateful.

After 26 years, it warms my heart to see so many dedicated people willing to speak out for the babies, to see Medicaid end funding, to see the media reflect our message, and to know the number of intact boys is increasing. Thanks to us, today's parents are saying "No" to circumcision. I deeply appreciate your generous help and support.



Letter to the Editor

Dear NOCIRC,

It has been one year since our son informed us, via email, that he hated us for having him circumcised in 1974 as an infant. He accuses us of intentionally mutilating and disfiguring him and hints at sexual dysfunction because of it. As far as we knew, everything was fine. But now he has cut himself off from us completely until he decides if and when he can ever forgive us. He sited numerous web sites and yours was one of them. We have read everything and agree that had we known then what we know now, we would never have had him circumcised. But back in 1974, it was the "usual medical procedure" done for cleanliness. It wasn't for religious reasons or to keep him from masturbating, as some articles suggest. We didn't know he wasn't given anything for pain or how painful it would be. It certainly wasn't to torture or mutilate him in any way. He was our son, our long-awaited baby (after

seven years). We chose to have natural childbirth to keep drugs from harming him. I breastfed him for 18 months. I made my own babyfood for him, washed cloth diapers. We did everything we knew to give him the best life possible because he was (and still is) wanted and loved.

My husband and I are at a loss as to how to help him understand that we had no intention of harming him. He blames us and his circumcision for all that is wrong in his life. Until he sent us that email a year ago, we had no idea there was any problem. Any suggestions?

Name withheld upon request.

My first suggestion was for the parents to write a letter of apology. Second, the parents must forgive themselves for not knowing enough to protect their son. And, finally, I encouraged them to educate others to help prevent further suffering. – M.M.

Laws, Lawsuits, and Legislation

GERMANY

Karlsruhe – A federal administrative court ruled that a Gambian mother did not have the right to subject her six-year-old daughter to FGM, rejecting her appeal of a lower court ruling.

ISRAEL

Rishon LeZyion – An Israeli boy was awarded NIS 1.8 million. The Magistrate's Court found the mohel, Mehumar Tzubari, who circumcised the boy, now nine years old and undergoing corrective surgeries, was liable for the damage. *www.jta.org*, 12/14/04

UNITED STATES

Stamford, CT – A lawsuit filed in Bridgeport Superior Court on 3/23 alleges Daniel S. Gottschall, MD, partially amputated a newborn's penis during circumcision. His mother, Robin Biondo, said 40% of the tip of her son's penis was cut off. The day-old infant underwent reconstructive surgery. *The New Haven Register*, 3/24/05

Ashland, KY – Just five years old, J.B. had urinary frequency and E. coli was found in his urine. Urologist Steven Edge, MD, recommended tests be done, during which he circumcised the boy without medical reason or parental consent. On 3/30/05, the boy was awarded \$125,000 plus mediation and filing fees.

Bismarck, ND – The ND Supreme Court rejected Anita Flatt's argument that she received inadequate information before

consenting to her son's circumcision in 1997, and she was denied a new trial. Both Flatt and another mother testified during the trial that they were not informed, but the beguiled jury found Dr. S. Kantak not negligent. Judge Cynthia Rothe-Seeker committed so many errors, Flatt and Baer said they deserved a new trial. Justice Sandstrom gave Flatt's issues credence, saying he was "concerned that the cumulative effect of the trial court's decision limiting the plaintiffs' evidence may have denied them a fair trial," but he fell short of upholding Flatt's right to a new trial. *The Forum*, 9/04/04

Kansas City, MO – Camille Azar asked the MO Supreme Court to prevent circumcision of her son, saying the boy, almost 3, is "aware of his own body...The potential for psychological harm from non-infant circumcisions is well established and great...It is the permanent destruction of living, non-threatening, sensitive tissue." According to a petition filed with the court, "Mr. Jagoda has indicated that he is determined to circumcise the child immediately, with or without a doctor, with or without anesthesia." *The Kansas City Star*, 7/15/04

Clark County, WA – Edwin Baxter was convicted of assault and sentenced to 36 months in prison for attempting to circumcise his 8-year-old son after he read about circumcision in the *Old Testament*. "I had no reason to think I would be in violation of any of God's laws," Baxter said. He used a hunting knife and called 911 when his son began bleeding profusely. *Columbian*, 12/8/04 ■

Highlights from Medical Literature

CIRCUMCISION NOT COST EFFECTIVE

A cost-utility analysis, based on published data from multiple observational studies, comparing boys circumcised at birth and those not circumcised, was undertaken using the Quality of Well-being Scale, a Markov analysis, the standard reference case, and a societal perspective. Neonatal circumcision increased incremental costs by \$828.42 per patient and resulted in an incremental 15.30 well-years lost per 1000 males. If neonatal circumcision was cost-free, pain-free, and had no immediate complications, it was still more costly than not circumcising. Using sensitivity analysis, it was impossible to arrange a scenario that made neonatal circumcision cost-effective. **Neonatal circumcision is not good health policy, and support for it as a medical procedure cannot be justified financially or medically.** Van Howe RS. A cost-utility analysis of neonatal circumcision. *Med Decis Making*. 2004 Nov-Dec;24(6):584-601.

RATIONALIZING CIRCUMCISION

"Human sexuality and the attempts to control it, particularly to reduce or add sexual pleasure, have been, in one way or another, a part of all known cultures and civilizations. While sometimes this fact is acknowledged openly as the

main purpose for genital mutilation, in most cases other rationalisations are put forward for the practice. These false reasons have varied from religious and cultural demands to a number of medical 'explanations,' depending on the wider cultural tradition within which the practice has appeared. These different rationalisations for the maintenance of the practices in various cultures show that no matter what the cultural differences are in beliefs and lifestyles, genital mutilation is a universal sign of human civilisation – or maybe the lack of it. All societies have found the arguments that best fit their local cultural traditions and environments in order to introduce or maintain genital mutilation in its various forms. In the Western, rather individualist tradition, these rationalisations are based on benefit to the individual and/or autonomy; in the Southern and Eastern cultures their support is drawn more directly from social values and ties, or from the need to protect one's unique cultural identity against Western cultural imperialism. Thus, in this regard one cultural tradition cannot be said to be better than another. Rather, with further education and knowledge the cultural smokescreen around the real reasons for the maintenance of the practice can be overcome in all societies no matter what their cultural background." Rationalising circumcision: from

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tradition to fashion, from public health to individual freedom – critical notes on cultural persistence of the practice of genital mutilation. SK Hellsten, Centre for the Study of Global Ethics, University of Birmingham. *J Med Ethics* 2004;30:248-253.

WHO MAKES CIRCUMCISION POLICY?

Position statements of national medical organizations are expected to be evidence-based; however, contentiousness of the debate suggests other factors are involved. Psychology, sociology, religion, and culture may underlie policy decisions. Psychosocial factors and potential biases of committee members should be recognized. R. Goldman, Circumcision policy: A psychosocial perspective. *Paediatr Child Health* 2004;9(9):630-633.

USE OF ANALGESIA FOR PAIN

Four years after the 1999 AAP recommendation for pain relief, "I estimate that analgesia is actually used in about a third of procedures," reported Praveen Kumar, MD, professor of pediatrics. Medical charts indicated no discussion with parents about pain management. *AAP 2004 National Conference & Exhibition: Abstract 44*. Presented 10/9/04.

ANALGESIA DOES NOT ELIMINATE PAIN

None of the studied interventions completely eliminated the pain response to circumcision. Brady-Fryer B, Wiebe N, Lander J. Pain relief for neonatal circumcision. *Cochrane Database Syst Rev*. 2004 Oct 18;(4):CD004217.

HOW MANY BABIES MUST SUFFER?

Pain scores were highest for *newborns receiving no analgesia*. [We've known this since the 1987 Anand and Hickey report. Why are babies still subjected to painful studies that defy the Declaration of Helsinki?] Newborns circumcised with the dorsal block and the ring block in combination with the concentrated oral sucrose had the lowest pain scores. Razmus IS, Dalton ME, Wilson D. Pain management for newborn circumcision. *Pediatr Nurs*. 2004 Sep-Oct; 30(5):414-7, 427.

NEONATAL SEIZURE FOLLOWING LIDOCAINE INJECTION

A 25-day-old baby had seizures following subcutaneous lidocaine injection for circumcision. *Journal of Perinatology* 2004;24:395-396.

UTI MYTH DEBUNKED AGAIN

Circumcision during antireflux surgery has *no effect* on the incidence of postoperative UTI. Kwak C, Oh SJ, Lee A, Choi H. Effect of circumcision on urinary tract infection after successful antireflux surgery. *BJU Int*. 2004 Sep;94(4):627-9.

BALLOONING IS NORMAL AND HARMLESS

Physiological phimosis with or without ballooning of the prepuce is not associated with noninvasive objective measures of obstructed voiding. Babu R, Harrison SK, Hutton KA. Ballooning of the foreskin and physiological phimosis: is there any objective evidence of obstructed voiding? *BJU Int*. 2004 Aug;94(3):384-7.

PREPUTIAL DEVELOPMENT

Retractability in 242 Japanese boys gradually increased from 0% at 1 year to 77% by 11-15 years...forced retraction or circumcision is unnecessary for phimosis in boys with or without balanoposthitis. Ishikawa E, Kawakita M. "Preputial development in Japanese boys." *Hinyokika Kyo*. 2004 May;50(5):305-8.

TEXAS TEENS IGNORANT ABOUT THEIR OWN CIRCUMCISION STATUS

Adolescents in Houston were asked their circumcision status and then examined. Of the 1,508 subjects (mean age 15 years), 64% were Black, 29% Hispanic, and 7% White. Of the 738 circumcised subjects, 69% considered themselves circumcised, 7% considered themselves intact, and 23% did not know. Of the 751 intact youths, 65% described themselves as intact, 4% reported being circumcised, and 31% did not know. Risser JM, Risser WL, Eissa MA, Cromwell PF, Barratt MS, Bortot A. Self-assessment of circumcision status by adolescents. *Am J Epidemiol*. 2004 Jun 1;159(11):1095-7.

ADULT CIRCUMCISION MAKES EJACULATION MORE DIFFICULT

Forty-two male patients (median age 22.3 years) were circumcised, 39 for religious reasons. Before circumcision, sexual performance was evaluated. Mean ejaculatory latency time was significantly longer after circumcision. Senkul T, Iseri C, Sen B, Karademir K, Saracoglu F, Erden D. Circumcision in adults: effect on sexual function. *Urology*. 2004 Jan;63(1):155-8.

SOUTH KOREANS UNINFORMED

Most South Koreans (73%) believe circumcision is necessary; 7.1% believe it is not. The main reason is hygiene (77.9%). Fear of pain is why 68.7% do not prefer neonatal circumcision. Peer ridicule was feared by 60.8%. Oh SJ, Kim T, Lim DJ, Choi H. Knowledge of and attitude towards circumcision of adult Korean males by age. *Acta Paediatr*. 2004 Nov;93(11):1530-4.

AFRICA'S HIV EPIDEMIC

While behavioral and biological variables influence personal risk for HIV acquisition, the available evidence suggests that they do not differentiate African from US and European epidemics, nor do they determine the differential HIV epidemic trajectories noted across Africa. Gisselquist D, Potterat JJ, Brody S. Running on empty: sexual co-factors are insufficient to fuel Africa's turbo-charged HIV epidemic. *Int J STD AIDS*. 2004 Jul;15(7):442-52.

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Highlights from Medical Literature (cont.)

GENITAL HYGIENE AND HIGH RATES OF AIDS AND STDs IN AFRICAN MALES

Genital hygiene before sex was uncommon and negatively associated with HIV risk perception, bathroom crowding, and ethnicity. Men believed genital hygiene before sex would arouse suspicions of infidelity or cool sexual ardor. Steele MS, Bukusi E, Cohen CR, Shell-Duncan BA, Holmes KK. Male genital hygiene beliefs and practices in Nairobi, Kenya. *Sex Transm Infect.* 2004 Dec;80(6):471-6.

HIV PREVALENCE IN WESTERN KENYA AND EASTERN UGANDA

HIV rates in antenatal clinic attendees were compared over time, using data from Kenyan and Ugandan Ministries of Health and UNAIDS. All sites in Uganda showed decreasing HIV trends; all sites in Kenya showed increasing trends. Neither ethnic groupings or circumcision explained the differences. Decreases in Uganda reflect real success in control policies through education. Trends in antenatal human immunodeficiency virus prevalence in Western Kenya and Eastern Uganda: evidence of differences in health policies? Moore DM, Hogg RS. *Int J Epidemiol.* 2004 Mar 24.

THE HORRORS OF METZITZAH

The association between herpes and traditional circumcision was investigated in infected neonates. In all cases, the mohel orally suctioned blood from the penis. Ritual Jewish circumcision carries a serious risk for transmission from mohels to neonates. Gesundheit B, Grisar-Soen G, Greenberg D, Levtzion-Korach O, Malkin D, Petric M, Koren G, Tendler MD, Ben-Zeev B, Vardi A, Dagan R, Engelhard D. Neonatal genital herpes simplex virus type 1 infection after Jewish ritual circumcision: modern medicine and religious tradition. *Pediatrics.* 2004 Aug;114(2):e259-63.

CIRCUMCISION DECREASING IN THE USA FOR ECONOMIC REASONS

Economic factors are beginning to limit circumcision in the US. Parents need reassurance that their intact child will be healthy. Hutcheson JC. Male neonatal circumcision: indications, controversies and complications. *Urol Clin North Am.* 2004 Aug;31(3):461-7, viii.

REDUCED CIRCUMCISION IN SCOTLAND DUE TO PHYSICIAN EDUCATION

Retrospective analysis looked at circumcisions from 1990 to 2000 in the newborn to 13-year-age group. The 33.7% decrease in circumcision between the first and second half of the study is in keeping with greater appreciation of pathologic phimosis as distinguished from a healthy non-retractile foreskin. Quaba O, MacKinlay GA. Changing trends in a decade of circumcision in Scotland. *J Pediatr Surg.* 2004 Jul;39(7):1037-9.

CIRCUMCISION INFORMATION ON THE INTERNET

The content of 100 websites was reviewed and tabulated; 51% were against circumcision, 14% recommended circumcision, and 25% had no opinion. Okino BM, Yamamoto LG. Survey of Internet web sites on circumcision. *Clin Pediatr (Phila).* 2004 Sep;43(7):667-9. ■

Canadian researcher, Dr. John R. Taylor, who identified and named the preputial *ridged band*, needs help in testing a hypothesis. He is asking for responses to a questionnaire located at <http://research.cirp.org/cgi-bin/feedbk2.cgi>.

World News

AFRICA

Burkina Faso – A decline in FGM masks a trend to circumcise younger girls, according to the WHO and National Committee Against the Practice of Circumcision. *allafrica.com*, 5/20/05

Djibouti – The “Djibouti Declaration” against FGM, as “a violation of human rights and an insult to dignity, was approved by delegates from Djibouti, Egypt, Eritrea, Ethiopia, Somalia, Sudan, and Yemen.” *AFP*, 2/4/05

Nairobi – A declaration was issued, calling for legislation prohibiting female cutting and strategies to ensure effective enforcement. Experts explained FGM was strongly linked to the spread of AIDS. *AFP*, 9/18/04

Senegal – A program has led to 1,527 villages stopping FGM and has become a regional model. *The Christian Science Monitor*, 4/5/05.

CANADA

Northwest Territories – Insurance coverage for routine circumcision was discontinued 4/1/04 in the Northwest Territories. Manitoba is the only Canadian jurisdiction still paying for routine circumcision. The Manitoba Medical Association is opposed to continued insurance coverage and advised doctors that, since newborn circumcision is not medically required, it does not fit the statutory definition of an insured service.

Winnipeg, Manitoba – David Reimer, in a notorious medical experiment, was raised as a “girl” after a botched circumcision destroyed his penis. In 2000, David courageously appeared on The Oprah Winfrey Show, hoping his story would spare others the same suffering. In May 2004, David took his life. He is finally at peace.

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EGYPT

Alexandria – The mother of a newborn boy who died during circumcision, performed in a private medical center, pressed charges for the doctor's conviction. *Ahram*, 2/16/05

IRAN

Kermanshah – A 30-day-old infant died in November, following ritual circumcision. Personal communication to NOCIRC, 1/5/05

NEPAL

Kathmandu – A 5-year-old boy died from blood loss and his 7-year-old brother was hospitalized with excessive bleeding. "We carried out circumcision on the boys as part of our religion," said Rahamadtulla, the boys' father, whose eldest son died from circumcision five years ago. His 7-month-old son will undergo the procedure. "I can't go against our religion," the father said. *United Press International*, 2/11/05

THE NETHERLANDS

Amsterdam – The Dutch national health insurance will no longer pay for male circumcision, the Health Ministry announced. Compensation was halted because 90% of circumcisions are done for religious reasons. About 8.5 percent of children born each year in the Netherlands are circumcised. *AP*, 12/17/04

THE PHILIPPINES

The Philippine Amusement and Gaming Corporation is providing funds for 12,000 free circumcisions this summer. Meanwhile, there are not enough funds for true medical problems. *Journal.com.ph*, 3/26/05

SOUTH AFRICA

NOCIRC-South Africa requested an official circumcision statement from the South African Medical Association. "After lengthy discussion on the matter, the Committee resolved that it be conveyed to NOCIRC-SA that, from a medical point of view, there was no medical justification for routine circumcision in neonates and children." 1/28/05

Cape Town – A traditional surgeon who performed a circumcision on a 48-year-old man is to be prosecuted. "It is alleged that a mob took this man to the bush, where he was circumcised," according to a health department spokesperson Sizwe Kupelo. *News24 - South Africa*, 9/11/2004

East London – An initiate and his elder brother killed themselves in separate incidents following circumcision. Dontsa Lwane, 19, because of a botched circumcision, was treated at a local hospital and released. His brother, who later found Dontsa hanging, shot himself.

Johannesburg – About 20 initiates, aged 18 to 25, about to be circumcised during coming of age rituals, turned on their male nurse and killed him, according to Sizwe Kupelo of the Eastern Cape Provincial Health Department. *Reuters*, 1/3/05

Mthatha, Eastern Cape – Sizwe Kupelo said a young man, hospitalized with unbearable pain, lost more of his penis than the foreskin. "It is more than likely this young man will be losing his manhood," Kupelo said.

A 22-year-old initiate, whose penis was partially amputated during a botched circumcision, was one of 75 initiates who needed medical attention. Doctors at the hospital are investigating his condition, and the remaining three centimeters of his penis may have to be amputated. *Daily Dispatch*, 1/17/05

Umtata – Eastern Cape Health Director, Bevan Goqwana, discussed a "no nonsense approach" to those who do not comply with the Traditional Circumcision Act. His department has closed three illegal initiation schools this season, and 42 traditional surgeons and nurses have been arrested, 18 of them convicted for botched circumcisions. Since 1995, approximately 5,000 initiates have been admitted to hospital, more than 260 have died, and more than 70 had genital amputations. *BuaNews (Pretoria)*, 6/3/04

THAILAND

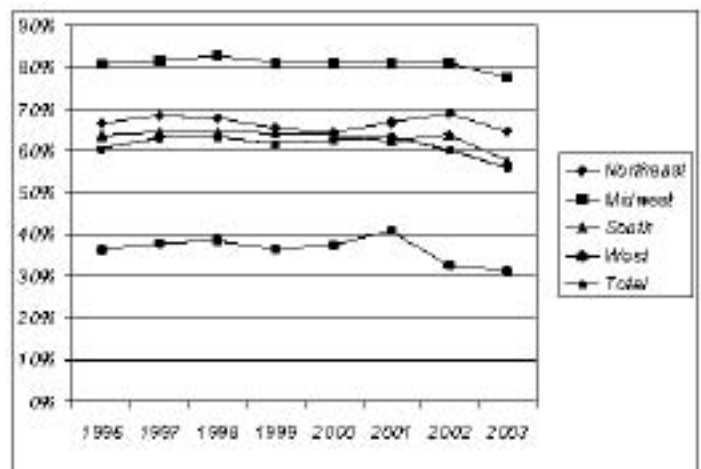
Bangkok – A leading researcher cited 13 studies that show a lack of association between HIV and male circumcision in the general population. "In other words, the current evidence is insufficient to consider male circumcision as a public health intervention," she said. *www.news24.com/News24/South_Africa/Aids_Focus/*, 7/15/2004

UNITED STATES

Washington, DC – Physicians told participants at the American Association for the Advancement of Science meeting to hold off on surgery until intersex children can determine their own sex. Parents are referred to the Intersex Society of North America for emotional support. *AP*, 2/19/05

West Lafayette, IN – The International Coalition for Genital Integrity has issued an updated Medicaid Report (January 3, 2005), *Of Waste and Want: A Nationwide Survey of Medicaid Funding for Medically Unnecessary Non-Therapeutic Circumcisions*. Complete report: icgi@icgi.org. ■

CIRCUMCISION IN THE UNITED STATES



Announcements

2006 College Essay Contest

See www.nocirc.org for essay rules and deadlines.

INTERNATIONAL SYMPOSIA PROCEEDINGS

(available from NOCIRC, POB 2512, San Anselmo, CA 94979-2512, US.)

- **The Truth Seeker: Crimes of Genital Mutilation.** 1st International Symposium on Circumcision. James W. Prescott, Editor, Marilyn Fayre Milos, Co-editor. 1989. \$10ppd.
- **Sexual Mutilations: A Human Tragedy.** 4th International Symposium on Sexual Mutilations, ed. by George C. Denniston and Marilyn Fayre Milos. 1997. \$70ppd.
- **Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice.** 5th International Symposium on Sexual Mutilations, ed. by George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos. 1999. \$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.
- **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.

Books and Booklets

New! Marked in Your Flesh: Circumcision from Ancient Judea to Modern America, Leonard Glick, MD, PhD. 2005. \$20ppd (mention this ad). Oxford University Press. ISBN 0-19-517674-X. To order, write to quabbin@rcn.com or call 978-544-7141.

New! I Want My Foreskin for Giftmas! Carl Schutt. 2004 \$15. ISBN 0-9753202-6-2. Inkus Imagination, POB 35, Red Bank, NJ 07701. Mention this ad with your order and 10% of the sale 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



"Victorious Babies" by Alex Steelsmith

Publishing Co. ISBN: 0-9711878-0-0. NOCIRC, POB 2512, San Anselmo, CA 94979-2512.

Ending the Custom of Circumcision: Daddy, why are we different?, Sharon Ann Wikoff. 2004. \$5ppd, bulk prices available. Power Light Publishing, 1415 Fulton Rd. Ste. 205 PM A 20, Santa Rosa, CA 95403 or www.Parenting4RealSuccess.com.

Secret Wounds, Hanny Lightfoot-Klein. 2003. \$15.95 plus \$5 S/H. ISBN: 1-4033-9699-X. Hanny Lightfoot-Klein, PM 107, 4729 East Sunrise Drive, Tucson, AZ 85718.

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

Circumcision? Intact Facts. 18-min. VHS. \$44.05. Injoy Productions, 1435 Yarmouth, Suite 102-B, Boulder, CO 80304. Tel: 800-326-2082.

Restoration in Focus: An Instructional Video. 100-min. VHS tape in PAL format. £15ppd by second class recorded delivery in UK. www.norm-uk.org. In US, www.foreskinrestoration.info.

Tahara. 18-min. NTSC VHS. \$30ppd (\$100 for institutions, schools, libraries). Sara Rashad, 1418 10th St, Ste 8, Santa Monica, CA 90401. Order at www.tahara-film.com

Whose Body, Whose Rights? is now available for online viewing with Windows Media Player. For more information: www.circumcisionvideos.com

And More...

IT'S A BOY! A circus opera about a family dealing with circumcision. Text and music by Betty Katz Sperlich, and music by Ron "Dadou" Romanovsky, including *Perfectly You*, *Cleaner Wiener*, and *Locker Room Blues*. Your help is needed to make this a reality. For more information about the project, see <http://nohamm.org/circumoperat.htm> Please mail contributions to Nurses for the Rights of the Child, 369 Montezuma #354, Santa Fe, New Mexico 87501.

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.

Stop Infant Circumcision Society demonstration, U.S. Capitol, *Genital Integrity Awareness Week*. For details see: www.SicSociety.org.



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Details and accommodation information will be
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