

Position Statements of Medical Societies in English-Speaking Countries

1996 Canadian Paediatric Society, Fetus and Newborn Committee, *Neonatal Circumcision Revisited*: "The overall evidence of the benefits and harms of circumcision is so evenly balanced that it does not support recommending circumcision as a routine procedure for newborns."

1996 Australian College of Paediatrics *Position Statement on Routine Circumcision of Normal Male Infants and Boys*: "The Australasian Association of Paediatric Surgeons has informed the College that 'Neonatal male circumcision has no medical indication. It is a traumatic procedure performed without anaesthesia to remove a normal functional and protective prepuce.'"

1996 Australian Medical Association: "The Australian College of Paediatrics should continue to discourage the practice of circumcision in newborns."

1996 British Medical Association *Guidelines, Circumcision of Male Infants Guidance for Doctors*: "To circumcise for therapeutic reasons where medical research has shown other techniques to be at least as effective and less invasive would be unethical and inappropriate."

1996 Australasian Association of Paediatric Surgeons: "We do not support the removal of a normal part of the body, unless there are definite indications to justify the complications and risks which may arise. In particular, we are opposed to male children being subjected to a procedure, which had they been old enough to consider the advantages and disadvantages, may well have opted to reject the operation and retain their prepuce."

1997 American Academy of Pediatrics: Statement Pending.

OPEN LETTER TO THE AMERICAN ACADEMY OF PEDIATRICS TASK FORCE ON CIRCUMCISION

The American Academy of Pediatrics recently asked the National Organization of Circumcision Information Resource Centers for material that would be of interest to its new Task Force on Circumcision. We sent more than 90 articles and studies, many of which have been published since the last AAP Task Force met in 1989. A list of this information can be found on our World Wide Web site at <<http://www.nocirc.org/position/references.html>>.

The new Task Force has representatives from the AAP's committees on Fetus and Newborn, Anesthesiology, Practice and Ambulatory Care, Urology, Epidemiology, and Pediatric AIDS. We realize that the representatives of these committees are experts in their fields and are probably already familiar with the literature we sent – the same literature that has led Canadian, English and Australian medical societies to recommend keeping babies' genitals intact. We trust that the AAP representatives will make these latest findings clear to the Task Force and that the Task Force Report will reflect this information.

Surely the Academy would agree that a valid report about an operation that irreversibly destroys a normal, natural part of a child's penis would have to:

- 1) include full disclosure of everything known about the structure and functions of the part of the penis destroyed;
- 2) address fully and completely the ethical implications of cutting healthy, normal, functional tissue from a child's penis for any reason other than absolute medical necessity; and
- 3) include any and all other facts and considerations that could influence the decision about having that operation performed on one's child.

In the March 1977 issue of *Current Problems in Pediatrics*, George W. Kaplan, M.D., representative from the Committee on Urology, wrote: "Opponents [of circumcision] argue that tactile stimulation is lost after circumcision and that 'the fundamental biological sexual act become[s], for the circumcised male, simply satisfaction of an urge and not the refined sensory experience that it was meant to be.' Proponents point out that...there is no ground swell of 'mutilated' males seeking skin grafts to rectify this wrong."

A great number of anatomical studies documenting the irreplaceable erogenous functions of the foreskin have indeed been published. These include Dr. R. K. Winkelmann's classic studies from the 1950s and '60s on the rich erogenous innervation of the prepuce and, most recently, Dr. John R. Taylor's study, "The prepuce, specialized mucosa of the penis and its loss to circumcision (*British Journal of Urology* 1996;77:291-5).

Increasing numbers of men are now coming forward and acknowledging that they have been physically, psychologically, and ethically harmed by an amputation they did not choose and never would have chosen had they been given the choice. *Awakenings: A Preliminary Poll of Circumcised Men*, by Tim Hammond, provides irrefutable documentation of this growing movement among American males. Additionally, nearly 10,000 copies of *The Joy of Uncircumcising!*, by psychologist Jim Bigelow, Ph.D., have been sold. The ground swell of males who see themselves as mutilated is undeniable. They demand that their voices be heard.

For all of these reasons, it is imperative that the Academy make its Task Force on Circumcision complete by appointing an expert on the legal and ethical implications of the surgical removal of healthy body parts. One such expert, attorney Zenas Baer, has offered to serve on the Task Force. Every aspect of the circumcision problem must be honestly recognized and openly addressed in order to produce a fair and reasonable statement.

*"When you circumcise a baby, you are cutting off a part of his penis that you **can** cut off only because the person you're cutting it off of **can't** protect himself because he **is** a baby. Infant circumcision is foreskin amputation by force. No medical organization that subscribes to the ethic of 'Do No Harm' can possibly support cutting off any part of anyone by force."*

John A. Erickson

Letter From The Editor

1996 was a banner year for NOCIRC. The international movement against sexual mutilation is now gaining critical mass. Seven new NOCIRC Centers opened in the United States and four opened abroad. Doctors Opposing Circumcision (D.O.C.), a professional organization of physicians, now has active members on every continent and is rapidly expanding its influence through medical schools in the United States.

As a measure of NOCIRC's continuing success, the National Center for Health Statistics in 1996 released its current figures on circumcision in the U.S. In 1994, the latest year for which statistics are available, 39% of our nation's newborn baby boys were discharged from the hospital with their penises intact. The regional differences are: Northeast 30.4%, Midwest 19.9%, South 35.3%, and West 65.8%.

The Western United States, the location of NOCIRC's international headquarters, has been the most successful region in freeing our children from the threat of sexual mutilation. The downward spiral in the circumcision rate has now achieved its own momentum. The rest of the country requires educational outreach, which shall be one of NOCIRC's prime missions during the next few years.

From August 9 to 11, 1996, NOCIRC held the Fourth International Symposium on Sexual Mutilations at the University of Lausanne. Before an international audience, a panel of experts in the fields of medicine, law, history, religion, human rights, and politics delivered papers that analyzed the global problem of sexual mutilation from every perspective and offered strategies for its eradication. The conference was attended by representatives from Amnesty International, the World Health Organization, and the United Nations. After one presentation on the problem of male sexual mutilation in the United States, a member of the United Nations said to NOCIRC representatives, "This is very disturbing information. Thank you for presenting the truth. I had no idea this was going on in a civilized country." The proceedings of the symposium have been published by Plenum Publishing Corporation in London and New York. This crucial volume will be distributed internationally to professional and public libraries, scientific conferences, and to the public (see ordering information, page 7). Never before has such an overwhelming body of research and documentation about sexual mutilations been gathered in one volume.

1996 was also a significant year in medical research. Landmark studies were published documenting the functions of the foreskin, the harm of circumcision, and the advantages of intact genitalia. Likewise, four international medical organizations published statements on circumcision that recommend that children be left intact.

In addition to answering more than 100 telephone inquiries a week from parents, grandparents, physicians, lawyers, restoring men, and others, NOCIRC sends out 25 to 50 information packets a day. In response to their request for information for a new Task Force Committee on Circumcision, we sent the AAP more than 90 medical studies. Many of these studies were overlooked by the members of the 1989 Task Force; others were published after 1989. Doctors Opposing Circumcision, Nurses for the Rights of the Child, NOHARMM, UNCIRC, and NORM have also sent appropriate materials to help the new Task Force produce a 1997 position statement on circumcision that is at last unbiased, scientific, thorough, and firmly rooted in the principles of human rights.

NOCIRC and its affiliates are part of a growing international community of deeply concerned, dedicated, and committed individuals. We will continue to work as long as necessary to secure and to protect the right of all children to keep their genitals intact. We are pledged to the principles of the *Universal Declaration of Human Rights* to protect every child's right to "life, liberty and security of person." We invite all medical organizations and those charged with the care and protection of children to do the same.



"Whatever indulgence may be granted to those who have heretofore been the ignorant causes of so much misery, the time has come when the existence of a private pestilence in the sphere of a single physician should be looked upon, not as a misfortune, but a crime..."

Oliver Wendell Holmes

Position of the American Cancer Society

February 16, 1996

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Committee on Fetus and Newborn

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Dear Doctors,

As representatives of the American Cancer Society, we would like to discourage the American Academy of Pediatrics from promoting routine circumcision as a preventive measure for penile or cervical cancer. The American Cancer Society does not consider routine circumcision to be a valid or effective measure to prevent such cancers.

Research suggesting a pattern in the circumcision status of partners of women with cervical cancer is methodologically flawed, outdated, and has not been taken seriously in the medical communities for decades.

Likewise, research claiming a relationship between circumcision and penile cancer is inconclusive. Penile cancer is an extremely rare condition, effecting one in 200,000 men in the United States.

Penile cancer rates in countries which do not practice circumcision are lower than those found in the United States [emphasis added]. Fatalities caused by circumcision accidents may approximate the mortality rate from penile cancer.

Portraying routine circumcision as an effective means of prevention distracts the public from the task of avoiding the behaviors proven to contribute to penile and cervical cancer, especially cigarette smoking and unprotected sexual relations with multiple partners. Perpetuating the mistaken belief that circumcision prevents cancer is inappropriate.

Hugh Shingleton, M.D.,
National Vice President
Detection & Treatment

Clark W. Heath, Jr., M.D.,
Vice President
Epidemiology & Surveillance Research

Absurd Premise

"I believe the time has come to acknowledge that the practice of routine neonatal circumcision rests on the absurd premise that the only mammal in creation born in a condition that requires immediate surgical correction is the human male. If the penile foreskin is not merely nonfunctional but a biological disadvantage so severe as to justify its immediate surgical ablation, then, surely, it might have atrophied by now." Szasz T. "Routine Neonatal Circumcision: Symbol of the Birth of the Therapeutic State." *Journal of Medicine and Philosophy* 1996;21(2):137-148.

Missing Tissue

"Skin and mucosa sufficient to cover the penile shaft were frequently missing from the circumcised penis. Missing tissue included a band of ridged mucosa located at the junction of true penile skin with smooth preputial mucosa. This ridged band contains more Meissner's corpuscles than does the smooth mucosa and exhibits features of specialized sensory mucosa...The amount of tissue loss estimated in the present study is more than most parents envisage from pre-operative counseling. Circumcision also ablates junctional mucosa that appears to be an important component of the overall sensory mechanism of the human penis...We postulate that the 'ridged band' with its unique structure, tactile corpuscles and other nerves, is primarily sensory tissue and that it cooperates with other components of the prepuce. In this model, the 'smooth' mucosa and true skin of the adult prepuce act together to allow the 'ridged band' to move from a forward to a 'deployed' position on the shaft of the penis. In short, the prepuce should be considered a structural and functional unit made up of more and less specialized parts. It is generally thought that the prepuce protects the glans. However, it is equally likely that the glans shapes and protects the prepuce. In return, the glans and penile shaft gain excellent if surrogate sensitivity from the prepuce. Possibly, the 'ridged band' helps mediate the afferent limb of the ejaculatory reflex." Taylor JR, Lockwood AP, Taylor AJ. "The prepuce: specialized mucosa of the penis and its loss to circumcision." *British Journal of Urology* 1996;77(2):291-295.

Informed Consent

"Our study suggests that the process of informed consent for circumcision is inadequate for several reasons: healthcare providers are not neutral, information provided to mothers is inaccurate, and mothers express a wish for more information. Our data indicates that mothers perceive healthcare professionals to be slightly less neutral in their presentation of information than healthcare professionals report." Ciesielski-Carlucci, C, Milliken N, Cohen NH. "Determinants of Decision Making for Circumcision." *Cambridge Quarterly of Healthcare Ethics* 1996;5(2):228-236.

"...the American Academy of Pediatrics Committee on Bioethics recently cast doubt on whether a physician can

ethically perform neonatal circumcisions. Since a newborn is not competent, neither informed consent nor patient assent can be obtained. Likewise, parental permission is only acceptable in situations where medical intervention has a clear and immediate necessity, such as disease, trauma, or deformity. Routine neonatal circumcision does not satisfy these requirements. The committee suggests that in non-essential treatments, which could be deferred without substantial risk, the physician and family wait until the child's consent can be obtained. Without proper consent, the delineation between performance of neonatal circumcision and assault and battery becomes indistinct. Storms MR. "AAFP Fact Sheet on Neonatal Circumcision: A Need for Updating." *American Family Physician* 1996;54(4):1216, 1218.

Rights of the Child

"The European charter for children in hospital states that every child must be protected from unnecessary medical treatment. The *United Nations Convention on the Rights of the Child* states that children have rights to self determination, dignity, respect, integrity, and non-interference and the right to make informed personal decisions. Unnecessary circumcision of boys violates these rights... It cannot be ethical for a doctor to amputate normal tissue from a normal child." Warren JP, Smith PD, Dalton JD, Edwards GR, et al. "Circumcision of Children." *British Medical Journal*, 1996;312(7027):377.

1997 Report on the Long-Term Effects of Pain

"This study showed that neonatal circumcision in male infants is associated with increased pain response in vaccination 4-6 months after surgery. The results support our previous finding of a higher pain response in circumcised than uncircumcised male infants during routine vaccination. We postulate that circumcision may induce long-lasting changes in infant pain behaviour because of alterations in the infant's central neural processing of painful stimuli... It is, therefore, possible that the greater vaccination response in the infants circumcised without anaesthesia may represent an infant analogue of a post-traumatic stress disorder triggered by a traumatic and painful event and re-experienced under similar circumstances of pain during vaccination. Taddio A, et al. "Effect of neonatal circumcision on pain response during subsequent routine vaccination." *The Lancet* 1997;349(9052):588-603.

"Victims of a devastating trauma may never be the same [again] biologically. It does not matter if it was the incessant terror of combat, torture, repeated abuse in childhood, or a one-time experience."

Dennis Charney
National Center for Post Traumatic Stress Disorder
Yale University

Urinary Tract Infections

"We conclude that the high incidence of UTI following a ritual Jewish circumcision, as well as the relatively high preponderance of bacteria other than *E. coli*, may suggest a causal relationship between circumcision and UTI."

Goldman M, Barr J, Bistrizer T, Aladjem M. "Urinary Tract Infection Following Ritual Jewish Circumcision." *Israel Journal of Medical Sciences* 1996;32(11):1098-1102.

Penile Cancer

"This assertion [that a normal physiological secretion, namely smegma, is a carcinogen] is based on methodologically flawed and haphazardly designed studies performed in the 1940s that attempted to prove smegma a carcinogen to help provide justification for routine neonatal circumcision. These speculations have since been refuted...the role of neonatal circumcision in the prevention of penile cancer must be reevaluated." Van Howe RS. "The Detection of Human Papillomavirus Deoxyribonucleic Acid in Intraepithelial, in Situ, Verrucous and Invasive Carcinoma of the Penis." *Journal of Urology* 1996;155(6):2034-2036.

"...[I]f the results of Maden et al's study are controlled for age the seemingly higher rate [of penile cancer] among elderly men who have not been circumcised is shown to be the result of the formerly low rate of neonatal circumcision among the rural uneducated classes... The myth of smegma as a carcinogen is disproved... Smoking, however, is a genuine risk factor for cancer. None of these studies looked at the role of tobacco as an aetiological factor. Studies have found long term tobacco use to be the single most important factor for penile cancer. Thus the only option for those with a genuine interest in preventing penile cancer is to campaign actively against tobacco..." Fleiss PM, Hodges F. "Neonatal Circumcision and Penile Cancer." *British Medical Journal* 1996;313(7048):46-47.

HIV/AIDS

"If linear regression analysis is applied to the relationship between circumcision rates and the prevalence of acquired immunodeficiency syndrome in industrialized countries (using 1994 World Health Organization data) and weighted for population, a strongly positive correlation between circumcision and the prevalence of AIDS is found. While this does not prove that circumcision is a risk factor for AIDS, it is clear that the 'circumcision experiment' in the United States did not prevent spread of this infection..." Storms MR. "AAFP Fact Sheet on Neonatal Circumcision: A Need for Updating." *American Family Physician* 1996;54(4):1216-1218.

The Normal Foreskin and Retractability

"Incomplete separation of the prepuce is common and normal in neonates and infants, and preputial separation progresses until adolescence. Awareness of these findings will eliminate unnecessary circumcision in boys... We agree with Wallerstein that in the absence of emergency medical problems the prepuce of infants should remain

uncircumcised." Kayaba H, Tamura H, Kitajima S, Fujiwara Y, Kato T. "Analysis of Shape and Retractability of the Prepuce in 603 Japanese Boys." *Journal of Urology* 1996;156(5):1813-1815.

Editor's note: Although more doctors are no longer recommending circumcision for a nonretractable foreskin, many doctors seem to be unaware of how the penis develops normally and the importance of allowing the foreskin to develop by itself throughout childhood and puberty. There is no need to apply creams to hurry this natural process. We mention the following studies to document the shift in treatment from circumcision to cortisone cream, not to recommend that these creams be used.

"Phimosis"

"Treatment with 0.05% betamethasone cream is a simple and safe method for the treatment of phimosis in boys older than 3 years. We strongly support the saying, 'The fortunate foreskin of an infant boy will usually be left well alone by everyone but its owner.'" Golubovic Z, Milanovic D, Vukadinovic V, Rakic I, Perovic S. "The Conservative Treatment of Phimosis in Boys." *British Journal of Urology* 1996;78(5):786-788.

"Effective steroid treatment of phimosis is becoming increasingly important. First, the majority of boys are now uncircumcised, with the uncircumcised state becoming the accepted norm. Second, in the current economic climate of finite health dollars, the cost savings from steroid treatment should be considered. Third, steroid treatment does not appear to have significant complications and is painless." Dewan PA, Tieu CU, Chieng BS. "Phimosis: Is Circumcision Necessary?" *Journal of Paediatrics and Child Health* 1996;32(4):285-289.

Paraphimosis

"The use of hyaluronidase facilitates reduction of paraphimosis. It acts by dispersing extracellular edema, permitting easy reduction of the foreskin. Its use is applicable both in the hospital and outpatient setting. Hyaluronidase is widely available and...is effective for children and adults." DeVries CR, Miller AK, Packer MG. "Reduction of Paraphimosis with Hyaluronidase." *Urology* 1996;48(3):464-465.

Editor's note: This study adds to the evidence that more and more doctors are respecting the integrity of the normal foreskin. Until recently, either circumcision or a dorsal slit was the common method of treatment for paraphimosis, a condition that occurs when the foreskin is forced over the corona of the glans and cannot easily be returned to its forward position. These researchers suggest injecting a drug into the glans to reduce swelling. Another way to reduce swelling is simply to squeeze the glans and slip the foreskin forward. Paraphimosis can be prevented by not forcing the foreskin to retract.

"I'm perfectly happy with my tight foreskin just the way it is. I'm glad no one ever tried to force my foreskin back or to 'correct' my 'condition.' I feel everything I'm supposed to feel."

A man from Boston

AFRICA

Sierra Leone A secret women's society lured about 600 refugees in a Sierra Leone camp for displaced people into a mass female genital mutilation ritual. Health workers said that 100 girls, ages 8 to 15, were suffering severe complications. *Reuters*, 12 January 1997

Sierra Leone Bees disrupted a female circumcision ceremony in Sierra Leone, putting half of the 100 girls taking part into the hospital. The bees prevented some of the circumcisions, but some girls who had been mutilated were treated for serious bleeding and fever. Ten circumcisers were also stung. *The Independent on Sunday*, 26 January 1997

Uganda Nigerian journalist Donu Kogbara, on BBC2's *Correspondent*, reported on a campaign to abolish the Ugandan Sabinu tribe's female circumcision rite, a practice shrouded in superstition. The Sabinu people are the last tribe in the country that still circumcises their women. More than 850 girls were circumcised last season, before the launch of the U.N. Population Fund initiative. Some girls have been inspired to rebel against the practice, risking social rejection. Jackson Chekweko, whose sister almost bled to death from the mutilation, has spearheaded the campaign. Kogbara concludes by saying, "I will, no doubt, be accused of attacking victims who don't know any better. But I'm sick of the view that African women are brainless children who can't be criticized for passionately embracing oppression and possibly death." 1 March 1997

AUSTRALIA

Dr. Neville Turner, Professor of Law at Monash University, claims male circumcision is a breach of human rights and leaves parents and doctors liable to be sued. Describing the procedure as "unnecessary, painful, dangerous and barbarous," he said, "Doctors and nurses who perform circumcision on infants relying on the consent of parents are taking a grave risk. If it is ultimately declared to be a void consent, then it will have constituted an assault and they

could be civilly and criminally liable." The procedure is contrary to Article 24(3) of the *United Nations Convention on the Rights of the Child* and Turner has called for immediate Australia-wide legislation banning it. The Australia Medical Association's ethics committee chairman, Dr. Keith Woollard, said there was no doubt male circumcision was a growing legal and ethical problem. *The Courier Mail*, 29 May 1996

Sydney For the first time, the New South Wales Department of Health told doctors throughout the state to use anesthesia for male circumcision, saying: "It is unacceptable to perform this procedure without appropriate anaesthesia." Alan Corbett said, "Newborns and infants feel pain and, in fact, may feel pain more intensely than adults... hence, any circumcision is an act of extreme cruelty if it is not performed with appropriate pain relief before, during and after the procedure." *Australian Associated Press*, 16 December 1996

CANADA

"Circumcision of newborns should not be routinely performed" is the reaffirmed recommendation of the Canadian Paediatric Society Fetus and Newborn Committee after studying the issue for five years. *Canadian Medical Association Journal* 1996; 154(6):769-780.

British Columbia election '96 candidates, meeting in a public forum last May, responded to a question about their position on circumcision. Green Party candidate Imtiaz Popat said his party forbids violating any species or voiceless person on the planet, and it would make circumcision illegal. *The West Ender*, 15 May 1996.

EGYPT

Just weeks after Egypt's health minister, Ismail Sallam, banned female circumcisions at public hospitals, a 14-year-old Egyptian girl died after being circumcised at a private hospital in Qalyubiya province, north of Cairo. Security sources said Amina Abdelhamid Mohammed did not wake up after the surgery. The surgeon disappeared after

the operation, and police were called in to investigate. *Independent on Sunday*, 25 August 1996

FRANCE

Mohand Berkache, a 66-year-old Algerian circumciser, was convicted on February 19 by the French judicial system to six months in prison with a fine of 5,000 francs for "intentional armed violence." The expert witness qualified his acts as "a barbaric practice and an act of savagery." The Department of Social Services and attending physicians reported that five children between the ages of 3 and 7 suffered "a major mutilation of the penis with a significant loss of skin and blood." Berkache was investigated and barred from practice in September 1994. M. Tahar Smiai, Berkache's lawyer, explained, "Circumcision is not a barbaric act. There can be complications, but in this case, they were not so bad. Muslim families often prefer to go to a man of faith rather than to a hospital." In the Arabic-Muslim world, circumcision is often performed by barbers and hairdressers. *Le Figaro*, 21 February 1996

MALAYSIA

A Malaysian, Gurcharan Singh, has invented a "disposable circumcision device" that resembles a corkscrew. The "Tara Klamp," advertised "for non-invasive circumcision," would retail at \$40 overseas. An aggressive campaign was underway to promote the invention, Gurcharan said before leaving for an International Inventors' Exhibition in Switzerland last April to display the device. *Reuters*, 17 April 1996

SOUTH AFRICA

A teenage boy who defied his parents and ran away to an initiation ceremony still cannot believe that he will never have a sex life. A total of 62 initiates aged 16 to 20 were hospitalized with septic wounds after botched circumcisions. Police in South Africa arrested a traditional "surgeon" and charged him with murder after the deaths of four Xhosa initiates in Lusikisi last month. The penises of four boys were amputated and another boy has been

declared mentally disturbed. "All I wanted was to be a man. I'm not going to see that dream come true. I hate the doctor with all my heart. He is a murderer. He has killed me and my family. I am as good as dead." *The Star and SA Times International*, 21 August 1996

SPAIN

Barcelona. A 9-year-old boy of normal physical development was referred with a 6-year history of "redundant prepuce." His family noted that the boy stretched his prepuce and put it under the waistband of his underwear because it was more comfortable. The prepuce was enlarged with no evidence of narrowing of the preputial opening, and the glans was normal. There was no evidence that micriturition was disturbed. Because the boy would not cease this habit, a doctor circumcised him. Gomez J, Puyol M, Menendez V. "Secondary megaprepuce." *British Journal of Urology* 1996;78(6):959-906.

SWITZERLAND

At the World Health Organization Conference in Geneva on July 17-19, 1995, female genital mutilation was defined as "All procedures which involve partial or total removal of the external female genitalia and/or other injury to the female genital organs whether for cultural or any other non-therapeutic reasons." *WIN News*, Summer 1996

TURKEY

In Istanbul's "Circumcision Palace," boys from three to nine years old sit on a merry-go-round waiting to be circumcised. "It's like Russian roulette," says Kemal Ozkan, laughing. Ozkan, known as the "Sultan of Circumcision," presides over the mass ceremony, stopping the wheel to pick up the boy in front of him for the next operation. Ozkan has done as many as 2,000 circumcisions in a day, and has performed tens of thousands in all. He is a local celebrity and is even featured in tourist guide books to the city. After the summer high season for circumcision is over, Ozkan packs his kit and heads for Germany, where he circumcises the young sons of Turkish immigrants. *Independent* 23 June 1995

UNITED STATES

The U.S. has the highest rate of curable **sexually transmitted diseases** of any developed country. More than 12 million people – a quarter of them teens – become infected annually. *Time*, 2 December 1996

Alabama A Hindu couple from India has sued East Alabama Medical Center for malpractice, citing their infant son was circumcised against their wishes and counter to their religious practices and beliefs. Their attorney wrote, “they will suffer further public embarrassment, humiliation and ridicule (and) emotional distress as a cultural and social effect.” *Montgomery Advertiser*, 6 September 1996

California Gov. Pete Wilson on September 23, 1996, signed a measure which criminalizes female genital mutilation. Under the new law, drafted by Assemblywoman Liz Figueroa (D-Fremont) and Assemblyman Jim Cunneen (R-Cupertino), anyone who knowingly and intentionally performs female genital mutilation on anyone under the age of 18 is subject to up to a year in prison. That penalty would be in addition to the two-, four-, or six-year sentence which could be imposed under the general child abuse laws. The law also requires the Department of Health Services, the Department of Social Services and appropriate federal agencies to conduct a public education campaign, seeking to deter the practice among immigrant populations. *Sentinet*, 24 September 1996

Colorado By a 7-3 party-line vote, the House Appropriations Committee on April 23, 1996, killed a controversial proposal to ban female genital mutilation in Colorado. Republicans opposed the measure. The bill, introduced by Sen. Dorothy Rupert after she learned that immigrants were increasingly bringing the practice to the U.S., would have made the practice punishable as a crime of child abuse and created an education program to discourage it. Panel members expressed concern about the potential cost of imprisoning people convicted of the crime. The bill’s House and Senate sponsors said the vote

reflected racism and sexism. “If that bill had not been for little girls of color, it would have passed unanimously,” said Rep. Glenda Swanson Lyle, D-Denver. *Daily Camera*, 24 April 1996

Georgia Olympic marathon winner, Josiah Thugwane, not only survived being shot in the face by hijackers five months before his August 4 victory, he underwent his “rite of passage” in 1993 as a Ndebele male with near-tragic results. Following the circumcision, he was unable to run for three months. *The Star*, 5 August 1996

New York A 3-year-old Jewish Russian immigrant was awarded \$1.2 million on November 22, 1995, after a mohel amputated his glans penis. The parents contended they were told a urologist would perform a circumcision at an out-patient facility in Bronx County. The urologist administered both a general and a local anesthetic, and he also attempted to reattach the head of the penis after the mohel severed it during the circumcision. The boy was transferred to Bellevue Hospital by ambulance where, during the following weeks, 80% of the head of his penis necrosed. The mohel was uninsured and filed bankruptcy. *Medical Litigation Alert*, July 1996

North Dakota Minnesota attorney, Zenas Baer, filed a lawsuit in U.S. District Court for the District of North Dakota on June 7, 1996, challenging a state statute outlawing female genital mutilation on the basis that it discriminates by sex. The law violates the U.S. Constitution’s 5th and 14th amendments because it “denies the infant male equal protection of laws and allows deprivation of liberty and property and allows for the permanent injury of a male minor without due process while at the same time protecting females from similar injuries.” *Forward*, 18 October 1996

Editor’s note: The judge granted the State of North Dakota’s Motion to Dismiss because the plaintiff lacked standing (grounds for a lawsuit). Mr. Baer appealed the decision with the Federal Court of Appeals for the 8th Circuit. An appeal is in progress.

Ohio A Medina couple sued their son’s former pediatrician for \$10 million plus additional damages, because the doctor allegedly cut off the glans from their baby’s penis during circumcision. On September 23, 1994, Dr. Martha Myers performed a circumcision, without anesthesia, on 2-day old Ian Carque. The lawsuit, filed February 7, 1996, claims the mother, Kristen Carque, repeatedly asked to speak to the doctor, but Myers did not contact her until after the surgery when she said there had been complications. Ian was taken to Akron Children’s Hospital where the tissue was reattached. The suit claims Myers was negligent and caused the boy to suffer severe physical and mental pain and suffering, permanent disability, scarring and disfigurement. *Medina County Gazette*, 9 February 1996

Rhode Island The House Judiciary Committee on April 9, 1996, defeated House Bill 7769 that would have made female genital mutilation a crime in Rhode Island. Rep. Ellen Kellner told Committee Chairman Rep. Charles Knowles that his “insensitive joking about the matter” and treatment of the issue was “not only unprofessional, inappropriate, and insensitive, but also demeaning, disparaging and humiliating to women legislators and women citizens worldwide...Your behavior exemplified sexual harassment due to the nature of the subject under consideration.” Knowles defended himself by saying he didn’t intend to demean anyone, but said he doesn’t consider the issue worthy of legislative debate. Kellner said she submitted the bill because some of the state’s newest immigrants come from cultures where genital mutilation is practiced. *The Providence Journal-Bulletin*, 12 April 1996

Editor’s note: Amended and reintroduced as 96 - S2317 by Senator Rhoda E. Perry, the bill passed overwhelmingly in the Senate on May 7, and, after its introduction to the House by Ellen Kellner, the bill was passed during the Spring of 1996.

Washington A November 20, 1996, form letter from Harbor-

view Medical Center, following *The Seattle Times* article claiming that a “compromise” cut rather than radical female genital mutilation might be performed on young girls at the Center, informed thousands of concerned individuals that “Harborview Medical Center has never proposed to perform any procedure defined to be ‘female genital mutilation’ nor are we proposing to do the potential alternative about which many people have inquired.” Marilyn Milos has received no answer to her December 2 letter to James P. LoGerfo, Medical Director of Harborview Medical Center, offering to organize an educational forum for medical personnel and the at-risk community.

Washington, D.C. The 1997 omnibus appropriations bill signed by President Clinton included a rider that outlaws female genital mutilation for anyone under 18. The penalty may be fines and jail for up to five years. It directs the Immigration and Naturalization Service to educate immigrants from those countries in which FGM is practiced about the potential health and legal consequences of the procedure, and urges U.S. directors of international financial institutions to oppose loans and grants to any nation that practices FGM. This law, too, will be challenged for its gender bias because it lacks the equal protection provided by the U.S. Constitution.

Wisconsin Wisconsin’s 1995 Assembly Bill 365 “prohibiting circumcision, excision or infibulation of certain genital tissue of a female minor and providing a penalty” became effective May 28, 1996. Anyone violating this law may be fined a maximum of \$10,000 or imprisoned a maximum of 5 years or both.

“We as humanitarians, and particularly as gynecologists, cannot allow females or any group of patients to be mutilated. I’m afraid that this is even more basic than religion. This is humanitarian.”

John C. Nelson, M.D., Trustee
American Medical Association.
American Medical News,
28 October 1996

Bulletin Board

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.

BOOKS & BOOKLETS

Circumcision: The Hidden Trauma, by Ronald Goldman, Ph.D. \$18.95 plus \$3 S/H. Vanguard Publications, POB 8055, Boston, MA 02114. Master/Visa orders, call toll-free 1-888-445-5199.

Deeper Into Circumcision: An Invitation To Awareness & Guide to Resources For Researchers, Parents, Restorers, Activists and the Merely Curious, by John A. Erickson. Continually updated. 8 1/2" x 11" spiral-bound. 1997 edition. 190+ pages. \$25 ppd. John A. Erickson, Dept. N, 1664 Beach Blvd., #216, Biloxi, MS 39531-5351.

Female Genital Mutilation section of the 1997 edition of *Deeper Into Circumcision: An Invitation to Awareness*, by John A. Erickson. More than 100 sources of information. Includes obstetrical/gynecological mutilation. 14 pages. \$5 ppd. John A. Erickson, Dept. N, 1664 Beach Blvd., #216, Biloxi, MS 39531-5351.

The Joy of Being A Boy, by Elizabeth Noble with Leo Sorger, M.D. \$4.95 plus \$3 S/H (\$0.36 sales tax in CA). NOCIRC, P.O. Box 2512, San Anselmo, CA 94979-2512.

The Joy of Uncircumcising! Restore Your Birthright and Maximize Sexual Pleasure, 2nd Ed., by Jim Bigelow, Ph.D. \$19.95 + \$2 S/H (\$1.45 tax in CA). UNCIRC, POB 52138, Pacific Grove, CA 93950.

Man Naturally. Photographs by Sherwin Carlquist. \$36 plus \$3 S/H (\$2.70 tax in CA). (\$10 donated to NOCIRC). Sherwin Carlquist, Dept. N, 4539 Via Huerto, Santa Barbara, CA 93110.

Say No to Circumcision! 40 Compelling Reasons, 2nd Ed., by Thomas Ritter, M.D., and George C. Denniston, M.D., MPH. \$9.95 plus \$2 S/H

(\$0.75 sales tax in CA). NOCIRC. Bulk price: \$132/case of 66 books plus S/H. Hourglass Publishers, 408-688-7535.

Sexual Mutilations: A Human Tragedy, proceedings of the Fourth International Symposium on Sexual Mutilations, edited by George C. Denniston and Marilyn Fayre Milos. Pre-publication price: \$50 ppd. NOCIRC, POB 2512, San Anselmo, CA 94979.

PAMPHLETS, NEWSLETTERS & MORE

Answers to Your Questions About Infant Circumcision. Educational pamphlet. English or Spanish. 50¢ and SASE. NOCIRC.

Answers to Your Questions About Your Young Son's Intact Penis. Educational pamphlet. English or Spanish. 50¢ and SASE. NOCIRC.

The Intact Network (newsletter). \$8. Ken Derifield, 4848 S. Highland Drive #632, Salt Lake City, UT 84117.

Letter from Robert Van Howe, M.D., to the American Academy of Pediatricians in response to their pamphlet, "Circumcision: Pros and Cons - Guidelines for Parents." November 17, 1995. "The brochure places both the pediatrician and the Academy at risk for litigation." 4 pages. \$1. NOCIRC.

Newborn Circumcision - An Enigma of Health, Dr. George Williams. Presentation at the University of Sydney, Australia, October 1992. 8 pages. 133 references. \$5. NOCIRC.

THE [Australia] NOCIRC NEWSLETTER. 20 pages. \$5. Now available from NOCIRC, P.O. Box 2512, San Anselmo, CA 94979-2512.

NOCIRC of MICHIGAN INFORMANT. Info about NOCIRC activism in Michigan. Send SASE to NOCIRC of Michigan, POB 333, Birmingham, MI 48012.

Primal Spirit Magazine. Free. Mary Lynn & Mickel Adzema, 15339 Glandy Glen Ln., Guerneville, CA 95446.

Questioning Jewish Circumcision, by Ronald Goldman, Ph.D. Send SASE to

Circumcision Resource Center, POB 232, Boston, MA 02133.

"The prepuce: specialized mucosa of the penis and its loss to circumcision," by J.R. Taylor, A.P. Lockwood and A.J. Taylor. *British Journal of Urology* (1996)77, 291-295. Reprints: \$3 each. NOCIRC.

VIDEOS

Whose Body, Whose Rights?



Award-winning documentary. 56 min. VHS. Personal use: VideoFinders, 1-800-343-4727. Educational facilities: UC Center for Media and Independent Learning, 2000 Center St., 4th Fl., Berkeley, CA 94704. Tel. 510-642-0460.

ANNOUNCEMENTS

New World Wide Web site: <<http://www.nocirc.org>> Basic NOCIRC info with continually updated Current Events Page. The *NOCIRC Annual Report* will be published each Spring and will replace the bi-annual *NOCIRC Newsletter*. We welcome your comments and suggestions.

The Association for Pre- and Perinatal Psychology & Health, 8th International Congress, "Birth, Love & Relationships," Dec. 4-7, 1997, San Francisco. APPPAH, POB 994, Geyserville, CA 95441. Phone 707-857-4041. E-mail apppah@aol.com

Call for Abstracts. The Fifth International Symposium on Genital Integrity will be held August 1998 in the UK. Send abstracts to NOCIRC, POB 2512, San Anselmo, CA 94979. Dates and location to be announced. For this information, send SASE.

INFORMATION CENTERS ON THE WORLD WIDE WEB

APPPAH (Association for Pre- & Perinatal Psychology & Health) <http://www.birthpsychology.com>

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

CIN (Circumcision Information Network) Compubulletin <http://www.cirp.org/CIRP/news/cin/>

CIRCUMCISION, The first 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 Page) <http://www.cirp.org/CIRP/>

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

Female Genital Mutilation <http://www.hollyfeld.org/FGM>

Info-Circumcision/Info-Circumcision <http://www.total.net/~infocirc>

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://eskimo.com/~gburlin/noharm/index.html>

NORM (National Organization of Restoring Men) <http://www.norm.org>

Menstuff, The National Men's Resource <http://www.menstuff.org>

There is Still Time to Add Your Name! A new NOCIRC brochure will feature, in very small letters in the background, the names of parents who have chosen to keep their babies intact. If you would like to be included, please send us your name with your permission to use it. NOCIRC, POB 2512, San Anselmo, CA 94979.

Sexual Mutilations

A Human Tragedy



Edited by George C. Denniston
and Marilyn Fayre Milos

Proceedings of the Fourth International Symposium on Sexual Mutilations, August 9-11, 1996, Lausanne, Switzerland.

Humanity has faced many hurdles during its long, ongoing evolution from superstition and tyranny to enlightenment and freedom. The hurdle of sexual mutilation, though daunting, can be overcome. The contributors to this volume bring their unique talents and perspectives on the global problem of sexual mutilation and suggest strategies for safeguarding the world's children and the adults they will become from these human rights violations. Despite the disturbing picture of human frailty and error they reveal, they share fascinating insights into the human condition and give us hope for future progress.

Plenum Publishing Corporation. April 1997.
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Ashley Montagu Resolution To End The Genital Mutilation Of Children Worldwide: A Petition To The World Court, The Hague

Professor Ashley Montagu, internationally renowned scientist, scholar and Humanist, has committed his life to advancing the dignity, integrity and well-being of infants and children throughout the world. He is a pioneer in documenting the power of pleasure in human touch and has condemned the pain and degradation inherent in the practice of genital mutilation. Dr. Montagu was honored at the Fourth International Symposium on Sexual Mutilations on August 11, 1996, when the General Assembly unanimously passed a resolution in his name.

The resolution, authored by James W. Prescott, Ph.D., and sponsored by the Institute of Humanistic Science, the Humanist Fellowship of San Diego, California, and the National Organization of Circumcision Information Resource Centers, affirms that the genital mutilation of children violates the *Universal Declaration of Human Rights* and the *U.N. Convention on the Rights of the Child*, which state: "**No(one) child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment.**"

NOCIRC Welcomes Your Donations! The *Wall Street Journal* recognized NOCIRC as "the largest" anti-circumcision group. The Canadian Medical Association acknowledged NOCIRC's powerful influence in their 1996 position paper. Since NOCIRC was founded, the U.S. Circumcision rate has dropped more than 30%, thanks to the efforts of NOCIRC and concerned citizens like you. To ensure future successes in the fight against sexual mutilation, send your tax-deductible contribution today. You *can* make a difference!

NATIONAL ORGANIZATION of CIRCUMCISION INFORMATION RESOURCE CENTERS

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