

College of Physicians Warns of Lawsuits

The College of Physicians and Surgeons of Saskatchewan issued a September 2002 warning to its members that, if they perform routine infant circumcision, they could be vulnerable to lawsuits brought by parents or by the patient himself when he reaches the age of majority.

Landmark Circumcision Position Statement

The Royal Australasian College of Physicians affirms that routine circumcision is painful, risky, and without medical justification. Endorsers include: Division of Paediatrics and Child Health of the Royal Australasian College of Surgeons, Australasian Association of Paediatric Surgeons, New Zealand Society of Paediatric Surgeons, Urological Society of Australasia, Royal Australasian College of Surgeons, and Paediatric Society of New Zealand. Read the joint statement at www.nocirc.org. Click on Medical Association Position Papers.

Hospitals Stop Circumcising

Hunter Health ended routine circumcision in its hospitals following announcement of the Australasian College of Physicians Policy Statement.

More States Eliminate Medicaid Funding of Circumcision

In the past year, Arizona, Missouri, North Carolina, Montana, and Utah stopped Medicaid reimbursement for routine infant circumcision, joining California, Mississippi, Nevada, North Dakota, Oregon, and Washington in not funding this unnecessary surgery. Other states are looking at this wise decision in healthcare planning. As of 1999, Medicaid funded 25% of U.S. newborn circumcision.

Father Jailed for Daughter's Circumcision

An Ethiopian man was arrested in Duluth, Georgia, in April, for allegedly circumcising his 2-year-old daughter, a practice child advocates fear may be increasing as more Africans arrive in the USA. Khalid Adem, 27, accused of circumcising the child with scissors, was charged with cruelty to children and aggravated battery. The mother became aware of her now 4-year-old daughter's condition at a recent doctor's visit.

Sex May Not Be Behind Africa's AIDS Problem

African HIV is spread more by contaminated medical injections than by sexual intercourse, according to three ground-breaking studies. With only a third of HIV infections in Africa sexually transmitted, researchers say their findings have "major ramifications for current and future HIV control in Africa, whose focus has been almost exclusively on sexual risk reduction and condom use." The studies were published in the February issue of *International Journal of STD and AIDS* (see page 5).

18-year-old's Circumcision Lawsuit Settled

After a 2½-year legal battle, the hospital where William Stowell was circumcised and the doctor who circumcised him, settled a landmark case brought against them. Stowell, now 21, filed suit 12/19/00, in the U.S. District Court for the Eastern District of NY. The terms of the settlements have not been publicly disclosed.

Born on 12/22/81 in West Islip, NY, Stowell was circumcised the following day by his mother's obstetrician. His case addressed the legal validity of consent for circumcision obtained by a nurse from a mother debilitated by the effects of a C-section and painkillers. It also questioned whether a physician could legally and ethically remove healthy, normal tissue from a non-consenting minor for non-therapeutic reasons.

David J. Llewellyn, one of Stowell's attorneys, said, "Never again can someone say that a young man who is dissatisfied with his circumcision as an infant is being frivolous when he objects to his mutilation and brings suit to obtain justice. This case will send a message to doctors that they run the risk of a lawsuit each time they circumcise an infant for non-therapeutic reasons, particularly when they rely on the hospital to obtain consent the day after birth. Social or cosmetic concerns provide no justification for medically non-therapeutic surgery. I would expect that this is just the first of many cases that will be brought by angry circumcised young men against their circumcisers."



William Stowell follows wife, Amanda, and daughter Ariana (born three days later), as they lead the Genital Integrity Awareness Week 2003 march to the Capitol.

Letter from the Editor

NOCIRC is clear sighted and serious about its commitment to securing civil liberties. We are highly visible and sharply focused. While we are dedicated to protecting all vulnerable people everywhere from non-therapeutic genital alteration, it is not enough to safeguard civil rights and empower parents to educate themselves and protect their children. We must be proactive by working together with educated medical professionals and those within the legislative and judicial systems.

Working diligently at the grass roots level and, simultaneously, in the corridors of power, we have assisted five more states in eliminating Medicaid funding for routine circumcision. Taxpayers in eleven states no longer foot the bill for non-therapeutic genital cutting of infants and children. Also this year, the Stowell case brought about the first settlement for an adult male, circumcised as an infant without his consent.

The successful outcome of these projects demonstrates the effectiveness of our long-term commitment to education, dialogue, and ongoing relationships with the community as well as medical and governmental leaders.

To strengthen our ability to affect global progress, NOCIRC and its state affiliates cosponsored a week-long activist summit in Washington, DC, during Genital Integrity Awareness Week (GIAW), April 1-7. Along with other powerful events held during this fruitful week, the march from the Washington Monument to the Capitol, led by Amanda and William Stowell, and the peaceful demonstration at the

national headquarters of the American College of Obstetricians and Gynecologists (ACOG) were truly inspiring. Almost as a symbol of victory and hope for the future, Amanda gave birth to a beautiful baby girl three days later.

NOCIRC continues to create awareness within civil liberty, ethical, medical reform, and children's rights groups. In March, I had the honor of speaking at the first annual summit of the Alliance for Transforming the Lives of Children (aTLC), held in Santa Barbara, CA. This marked the first time in 24 years that I have spoken to an audience without encountering *any* knee-jerk reactions to information about circumcision as a primal wound that interferes with the maternal/infant bond, disturbs breastfeeding, and undermines the first developmental task of establishing trust. Increasing numbers of people understand the harm of circumcision and are joining our genital integrity movement. National and international medical associations are now issuing statements condemning routine circumcision. Those who advocate subjecting children to this procedure are losing ground medically, scientifically, morally, ethically, politically, and legally.

Thanks to each of you who so generously supports our work. We will continue to raise our voice in defense of human rights and the principles of genuine medical ethics in every available venue – in print and broadcast media, with community leaders, medical professionals, on the Internet, in state legislatures, in the courts, and in medical schools. We will continue to apply our outreach strategies to cope with ongoing challenges and to deal effectively and promptly with whatever new ones may appear. Real progress is being made. Still, there is much more work to do, and we are dedicated to doing it.

Marilyn Milos



The view from the American College of Obstetricians and Gynecologists building; Washington, DC, April 4, 2003.

DEDICATION

Here's to the pioneers.
The ones who see things differently.
The out-of-step ones.
The visionaries.
The troublemakers.
The boat-rockers. The round pegs in square holes.

They challenge the rules.
They defy the status quo.
They demand to be heard.
They refuse to back down.

You can disbelieve them, disagree with them, disrespect them, shout them down, ridicule them, shame them, vilify them.

But you cannot ignore them. And you can not stop them.
Because they change the world...

Hanny Lightfoot-Klein

Secret Wounds (ordering information, page 7)

Lawsuits and Legislation

AUSTRALIA

Braddon, ACT – A grievous bodily harm and unlawful wounding hearing was held against a Muslim father who forced his two sons, ages 5 and 8, to undergo circumcision, against their mother's wishes. "I believe my sons have a right to grow into adult men with intact bodies and choose their own religious and other beliefs; I am devastated that the father has stolen that opportunity from my boys." Charges were dropped because documents needed as evidence could not be located. *Circumcision Information Australia Press Release*, 8/9/02

SWEDEN

Copenhagen – Toger Seidenfaden, editor of *Politiken*, rejected accusations that his newspaper is anti-Israel and uses anti-Semitic rhetoric in reporting. The controversy began with a featured article by Lau Sander, who claimed circumcision of Jewish and Muslim boys is just as great a problem as the debate about clitoridectomy of Somali girls. Seidenfaden dismissed the accusation, saying "It's nonsense to say we are anti-Israel, anti-Semitic, or in any way anti-Jewish, and if the charges weren't so ridiculous they would be extremely insulting." *The Copenhagen Post* 12/12/02

UNITED KINGDOM

London – Labour MP Ann Clwyd piloted a bill that will put parents who take their daughters on a "holiday" abroad to undergo female genital cutting (FGC) at risk of being sentenced to 14 years in prison. The operation, banned in the UK, remains popular among Muslim communities in Britain. With the backing of Home Secretary David Blunkett, the bill stands a good chance of becoming law. *The Observer* 12/1/02

UNITED STATES

Dallas, TX – The US 7th Circuit Court of Appeals granted a stay to Philomena Nwaokolo, a Nigerian immigrant living in Dallas, who argued that she and her 3-year-old daughter would face the torture of FGC if they were deported. The court's ruling marks a milestone in Nwaokolo's six-year-legal effort. *Feminist Daily News Wire* 1/6/03

Fargo, ND – The *Flatt v. Kantak* circumcision lawsuit survived the summary judgment motion and the trial went forward when the court observed that, in an informed consent case, the type of information to be disclosed to a parent is a "standard set by law for physicians rather than one which physicians may or may not impose upon themselves." This significant legal statement moved toward holding physicians accountable, but this same court did not allow the jury to see evidence – a circumcision video, surgical

instruments, or a Circumstraint – necessary for parents or a jury to make a truly informed decision.

Pathologist Christopher Cold, MD, was not allowed to use slides to explain what the foreskin is and what is lost with its amputation; instead he had to draw illustrations during his testimony. Pediatrician Robert Van Howe, MD, discussed flawed studies that promote circumcision and explained how medical practice changes. "Unfortunately," he said, "physicians are not very good at monitoring themselves and legal challenges are often the motivator for revising medical practice."

Kantak and MeritCare nurses claimed babies *never* scream during circumcision. Some "even sleep" through the surgery, they said – obviously not aware that some babies go into shock, appearing to be asleep.

When defense "experts," including two members of the 1999 AAP Task Force on Circumcision, amazingly claimed that no one knows the function of the foreskin, attorney Baer asked "So, doctors cut off a part of the body without knowing its function?" These same physicians (paid about \$10,000 each to testify) also claimed that Josiah wasn't injured when his foreskin was amputated. It would be an injury if it was an accident, they said, but it's not an injury when the amputation is performed by a physician. Josiah, they insisted, has a "normal" circumcised penis.

Even with obvious, unreasonable, and irrational obstacles, Baer did an exemplary job. In his closing argument, he reviewed foreskin benefits and circumcision risks and harm. He asked jurors: "What would a reasonable person want to know to make a decision about circumcision in the 'best interest of their child?'"

The jury contemplated the question for 2½ hours and came back with an ignorance-revealing verdict of not guilty for circumciser Kantak. Baer told reporters that, in a community where 90-95% of boys are cut, the verdict was *not* surprising.

Daily media coverage on every TV station and in the newspaper during the two-week trial included words like *amputation* and *erogenous tissue*. Hopefully, education has been initiated in North Dakota. For more information, see www.BoysToo.com. 2/3-14/03

New York, NY – Geoffrey P. Miller, Professor of Law and Director at New York University School of Law, argues that circumcision is headed the way of other unfashionable surgical interventions to collapse as the culture reaches a "tipping point" and turns against the practice. Standards for informed consent are likely to toughen significantly, and the threat of damages are likely to pose an increased risk for physicians and hospitals. Miller GP. Circumcision: cultural-legal analysis. *Virginia Journal of Social Policy & the Law* 2002 Spring;9(3):497-585 ■

Highlights from the Medical Literature

LAW AND MEDICINE

Two English Court of Appeal decisions – *Re J* (Specific Issue Orders: Child's Religious Upbringing and Circumcision) [2000] 1 FLR 571 and *Re A* (Male Sterilisation) [2000] 1 FLR 549 – raise serious concerns about controversial matters involving law and medicine, deserving of wider consideration. Practical and policy implications are discussed. Bates F. Males, Medical mutilation and the law: some recent developments. *J Law Med* 2001 Aug;9(1):68-75

Professor Hofvander argues that the Convention of the Rights of the Child should be applied in all countries to protect boys as well as girls from circumcision. Hofvander Y. Circumcision in boys: time for doctors to reconsider. *World Hosp Health Serv* 2002;38(2):15-7

HISTORY

Ideas persist that ritual or religious circumcision arose as a hygiene measure and circumcision makes no difference to sexual response. The first idea should be dismissed as a myth and the second has been seriously questioned by modern research. Darby RJ. Medical history and medical practice: persistent myths about the foreskin. *Med J Aust* 2003 Feb 17;178(4):178-9

MARKETING CIRCUMCISION

A circumcision questionnaire was completed by 190 women, after which the AAP brochure about circumcision was distributed. After reading it, the women completed the questionnaire again. The majority of participants (85%) opted for circumcision. The father's circumcision status, parental education, and age were significantly associated with the decision. Alleged medical indications

continues

and potential risks had no impact on the decision-making process. Binner SL, Mastrobattista JM, Day MC, Swaim LS, Monga M. Effect of parental education on decision-making about neonatal circumcision. *South Med J* 2002 Apr;95(4):457-61 [This study illustrates the failure of the AAP brochure to provide adequate information for parents to protect their sons' genital integrity.]

GOMCO vs. MOGEN

Infants in this study were circumcised with either the Mogen or the Gomco procedure and were given a sweetened pacifier or a pacifier dipped in water to identify the least painful circumcision method. All had local anesthetic cream applied before circumcision. Duration of crying and grimacing were measured. In conclusion, researchers recommend a local anesthetic in advance of circumcision, the Mogen procedure, and infants be given a sweetened pacifier. Kaufman GE, Cimo S, Miller LW, Blass EM. An evaluation of the effects of sucrose on neonatal pain with two commonly used circumcision methods. *Am J Obstet Gynecol* 2002 Mar;186(3):564-8 [The most effective way to eliminate pain of circumcision is to protect every baby from cosmetic surgery.]

PEDIATRIC PENILE TRAUMA

A review of the records of 64 boys (mean age 7 years) hospitalized over the last 20 years because of penile trauma, showed 67% to be from circumcision. M.S. El-Bahnasawy and M.T. El-Sherbiny. Paediatric penile trauma. *BJU International* 2002 (July); 90(1):92

PENILE AMPUTATION

Aydin A, Aslan A, Tuncer S. Penile amputation due to circumcision and replantation. *Plast Reconstr Surg*. 2002 Aug;110(2):707-8

COMPLICATIONS

A subglanular stricture causing a mushroom-like deformity as a result of circumcision is presented. Coban YK. Subglanular stricture: rare penile anomaly resulting from circumcision. *Ann Plast Surg* 2003 Feb;50(2):198-200

TWICE INJURED

Charts of 56 children who underwent circumcision revision from 1995 to 1999 were reviewed. Children ranged in age from 6 weeks to 11 years. "Redundant foreskin" was the most common reason for revision. PA, Patel HI, Feins NR. Revision of circumcision in children: Report of 56 cases. *J Pediatr Surg* 2002 Sep;37(9):1343-6 [Any remaining foreskin will provide skin necessary for tumescence. A child should never be subjected to additional cosmetic surgery.]

PHIMOSIS MYTH DEBUNKED

Incomplete separation of the prepuce and glans penis is normal and common among newborns, and spontaneous separation is complete in the majority of boys at the end of puberty. Forced preputial dilation is harmful. Morales Concepcion JC, Cordies Jackson E, Guerra Rodriguez M, Mora Casaco B, Morales Aranegui A, Gonzalez Fernandez P. Should circumcision be performed in childhood? *Arch Esp Urol* 2002 Sep;55(7):807-11

[The following five studies expose physician ignorance about penile development and phimosis. The juvenile penis is normally nonretractile, phimosis cannot be determined until after puberty, and any treatment or steroid use before puberty is premature and inappropriate.]

An Australian study found the rate of circumcision to treat phimosis in boys less than 15 years old is seven times the expected incidence rate for phimosis. Spilisbury K, Semmens JB, Wisniewski ZS, Holman CD. Circumcision for phimosis and other medical indications in Western Australian boys. *Med J Aust* 2003 Feb 17;178(4):155-8

Local application of steroid cream to the phimotic foreskin may allow some degree of retraction and avert the need for circumcision. Webster TM, Leonard MP. Topical steroid therapy for phimosis. *Can J Urol* 2002 Apr;9(2):1492-5

Topical steroids appear to resolve phimosis effectively in boys younger than 3 years and represent a potential alternative to circumcision regardless of age, type of phimosis, or relative indication for treatment. Elmore JM, Baker LA, Snodgrass WT. Topical steroid therapy as an alternative to circumcision for phimosis in boys younger than three years. *J Urol* 2002 Oct; 168(4 Pt 2):1746-7; discussion 1747

Boys 16 years or younger were referred for circumcision and, when determined necessary, a 6-week course of topical steroids was used. Circumcision was avoided in 87% of patients. Topical steroids are becoming the standard treatment for phimosis. Ashfield JE, Nickel KR, Siemens DR, MacNeily AE, Nickel JC. Treatment of phimosis with topical steroids in 194 children. *J Urol* 2003 Mar;169(3):1106-8

With a mean age of 5.9 years, 108 children with true phimosis, were treated by twice-daily application of 0.05% clobetasol propionate cream for 10 days. A second course of treatment was proposed in the case of failure or partial efficacy. The final cure rate was 92%. Iken A, Ben Mouelli S, Fontaine E, Quenneville V, Thomas L, Beurton D. *Prog Urol* 2002 Dec;12(6):1268-71

MALE CIRCUMCISION: PAIN, TRAUMA, AND PSYCHOSEXUAL SEQUELLAE

Some males describe their feelings about circumcision as a violation, torture, mutilation, and sexual assault. In view of acute as well as long-term risks and legal liabilities, health professionals and scientists must re-examine evidence and discuss the advisability of a surgical procedure on unconsenting minors. Boyle GJ, Goldman R, Svoboda JS, Fernandez, E. *Journal of Health Psychology* 2002 May;7(3):329-343

SEXUAL EFFECTS OF ADULT CIRCUMCISION

The Brief Male Sexual Function Inventory (BMSFI) was given to sexually active males over 18 years of age before undergoing circumcision and again after a minimum of 12 weeks following the surgery. Sexual drive, erections, ejaculation, problem assessment, and overall satisfaction were given a score. There was no statistically significant difference in the BMSFI composite scores of reported sexual drive, erection, ejaculation, problem assessment, or overall satisfaction. Collins S, Upshaw J, Rutchik S, Ohannessian C, Ortenberg J, Albertsen P. Effects of circumcision on male sexual function: debunking a myth? *J Urol* 2002 May;167(5):2111-2 [This study reflects limited understanding of penile function and fails to acknowledge the unique functions of the foreskin or to assess the effect of increasing loss over time of sexual activity, responsiveness, and enjoyment.]

Males 18-years-old or older were surveyed after circumcision to assess erectile function, penile sensitivity, sexual activity, and overall satisfaction. Adult circumcision appears to result in worsened erectile function, decreased penile sensitivity, no change in sexual activity, and improved satisfaction – 50% reported benefits and 38% reported harm. Fink KS, Carson CC, DeVellis RF. Adult circumcision outcomes study: effect on erectile function, penile sensitivity, sexual activity and satisfaction. *J Urol* 2002 May;167(5):2113-6 [While NOCIRC supports the right of any informed male to be circumcised, it objects to biased studies, skewed statistics, and coerced circumcision.]

FLAWED PENILE SENSITIVITY STUDY OVERLOOKS EROGENOUS FORESKIN

Arnold Melman, MD, presented an unpublished penile sensitivity study, in which he and his colleagues carefully excluded the foreskin from testing, resulting in findings that not only minimized the sexual performance of the foreskin but also minimized sensory loss in circumcised males. His study confirms that increased sensitivity of the intact penis is not in the glans penis but in the foreskin. 2003 American Urological Society Convention, Chicago, IL, 4/28/03.

Highlights from the Medical Literature

RITUAL CIRCUMCISION and UTIs

Circumcision performed by mohels was associated with a higher incidence of urinary tract infections, when compared with those done by physicians. Harel L, Straussberger R, Jackson S, Amir J, Tiqwa P. Influence of circumcision technique on frequency of urinary tract infections in neonates. *Pediatr Infect Dis J* 2002 Sep;21(9):879-80

PROSTATE CANCER MYTH DEBUNKED – AGAIN

Sexual-behavior-risk factors for prostate cancer damage the prostate at an early age. No association was found with circumcision status. Oliver JC, Oliver RT, Ballard RC. Influence of circumcision and sexual behaviour on PSA levels in patients attending a sexually transmitted disease clinic. *Prostate Cancer Prostatic Dis* 2001;4(4):228-231

MAJORITY OF AFRICAN HIV CASES DUE TO CONTAMINATED INSTRUMENTS

Based on review of dozens of studies, three 2003 studies say that two-thirds of African HIV cases are the result of contaminated implements and one-third are from risky sexual practices: (1) Brewer DD, Brody S, Drucker E, et al. Mounting anomalies in the epidemiology of HIV in Africa: cry the beloved paradigm. *Int J STD AIDS* 2003;14:144-7; (2) Gisselquist D, Potterat JJ, Brody S. Let it be sexual: how health care transmission of HIV was ignored. *Int J STD AIDS* 2003;14:148-61; and (3) Gisselquist D, Potterat JJ. Heterosexual transmission of HIV in Africa: an empiric estimate. *Int J STD AIDS* 2003;14:162-73.

DANGERS OF THE AIDS MYTH

In South Africa, a significant proportion of males felt protected by circumcision, leading to unsafe sex practices. Interventions should carefully address this false sense of security. Lagarde E, Dirk T, Puren A, Reathe RT, Bertran A. Acceptability of male circumcision as a tool for preventing HIV infection in a highly infected community in South Africa. *AIDS* 2003 Jan 3;17(1):89-95

CONDOMS AND TRANSMISSION OF HIV

Public health programs in Thailand increased condom use and decreased the rate of new HIV infections. UNAIDS says similar interventions are working in Africa. Bowley Douglas M G and Pitcher, Graeme J. *BMJ* 2002;324:1586 (29 June) Letters

THE SOUTH KOREAN TRAGEDY

Many Koreans falsely equate circumcision with hygiene, and this belief supports what is becoming a cultural practice. Ku JH, Kim ME, Lee NK, Park YH. Circumcision practice patterns in South Korea: community based survey. *Sex Transm Infect* 2003 Feb;79(1):65-7

The significant reasons for and against circumcision are “hygiene benefits (88.1%)” and “unreliable medical benefits (38.5%),” respectively. A few boys were circumcised as neonates because parents recognize that “babies feel pain (35.8%).” Lee SD, Park E, Choe BM. Parental concerns on the circumcision for elementary school boys: a questionnaire study. *J Korean Med Sci* 2003 Feb;18(1):73-9

APPEAL TO DERMATOLOGISTS

FGC – the excision of the prepuce, partial or total excision of the clitoris and labia, or the stitching and narrowing of the vaginal orifice (infibulation) – is against females. With international migration, healthcare specialists need to be trained in the physical, psychosexual, and cultural aspects and effects of FGC. Women should be given information on existing laws and encouraged to protect their daughters. Morrone A, Hercogova J, Lotti T. *Int J Dermatol* 2002 May;41(5):253-263

FGC: ETHICAL AND LEGAL DIMENSIONS

FGC is a human rights abuse that physicians have a role in eliminating. Cook RJ, Dickens BM, Fathalla MF. *Int J Gynaecol Obstet* 2002 Dec;79(3):281-287

ETHICS and/or PROPAGANDA

Children should not be subjected to circumcision “in their best interest” or for “public health” reasons when there exist effective and conservative alternative interventions. Hodges FM, Svoboda JS, Van Howe RS. Prophylactic interventions on children: balancing human rights with public health. *J Med Ethics* 2002 Feb;28(1):10-6

The British Medical Association (BMA) issued new circumcision guidelines to help doctors negotiate the ethics of an increasingly controversial area. Doctors are under no obligation to comply with a request to circumcise a child. *Reuters Health* 4/4/03 ■

World News

AFRICA

Addis Ababa, Ethiopia – Women attending an international conference on FGC agreed that far more must be done to end the mutilation, practiced in 28 countries in Africa and the Middle East. Chantal Campaoré, wife of Burkina Faso’s president, called FGC “the most widespread and deadly of all violence victimizing women and girls in Africa.” Participants urged governments worldwide to ban FGC. Ending the practice, they said, will come only with education.

“From the screams you hear, you know it’s painful,” said Roselyn Odera, African program director for Equality Now, a NY-based advocacy group. “There’s no anesthesia...It’s beyond imagination how anyone could do this to another human being...”

Some young girls in Kenya recently filed lawsuits to prevent their parents from forcing them to be cut. In Ghana, parents sought to prosecute the woman who cut their daughter and those who held her down.

Last fall, 20-year-old Genet Girma wore a placard at her wedding that said: “I am not circumcised, learn from me.” Addisie Abosie, her groom, wore a sign declaring, “I am very happy to be marrying an uncircumcised woman.” The protest shocked elders, but prompted other girls to forgo cutting as a prelude to marriage.

“The silence has been broken,” said Ethiopian activist Bogaletch Gebre, who underwent FGC at age six. “Although it is hard to get rid of long-entrenched cultural practices, I hope we will succeed to eradicate this scourge.” *The New York Times*, 2/5/03

Kenya – A 17-year-old was admitted to Bungoma district hospital after his penis was amputated in a botched circumcision. Allegedly, the circumciser was drunk. *Kenya Broadcasting Company*, 3/09/03

Benin City, Nigeria – A study of 1,836 women at the Women’s Health and Action Research Center found FGC does *not* reduce desire and sexual promiscuity – excuses used for performing the mutilation. *Reuters*, 8/24/02

Nangar, Senegal – At age 9, Siraboye Diallo begged to be circumcised but now, in her late 30s, she and others, including religious leaders, tribal chiefs, and circumcisers, are campaigning to stop cutting girls’ genitals. “I don’t want any other girl to go through what I did,” Diallo said. Senegal’s government outlawed the practice in 1999, and more than 708 villages have called for its abolition. *Associated Press*, 3/10/03

Uganda – Uganda has started trials of a potent AIDS vaccine designed by scientists at Oxford University in collaboration with University of Nairobi. Trials are expected to last for about two years. <http://allafrica.com/>, 2/21/03

Xhosa: Gospel star Lundi Tyamara enraged traditionalists by announcing he will not undergo circumcision. The 23-year-old won support from others who refused to submit to tradition, including soccer star Brian Baloyi, DJ Glen Lewis, and jazz star Selaelo Selota. Tyamara said he was too busy and that he also feared for his health and safety. He practices other Xhosa traditions, saying "I do not disrespect my culture."

Chief Phathekile Holomisa, chairman of the organization of traditional leaders, said: "It's his democratic right not to go to an initiation school, but he will always be considered a boy, even when he is old and grey." <http://allafrica.com/stories/200208190003.html>

CAMBODIA

Jakarta – A mother claims a genie circumcised her 10-month-old son. "When I heard Riyan crying, I went straight to his bedroom and couldn't believe what my eyes saw," she said. "He'd been circumcised." The family believes it was the work of a genie, a widespread belief in Indonesia. *The Cambodia Daily*, 2/21/03

DENMARK

Copenhagen – Dr. Ole Harling, Physician-in-Chief, Danish Council of Ethics, declared physicians should refrain from performing ritual circumcision of boys, saying no adult is entitled to carry out irreversible, non-therapeutic surgery on a child. All body modifications should be deferred until the child has reached the age of majority. Danish children have a right to be protected from ritual interventions that cause pain and permanent damage. Danish values put the protection of children above the need to satisfy religious requirements. *Today's Medicine* 12/19/02

Copenhagen – Political leaders demanded action to halt FGC, as prime minister Anders Fogh Rasmussen called the mutilation of girls a "barbaric tradition." He said, "It is the duty of health personnel to report any indications that a girl has been mutilated, or that there is a danger that she will be." He called for Muslim girls to be inspected by school doctors. The justice minister said it would be appropriate to apply criminal law against parents whose daughters had been cut. Imams said Islamic tradition should take precedence over Danish law, which provoked a furious response from the Danish People's Party. The newspaper *Politiken* said "Violent bodily harm is not acceptable in Danish culture." The *Jyllands Posten* newspaper said, "Imams who urge parents to abuse their children are criminal and should be treated as such. *Daily Telegraph* 11/11/02

INDONESIA

Maluku Islands – Hundreds of Christians, including children and pregnant women were forcibly circumcised in a campaign to spread Islam through the Islands. Muslim leaders condemned the forced circumcisions. Kostantinus Idi, 22, said "I could not escape. One of them held my foreskin between pieces of wood while another cut me with a razor...the third man held my head back, ready to pour water down my throat if I screamed. But I couldn't help but scream and he poured the water. I kept screaming aloud and vomited. I couldn't stand the pain." Christina Sagat, 32, said her 70-year-old mother, teenagers, children, and her pregnant niece were among those circumcised. Rev. Sammy Titaley, head of the Protestant church in Maluku, said circumcision is considered worse than death in Ambonese culture. *Herald* 1/8/03

MALAYSIA

Johor Baru – Eleven Down's Syndrome boys, aged 5-6, took part in a two-day circumcision ceremony organized and sponsored by the Anaesthetic Department of Sultanah Aminah Hospital and the Kiwanis Down's Syndrome Parent Support Group. *The Star*, 11/20/02

Shah Alam – Distributor for SmartKlamp circumcision device, Wawasan Medik, is attempting to break the record in the existing *Guinness Book of Records* of boys circumcised in one single place and on

one day. On September 8, thirty medical professionals will circumcise 500 boys. The event will be televised live. info@smartklamp.com

MEXICO

Mexico City - Federal agents in Tijuana arrested a surgeon accused of amputating the penis of a patient who, in September 2000, wanted a circumcision. Dr. Francisco Javier Valentin y Ortiz faces charges of negligent injury, medical malpractice, and performing surgery without proper medical certification. *AP* 8/6/02

NEW ZEALAND

Auckland – Pediatric surgeon Stuart Ferguson says General Practitioners have left boys with infected and deformed penises after circumcision and they should stop doing the surgery. The government pays only for medically needed circumcisions. *New Zealand Herald*, 8/6/02

SOUTH AFRICA

Johannesburg – Five boys aged 13-18 were believed to have been murdered at a traditional initiation school, while another 18 were admitted to hospital after suffering complications of botched circumcisions. Twenty others later were found hiding. Health authorities said the school would be closed down. *Sapa*, 6/25/02

Pietermaritzburg – A 17-year-old escaped from an initiation school after he discovered the boy sleeping next to him was dead. He claims he was kidnapped, assaulted, and held at the school against his will. *Natal Witness*, 7/1/02

TURKEY

Kabul – A mass circumcision of boys was held by Turkey for Afghans who could not afford the traditional ceremony. "We were trying to think of a way to bring our countries closer together," an officer said. *The Times*, 6/25/02

UNITED KINGDOM

NORM-UK announced on 4/26/03 that David Smith has been hired by the charity organization as General Manager. We offer our best wishes to David in his important new position. See www.norm-uk.org/news.html.

UNITED STATES

Sacramento, CA – Todd Cameron Bertrang was charged by Operation Safe Medicine of the Medical Board of California (the state agency responsible for licensing and regulating physicians), in conjunction with the FBI, with a felony on 12/19/02 for agreeing to perform female circumcision. *Businesswire*, 12/23/02

San Francisco, CA – Students for Genital Integrity (SGI), was founded in December 2002. According to Greg Dervin, founder and president of the San Francisco State University chapter, "SGI is dedicated to ending all forms of genital cutting of children, including male and female circumcision and sex reassignment of intersex children. Our focus is on educational outreach and direct action." This is an important development in the education of the childbearing population. See www.studentsforgenitalintegrity.org

Detroit, MI – Mohel Samuel Greenbaum, 58, was charged June 18, with driving drunk on his way to perform a circumcision. www.freepress.com, 8/23/02

Seattle, WA – *Effectively Defunding Neonatal Circumcision: A Guide for Health Insurance Providers* is now available at www.DoctorsOpposingCircumcision.org.

Seattle, WA – Internationally recognized medical sociologist and biomedical ethicist, Monica J. Casper, PhD, has accepted the position of Executive Director of the Intersex Society of North America (ISNA). Our hats go off to Cheryl Chase, PhD, who founded and directed the organization for the past ten years, and we welcome and support Monica in her new position. See www.isna.org for contact information. *ISNA News*, Spring 2003



"Victorious Babies"
by Alex Steelsmith.

ANNOUNCEMENTS

College Essay Contest \$1,200 First Prize. Students: Discuss ethical considerations of amputating a normal, healthy body part of a non-consenting minor. What steps can be taken to ensure that respect for body integrity of all children is honored in the United States? For essay rules and deadlines, see www.nocirc.org.

Stop Infant Circumcision Society demonstration, U.S. Capitol, *Genital Integrity Awareness Week*, April 1-7, 2004. See: www.SicSociety.org and the Current Events page at www.nocirc.org.

International Symposia Proceedings: Sexual Mutilations: A Human Tragedy. Proceedings of the 4th International Symposium on Sexual Mutilations, ed. by George C. Denniston and Marilyn Fayre Milos. 1997. www.amazon.com

Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice. Proceedings of the 5th International Symposium on Sexual Mutilations, ed. by George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos. 1999. \$75ppd. NOCIRC, POB 2512, San Anselmo, CA 94979.

Understanding Circumcision: A Multi-Disciplinary Approach to a Multi-Dimensional Problem. Proceedings of the 6th International Symposium on Genital Integrity, ed. by George C. Denniston, Frederick Mansfield Hodges, and Marilyn Fayre Milos. 2001. \$58ppd. NOCIRC, POB 2512, San Anselmo, CA 94979.

Symposium Tapes: 7th International Symposium on Human Rights and Modern Society. Recorded by Shelton Walden. Ordering information: shelton@waldenspond.com.

BOOKS AND BOOKLETS

NEW! Secret Wounds, Hanny Lightfoot-Klein. 2003. \$15.95 plus \$5 S/H for signed copy, prepaid, 10% discount for students, seniors, and orders of ten copies or more. ISBN: 1-4033-9699-X. Hanny Lightfoot-Klein, PMB 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. Bulk prices available. New York: Warner Books. ISBN: 0-446-67880-5. NOCIRC, POB 2512, San Anselmo, CA 94979-2512.

Doctors Re-examine Circumcision, Thomas J. Ritter, MD, and George C. Denniston, MD. 3rd edition [retitled *Say No to Circumcision*]. 2002. \$15ppd. Bulk prices available. Washington: Third Millennium Publishing Co. ISBN: 0-9711878-0-0. NOCIRC, POB 2512, San Anselmo, CA 94979-2512.

Female "Circumcision" in Africa: Culture, Controversy, and Change, edited by Bettina Shell-Duncan and Ylva Hernlund. 2001. \$22.50. Lynne Rienner Publishers, Inc., 1800 30th Street, Boulder, CO 80301. ISBN 1-55587-995-0.

Walking Through Fire: A Life of Nawal El Saadawi, Nawal El Saadawi. 2002. \$19.95. Zed Books Ltd., 175 Fifth Avenue, Room 400, New York, NY 10010. ISBN 1-84277-076-2.

Covenant of Circumcision: New Perspectives on an Ancient Jewish Rite, Edited by Elizabeth Wyner Mark. 2003. \$26 (paper). Brandeis University Press/University Press of New England. ISBN: 1-58465-307-8.

Man/Nature, photographs by Sherwin Carlquist. 2002. \$39ppd. Sherwin Carlquist, Pine Press of Santa Barbara, 4539 Via Huerto, Santa Barbara, CA 93110.

NORM UK: Alternatives to Circumcision; NORM News: The Journal of NORM-UK; Non-Surgical Techniques for Foreskin Restoration; Your Birthright: Your Foreskin and You. NORM-UK, POB 71, Stone, Staffordshire ST15 0SF, UK. Tel/Fax: +01785 814044.

VIDEOS & CDs

The 8th Day. 53 min. VHS. \$30ppd in US, \$50ppd outside US. Keren Markuze, POB 361425, Los Angeles, CA 90036. Tel: 323-936-6802.

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

Intact's Circumcision Video: www.intact.ca

Circumcision Video. 19-minutes. VHS. \$49.95+shipping. DGVF Productions, 413 Shadow Mountain, Woodway, TX 76712. Tel: 254-399-8333.

Facing Circumcision: Eight physicians tell their stories and discuss the ethical dilemmas of physicians who circumcise

newborns. 20 min. VHS. \$25ppd. Nurses for the Rights of the Child, 369 Montezuma #354, Santa Fe, NM 87501. Tel: 505-989-7377.

Restoration in Focus: An Instructional Video. 35-minutes. PAL format. NORM-UK, POB 71, Stone, Staffordshire ST15 0SF UK. In US, VHS format.

First, Do No Harm: Total Patient Care for Intersex. 20-minutes. \$151. 35ppd; \$51.35ppd for individuals and small non-profits. WA residents add sales tax. www.isna.org/store/index.html.

I Am Not Circumcised. CD. Lyrics and music by Dennis Payne and Charles Bieker. \$10ppd. Rustywood Music, POB 40643, Nashville, TN 37204. Tel: 615-851-7321.

Baby's Breadth. CD. Lyrics and music by June Panic. \$12ppd. Secretly Canadian Records, 1021 South Walnut, Bloomington, IN 47402. Includes "Giving Up the Ghost" that begins, "Don't circumcise your baby!"

The Washington Waltz. CD. Lyrics and music by Jess Grant. Purchase on line at www.jessgrant.com. Includes "For My Foreskin."

Joy of Brit Shalom. CD. Lyrics and music by Brandy Sinco. \$5ppd. Music score for piano/vocal/optional violin \$4ppd. Brandy Sinco, POB 3598, Ann Arbor, MI 48106-3598. Tel: 734-930-0646.

AND MORE...

Bumper Stickers available at **Brit Shalom Celebrants:** www.circumstitutions.com/Jewish-shalom.html (include the hyphen).

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



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 sizes. \$12ppd each. NOCIRC, POB 2512, San Anselmo, CA 94979. (Baby not included.)

Call for Abstracts:

The 8th International Symposium on Human Rights and Modern Society: Advancing Human Dignity and the Legal Right to Bodily Integrity in the 21st Century

September 2-4, 2004, University of Padua, Padua, Italy

Please submit your abstract of 150 words or less to NOCIRC by January 31, 2004.

Details and accommodation information will be posted at www.nocirc.org (click on "Current Events") early 2004 and in the 2004 *NOCIRC Annual Report*.

**Publisher:**

National Organization of Circumcision Information Resource Centers

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Design/Printing:

Nightwind Creative
www.nightwindcreative.com
(800) 525-0708

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College Essay Contest: "Is Circumcision Ethical?"

Deadline: November 1, 2003
Winners announced January 15, 2004

First Prize: \$1,200
Second Prize: \$600
Third Prize: \$300

For contest rules, see:
www.nocirc.org

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