

Routine Circumcision Not Recommended, AAP Says

After analyzing almost 40 years of medical research on circumcision, the American Academy of Pediatrics (AAP) has stated that "the existing scientific evidence [demonstrating] potential medical benefits of newborn male circumcision [is] not sufficient to recommend routine neonatal circumcision." The AAP's new "Circumcision Policy Statement" was published in the March issue of the AAP's journal, *Pediatrics*.

The statement cites hygiene and protection from urinary tract infections, penile cancer, and sexually transmitted diseases as the "potential health benefits" not compelling enough to warrant recommending routine newborn circumcision. The statement reports that:

- "there is little evidence to affirm the association between circumcision status and optimal penile hygiene." The statement does not mention that the foreskin itself ensures optimal hygiene by protecting the meatus and glans from contaminants.
- "the absolute risk of developing a UTI in an uncircumcised male infant is low (at most, ~1%)." The statement does not mention that the standard of care for treating infections is antibiotics, not amputation.
- "penile cancer is a rare disease" and "the risk of penile cancer...is low." The statement does not mention that more males die in the U.S. every year from complications of circumcision than from cancer of the penis.
- "behavioral factors appear to be far more important risk factors in the acquisition of HIV infection than circumcision status." The statement does not mention that the U.S. has one of the the highest circumcision rates *and* one of the highest STD rates, including HIV, in the world.

The new AAP statement acknowledges that "newborns who are circumcised without analgesia experience pain and stress" and recommends using analgesia to reduce circumcision pain but does not explain that no analgesia eliminates the pain.

The statement acknowledges that the "true incidence of complications after newborn circumcision is unknown," then adds that complications include bleeding, infection, recurrent phimosis, wound separation, concealed penis, skin bridges, urinary retention, meatitis, meatal stenosis, chordee, inclusion cysts, retained Plastibell device, scalded skin syndrome, necrotizing fasciitis, sepsis, meningitis, urethral fistula, partial amputation of glans, and penile necrosis. The statement does not mention the many documented cases of respiratory arrest, gastric rupture, adhesions, excessive scarring, total amputation of the penis, and death.

The statement acknowledges the "anecdotal reports that penile sensation and sexual satisfaction are decreased for circumcised males" but does not mention the large body of scientific literature documenting the rich erogenous innervation and the many functions of the foreskin.

The statement advises that "Parents and physicians each have an ethical duty to the child to attempt to secure the child's best interest and well-being," that "Parents of all male infants should be given accurate and unbiased information," and that "Parents should not be coerced by medical professionals to make this choice," but fails to mention that legal experts and medical ethicists in the U.S., Canada, and Europe have questioned the legality of routine circumcision and have determined that it constitutes a violation of human rights.

Despite the many serious shortcomings of its new position statement, the American Academy of Pediatrics *has* stated that it does not recommend circumcision. The already declining circumcision rate in the U.S. should therefore drop dramatically.

Circumcision-Related Death

A three-week-old baby died while doctors were trying to fix problems because his circumcision wound wasn't healing properly and his urethra was blocked. Dustin Evans, Jr., of Cleveland, Ohio, was anesthetized for surgery when his heart stopped. Doctors at Rainbow Babies and Children's Hospital inserted breathing tubes and massaged his heart, which was healthy, but Dustin suffered massive brain damage. He died October 20, 1998. "You think, 'What could go wrong with a circumcision?'" Dustin Evans, Sr., said. "The next thing I know he's dead." *Associated Press*, 10/21/98.

Analgesia

"In order to be fully informed, parents need to be told that the currently available pain relief techniques may blunt the pain, but, even with these techniques, neonatal circumcision is extremely painful and stressful with long-term alteration in the response to painful situations." Robert Van Howe, M.D., Fifth International Symposium on Sexual Mutilations, University of Oxford (8/5/98).

Warning to Parents

Parents of an intact boy often know more about the structure, functions, and development of the normal penis than their son's doctor. Even today, medical students in the U.S. are not given this information. Many pediatricians still do not know that the foreskin and glans separate naturally on their own and should be allowed to do so. Be sure to tell the pediatrician – *before* his newborn examination and *before* every examination thereafter – that your son is intact and that you do not want his penis touched or his foreskin retracted. Then watch carefully to make sure the pediatrician respects your wishes. NOCIRC continually receives calls from parents who told the pediatrician not to retract their child's foreskin, only to have the pediatrician retract it anyway.

Letter from the Editor

I always look forward to reviewing the past year and reporting its important events and our accomplishments. This past year has been especially successful.

Presenters at the Fifth International Symposium on Sexual Mutilations (University of Oxford, August) discussed the latest advances in medical research, the harm of circumcision, the right of all children to genital integrity, and the worldwide effort to end forced and coerced genital cutting. The proceedings will be published this spring by Plenum Press as *Male and Female Circumcision: Medical, Legal and Ethical Considerations in Pediatric Practice*, edited by George C. Denniston, Frederick M. Hodges, and Marilyn Fayre Milos (ordering information, page 7).

Thanks to NORM UK, co-sponsor of the symposium, media coverage in the U.K. was extensive. Coverage in Canada was also extensive because one of Canada's leading ethicists, Margaret Somerville, was the recipient of the Symposium's Human Rights Award. Few newspapers in the U.S. mentioned the symposium.

Hugh Whitfield, editor of the *British Journal of Urology*, *BJU International*, and a presenter at the symposium, published the first medical journal supplement (January 1999) devoted exclusively to circumcision (ordering information, page 7).

Mark Jenkins' exposé, "Separated at Birth," about the infiltration of circumcision into U.S. medical practice, was published in *Men's Health* (August 1998). The photographs of the strapped-down screaming baby being circumcised saved other babies. When parents see or hear a baby being circumcised, the decision to not circumcise is easy.

Both the *Today Show* and *20/20* interviewed George Denniston, M.D., founder of Doctors Opposing Circumcision (D.O.C.). Dr. Denniston is co-editor with Thomas J. Ritter, M.D., of *Say No To Circumcision!*

Dr. Ritter died in December. He was a kind, gentle man who worked to end genital mutilation. His book is the first contemporary book about circumcision to have a second printing and is the best-selling book about circumcision in print today. We are all forever grateful to him.

Morris Sorrells, M.D., Steve Scott (NOCIRC of Utah), Steven Svoboda (Attorneys for the Rights of the Child), and I staffed the Doctors Opposing Circumcision booth at the American Academy of Pediatrics (AAP) Annual Meeting in San Francisco in October. We asked pediatricians what they knew about the structure, functions, development and care of the normal penis. Their answers (page 8) are alarming.

Circumciser Thomas Wiswell cut off a baby's foreskin on national television (*20/20*, January 15). The baby never stopped crying, even though Wiswell had injected him twice with an anesthetic. Other crying anesthetized babies were shown as well. As with Bill Emory's photographs in Mark Jenkins' exposé, parents could see that circumcision causes a baby to suffer even when he is anesthetized.



Steve Scott, NOCIRC of Utah, and Morris Sorrells, M.D., Doctors Opposing Circumcision booth at AAP meeting in San Francisco.

As a result of the AAP Task Force Committee on Circumcision's two-year review of medical research, the AAP announced on March 1 of this year that it does not recommend routine male circumcision. The AAP still has not acknowledged, however, the structure and protective, immunological and sexual functions of the foreskin; the pain and trauma of circumcision (even with analgesia); or the long-term psychological, sexual and social effects of circumcision. By ignoring the damage of genital cutting and the birthright of all human beings to keep their sex organs intact, the AAP fails to uphold the first maxim of medical practice, "First, do no harm." Consequently, babies will continue to suffer and die needlessly.

I want to thank everyone working to protect children and babies from sexual mutilation. NOCIRC has grown from one center in 1985 to 90 centers worldwide today. Our collective efforts – the letter-writing campaigns, telephone calls, staffing of booths, classroom talks, radio and television appearances, marches, rallies, more than 30 websites, even the T-shirts and bumper stickers – have created a unified movement that is helping to bring forced and coerced genital cutting to an end. We can all be proud of ourselves and what we have accomplished. The world is a safer, better place because we have been in it.

Marilyn Milos

The grandest privilege of those who have the means is to alleviate suffering.

– H. P. Blavatsky

Ethics

“Perpetrating sexual surgery on healthy non-consenting minors, under the legal age of informed consent or refusal, to purportedly prevent an unlikely and curable future infection, is unacceptable. Intentionally amputating healthy erogenous genital tissue from tethered, screaming infants is a surgical act of sexual sadism...Dr. Schoen's failed attempt to justify surgical genital abuse is a willful act of misrepresentation. It is a disgrace and discredit to the medical profession.” Wayne EM. Circumcision - sexual sadism? *Infectious Diseases in Children* 1998;11(2):11.

“The American Academy of Pediatrics opposes all forms of female genital mutilation.” AAP Committee on Bioethics. Female genital mutilation. *Pediatrics* 1998;102(1):153-6.

“Criticism of circumcision is not about racism. Nor is it about history, tradition, religion or culture. It is about human rights. Circumcision not only removes important erogenous tissue but also removes from the person the right to control his or her own body.” Schumacher S. Criticism of circumcision is not racism. *Nursing Times* 1998;94(29):18.

“Amputation should be a last resort. It is unethical to remove healthy tissue when conservative methods of treatment are available or deprive a child of an important and pleasurable part of his anatomy without his consent.” Menage J. Suffer little children? *BMA News Review: The Voice of Doctors* (August 1998):23.

“Mass involuntary circumcision has failed to achieve any of the public health benefits its advocates have claimed for it; but even if it had achieved them all, there can be no scientific or ethical justification for depriving anyone of sovereignty over his own sex organs. Neonatal circumcision violates bodily integrity and imposes on an unconsenting individual a diminished penis for life. In the wake of the Nuremberg trials, it is inappropriate and unethical for doctors to persist in performing or advocating involuntary penile reduction surgery on healthy, normal individuals. The totalitarian concept of involuntary prophylactic surgery espoused by circumcision advocates has no place in modern medicine or the civilized world. The key to decreasing the transmission of STDs is education, not amputation.” Fleiss PM, Hodges FM, Van Howe RS. Immunological functions of the human prepuce. *Sexually Transmitted Infections* 1998;74(5):364-7.

“Low-grade Neurological Castration”

“[T]he argument here is that circumcision is low-grade neurological castration. As a consequence of circumcision, the young men would be expected to

be a ply more tractable and a ply less distractible. Fertility is not impaired. Aggressiveness is not impaired. The threshold for sexual excitability is simply raised. If, as we hypothesized, circumcision results in raising the threshold for sexual excitability, then a putative benefit would accrue to the institution of marriage. Men's sexual impulsiveness would be lessened a ply. Again, men's sex drive is not removed, just abated.” Immerman RS, Mackey WC. A proposed relationship between circumcision and neural reorganization. *Journal of Genetic Psychology* 1998;159(3):367-8.

Phimosis

“Daily external application from the tip of the foreskin to the glans corona with betamethasone 0.05% cream for 4 to 6 weeks has been demonstrated to be very effective...Surgical intervention should not be considered until topical therapy has been given an adequate trial.” Van Howe RS. *Pediatrics* 1998;102(4):e43. [Many males with unretractile foreskins are perfectly happy with them that way. – Ed.]

“No attempt should ever be made to retract a foreskin in a child unless significant separation of the subpreputial adhesions has occurred. Failure to observe this basic rule may result in tearing with subsequent fibrosis and consequent true phimosis.” Simpson ET, Barraclough P. The management of the paediatric foreskin. *Australian Family Physician* 1998;27(5):381-3.

Urinary Tract Infections

“[W]e estimated that 195 circumcisions would be needed to prevent one admission for UTI in the first year of life...the previously reported relative risks of UTI in uncircumcised infants overstate the current risks.” To T, Agha M, Dick PT, Feldman W. Cohort study on circumcision of newborn boys and subsequent risk of urinary tract infection. *Lancet* 1998;352(9143):1813-6.

Circumcision and Anesthesia

“A significantly higher percentage of male physicians are performing circumcisions than are their female counterparts...Recently trained pediatricians and family practitioner physicians are more likely to use a method of pain relief than are their older colleagues, whereas obstetricians are least likely to use anesthesia independent of the number of years in practice.” Stang HJ, Snellman LW. Circumcision practice patterns in the United States. *Pediatrics* 1998;101(6):e5.

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Circumcision Does Not Prevent Penile Cancer

"An 87-year-old circumcised man presented with a lesion that had been present for one year on the shaft of his penis...Excisional biopsy was performed...The tumor cells showed peripheral palisading characteristic of basal cell carcinoma." Ladosci LT, Siebert CF, Rickert RR, Fletcher HS. Basal cell carcinoma of the penis. *Cutis* 1998;61(1):25-7.

"A 74-year-old Polish Jewish white man circumcised at birth presented with a two-year history of a lesion of the glans penis...Examination of a biopsy specimen of this area showed squamous cell carcinoma in situ." Ross BS, Levine VJ, Dixon C, Ashinoff R. Squamous cell carcinoma of the penis in a circumcised man: a case for dermatology and urology, and review of the literature. *Cutis* 1998;61(1):41-3.

Circumcision does not prevent penile cancer. It prevents cancer of the part of the penis that is cut off.

Eileen Marie Wayne, M.D.

Involuntary Organ Donation

"Organogenesis makes a skin substitute that can be applied directly to a wound, providing protection and promoting the formation of new tissue...the living cells, taken from foreskins of circumcised infants, grow and multiply, much as they do in the body. Carol Hausner, director of investor and public relations, said the cells from one foreskin, along with human connective tissue, can make up to 200,000 3-inch disks of the Apligraf skin substitute." [Each disk sells for \$950. Potential retail value of one baby's foreskin: \$190 million.] *Patriot Leader*, 2/9/98.

Sucking Blood From Babies' Penises

"As the rabbi recited prayers, he grasped a clip...and put it over the baby's foreskin, pulled it forward and, with a yank of his knife, the foreskin came off in one clean movement. The baby cried, blood flowed onto his penis...The rabbi then bent over the baby and sucked the wound. I know this sounds awful, but it is part of the Jewish tradition. It's supposed to help the healing." Shamash J. My son at the cutting edge. *The Independent*, no. 3,797 (December 17, 1998):R8.

Circumcising Corpses

"Israeli parliamentarians have launched a campaign to stop the country's Orthodox rabbis from conducting posthumous circumcisions...Israel's burial societies have been accused of circumcising dead bodies without informing the families involved...MPs are trying to have the practice banned." Adams

PO. Rabbis rebuked over final cut. *Sunday Telegraph*, no. 1,938 (August 2, 1998):25.

Complications and Tragedies

"Meatal stenosis is an under-recognised complication of circumcision done in neonatal and nappy aged boys." Upadhyay V, Hammodat HM, Pease PWB. Post circumcision meatal stenosis: 12 years' experience. *New Zealand Medical Journal* 1998;111(1060):57-8.

"During an electrocautery circumcision at two months of age, the patient sustained a burn of the skin of the entire penile shaft, and the penis eventually sloughed off...The patient was hospitalized subsequently for care of the surgical complications, and at seven months of age was referred to Johns Hopkins Hospital, where the remainder of the penis and the testes were removed...the decision was made to reassign the patient as a female and to raise the baby as a girl...Two months before the patient's 11th birthday, she was started on feminizing hormonal therapy, which has continued to the present time. The patient was told about the circumcision and penile ablation when she was 12...because she had begun asking her mother whether there was something wrong with her. During the interview with the mother when the patient was 16, she reported that the penile stump, which had been left after the initial surgery, became erect when the patient showered or swam, and that this caused some difficulties dressing her in bathing suits...When seen at age 16, the patient had been admitted to hospital for vaginoplasty... At 26 years of age, the patient returned to hospital for additional vaginoplasty...She also reported three significant sexual relationships with women. The patient noted that she found women more physically attractive than men, especially when naked...Unfortunately, after the most recent surgery, the patient developed a recto-vaginal fistula. Within a few months of the surgery, the patient and her male partner separated...The patient's post-surgery complications have been monitored by ABC and she reported that she was currently living with a new partner, a woman, in a lesbian relationship." Bradley SJ, Oliver GD, Chernick AB, Zucker KJ. Experiment of nurture: ablatio penis at 2 months, sex reassignment at 7 months, and a psychosexual follow-up in young adulthood. *Pediatrics* 1998;102(1):e9.

AFRICA

Burkina Faso – Practitioners of FGM can be imprisoned for 6 months to 3 years if the victim survives and 5-10 years if the victim dies. *Awaken, Newsletter of Equality Now*. 12/98.

Kakemega – A warrant of arrest was issued for a man who allegedly caused the death of two young boys, aged two and three, that he circumcised. *Kenya Standard*, 11/16/98.

Kenya – A week-long counseling and training program, ending with a “coming of age day” celebrated with music, dances and feasting, was initiated in 1996 to replace FGM. This approach offers an attractive alternative rather than a blunt prohibition of a cultural practice. *San Francisco Chronicle*, 9/16/98.

Senegal – The Parliament voted to ban FGM. The new law includes prison sentences of up to 5 years for offenders. *BMJ*, 1999; 318:348 (6 February).

Tanzania – The International Women’s Development Agency (IWDA) is supporting an Inter-Africa Committee (IAC) project to stop FGM. The project trains women and men to sensitize village leaders, circumcisers, and community members. IWDA, POB 64, Melbourne, Victoria 3009 Australia. Tel: +(03)965 05574.

Togo – The Parliamentary Human Rights Commission passed a law banning FGM, saying that the practice attacked women’s physical

integrity and could not be justified either by religion or culture. *BBC World Service*. 10/31/1998

Uganda – The Sabiny Elders Association (SEA) received the 1998 United Nations Population Award for supporting the Anti-Female Genital Cutting campaign. Mr. G. W. Cheborian, Chair of SEA, estimated that FGM had been reduced by 36% by the end of the first year of their campaign (1996). Ugandans show the way to end FGM by replacing it with a symbolic ritual declaring the girl a woman without maiming her for life. *The New York Times*, 7/16/98.

BULGARIA

Sofia – For the first time in 50 years, Bulgaria allowed circumcision ceremonies for Moslem boys. Under communist rule, Bulgaria’s Turkish minority (about 10% of the population) was not allowed to practice this part of its Islamic faith. *Deutsche Presse-Agentur*, 9/4/98.

CANADA

British Columbia – “The Medical Services Plan no longer reimburses physicians for carrying out this procedure because there is no medical indication for infant circumcision.” Dr. Shaun Peck, Deputy Provincial Health Officer, 11/5/98.

EGYPT

Cairo – Two doctors were charged with illegally circumcising three young girls, one of whom died during the operation from an allergy

to an antibiotic. The doctors face up to three years in prison. *Associated Press*, 7/20/98.

Cairo – An appeals court upheld the rejection of a \$500-million lawsuit against CNN that claimed the network damaged Egypt’s reputation by showing a barber cutting a 10-year-old girl’s genitals. *Associated Press*, 7/21/98.

Tayeba – After an intensive eight-year effort, the practice of FGM is disappearing from this village. The Coptic Evangelical Organization for Social Services has achieved an unprecedented success rate of 70% in Coptic villages of Egypt’s Upper Nile Valley. *Washington Post*, 6/29/98.

FRANCE

Paris – A French woman of Malian origin went on trial in Paris on February 2 and has been found guilty of circumcising girls in the biggest case of its kind to come before a French court. Hawa Greou, 52, known among France’s Malian community of 40,000 as Mama Greou, was sentenced to eight years in jail. The other 27 defendants, the girls’ parents, were given three to five years suspended sentences. This was the first hearing in France to be triggered by a victim’s complaint. Her mother’s sentence was two years imprisonment. Human rights organizations called for a deterrent sentence, hoping to stamp out FGM in France. The defense did not contest the facts but asked for leniency. The

prosecution said that Mama Greou knew FGM had been a crime in France since 1984 and took precautions to cover her tracks. Detectives found evidence of about 50 circumcisions she had performed over the past five years. The French Commission for the Abolition of Genital Mutilations said the true figure is nearer 100. Police say the 27 parents, charged as accomplices, all knew that FGM was illegal in France. *Associated Press*, 2/12/99.

GREECE



Elizabeth Noble, PT, and Leo Sorger, M.D., at the Obstetricians and Gynecologists meeting in Athens in October. Their shirts say, “Over 60% of American boys are circumcised. Ask your American colleagues why.” Underneath, Elizabeth’s says, “This mother said ‘NO.’” Leo’s says, “This doctor says ‘NO.’”

ISRAEL

“On 22 December, the first hearing of an appeal to the Supreme Court was held in front of three judges who were reluctant to hear claims but said the claims and any additional material (including affidavits of Drs. John Warren and Robert Van Howe) would be allowed in the next hearing. They pressured

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the state to present guidelines for circumcision in Israel...by 3 March 1999. We will have 30 days to respond; then a date for the second hearing will be set." Avshalom Zosmann-Diskin, Israeli Association Against Genital Mutilation. 12/23/98.

SOUTH KOREA

"Our elementary school boys are either forced by their mothers (aided by totally wrong ideas) to be circumcised or ask to be circumcised because of peer pressure. It started less than 50 years ago, now we talk about 95% circumcision rate." DaiSik Kim, Associate Professor, Dept. of Physics, Seoul National University, Seoul 151-742, Korea. [To receive Dr. Kim's article, "The South Korean Circumcision: Why the heck do we do it?," email him at denny@phy.snu.ac.kr.]

SWEDEN

Göteborg – The Second Study Conference on FGM, 1-3 July 1998, was held to determine the prevalence of FGM in Europe, to design strategies to stop it, and to provide the necessary health care for women who suffer its consequences. The *Göteborg Declaration* was adopted, calling for the "involvement of local communities for whom female genital mutilation is a traditional practice in the planning and implementation of activities to abolish the practice." For more information, contact Piret Esken, <piret.esken@invandrarforvaltningen.goteborg.se>.

Stockholm – A person who starts life with a difficult and painful birth is more likely to end it with a violent suicide, Swedish researchers professors Bertil Jacobson and Marc Bygdeman found. Their study of Swedish adults who committed suicide showed that complications during birth and the amount of pain the infant experienced were associated with an increased risk of violent suicide for adult men. *BMJ*, 317:1346-1349 (11/14/98).

UNITED KINGDOM

London – Doctors have been warned of an underground market in circumcision, with young boys at risk of being mutilated. Hospitals have reported horrendous results of operations gone wrong. Guy Dawkins, a specialist registrar at the Institute of Urology at the Middlesex Hospital, said "Surgeons are getting more conservative because we are having to account, quite rightly, for the morbidity we create. Circumcision is an operation and carries a risk...when you see a nine-year-old child whose penis has been chopped about and glans cropped off, you have to question who would have done that to a child." *The Independent*, 9/21/98.

London – James Williams accepted a settlement in excess of £800,000 for an operation performed on him 10 December 1994 to repair circumcision damage. His solicitor said "He suffered 'the most

appalling injuries' as a result of what he understood was to be a straightforward procedure carried out to repair damage caused by the unnecessary circumcision Mr. Williams underwent as a baby." *BBC News*, 11/23/98.

UNITED STATES

California – NORM, the National Organization of Restoring Men, celebrated its 10th anniversary February 7, 1999.

Colorado – Zahra Elmi of the Colorado Coalition Against Sexual Assault is gathering figures on the extent of FGM in Colorado. She hopes to raise awareness about FGM and its effects on girls and women in Colorado's immigrant communities. State Senator Dorothy Rupert, D-Boulder, sponsored legislation to outlaw FGM three times. Each time, the bill was defeated by Republican vote. In May, U.S. Representative Louise Slaughter, D-NY, released a report that used U.S. census data to estimate that 160,000 girls and women in immigrant communities across the U.S. are either at risk or already have been mutilated. *Denver Post*, 7/25/98.

New York – Sexually transmitted disease (STD) rates in the U.S. are among the highest in the industrialized world, latest figures reveal. The U.S. had 15.3 million new cases of STD in 1996 and more than 68% of Americans now have an incurable STD such as

herpes, human papilloma-virus infection, hepatitis B, or HIV infection. *British Medical Journal* 1998;317: 1616 (12 December)

New York/Maryland

The newly formed FC/FGM Resource Group combines the expertise of three well-established health information resources to meet the demand for effective gathering, recording and dissemination of material on FGM. For FGM information, contact Susan Izett at Rainb♀, 915 Broadway, Suite 1109, New York, NY 10010 (Tel: 212-477-3318). For samples of communication and training materials, contact Susan Leibtag at Media/Materials Clearinghouse; for document search, contact Victoria Kimm at POPLINE, both at Johns Hopkins University Center for Communication Programs (JHU/CCP), 111 Market Place, Suite 310, Baltimore, MD (Tel: 410-659-6300).

Thank You

Thank you, Dr. Dean Edell.
Thank you, Howard Stern.
Thank you, Shelton Walden.

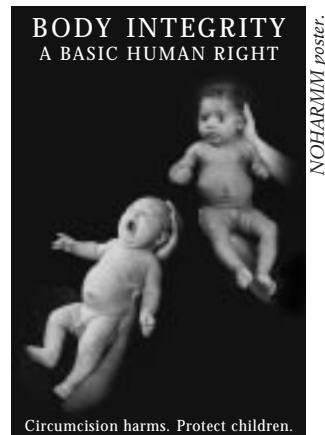
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ANNOUNCEMENTS

NOCIRC Conference – Circumcision Update: Medical, Ethical and Legal Issues, Chicago, IL, April 16, 1999, 11am - 6pm, \$20. 6.5 CEUs for R.N.s (add \$10). Interactive post-conference workshops April 17, 8am - 4pm, \$30 (incl. breakfast & lunch). Info: NOCIRC, POB 2512, San Anselmo, CA 94979. Tel: 415-488-9883.

Stop Infant Circumcision Society is sponsoring a demonstration on the steps of the U.S. Capitol, March 29 - April 1, hoping their 3- by 15-foot banner and demonstrators will be impossible for members of Congress and the media to ignore. For more information: sicsociety@sicsociety.org or write to David Wilson, Sicsociety@aol.com.

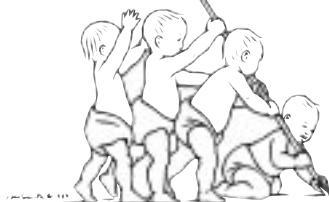
Call for Abstracts: NOCIRC of Australia will co-host the Sixth International Symposium on Sexual Mutilations, University of Sydney, Australia, 6-9 December 2000. Send abstract of 150 words or less to NOCIRC, POB 2512, San Anselmo, CA 94979-2512.



NOHARMM Market Place
www.noharrrm.org/market.htm
Posters, buttons, T-shirts, pens, bumper stickers, genital integrity ribbons, postcards and more.

BOOKS, BOOKLETS, REPRINTS, JOURNALS & MORE

BJU International, Circumcision Supplement, January 1999. \$38/copy ppd. Jan Roberts, Manager, Special Projects Group, Blackwell Science Ltd, Osney Mead, Oxford OX2 0EL, UK. Tel: +44 1865 206206.



“Victorious Babies” – We’ll put Alex Steelsmith’s “victorious babies” drawing on a T-shirt or mousepad for you as a token of appreciation for your contribution of \$50 or more. Your tax-deductible donation will help ensure NOCIRC’s continued success. Thank you.

Circumcision Exposed: Rethinking a Medical and Cultural Tradition, by Billy Ray Boyd. \$14.95 plus \$4 S/H. The Crossing Press, POB 1048, Freedom, CA 95018.

Foreskin, Circumcision and Foreskin Restoration: Sources of Information. Free for SASE. John A. Erickson, Dept. N, 1664 Beach Blvd. #216, Biloxi, MS 39531.

In Memory of the Sexually Mutilated Child. Photocopy of printout of website: www.SexuallyMutilatedChild.org. 400+ pages in 3-ring notebook. \$75 ppd. Outside U.S. add \$20 surface, \$40 air. John A. Erickson, Dept. N, 1664 Beach Blvd. #216, Biloxi, MS 39531.

Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice. Proceedings of the Fifth International Symposium on Sexual Mutilations, edited by George C. Denniston, Frederick M. Hodges, and Marilyn Fayre Milos. 1999. Pre-publication price: \$50 ppd. NOCIRC, POB 2512, San Anselmo, CA 94979.

Restore Yourself! A Foreskin Restoration Kit. \$24.95. 30-day money-back guarantee. Norm Cohen, NOCIRC of Michigan, POB 333, Birmingham, MI 48012. Tel: 248-642-5703.

Sahasia: The 4000 BCE Origins of Child Abuse, Sex-Repression, Warfare and Social Violence in the Deserts of the Old World, by James DeMeo, Ph.D. 1998. 454 pp. Over 100 maps, photos, illustrations. Complete citations and indexes. Hardcover \$90, softbound \$34. Orgone Biophysical Research Lab, POB 1148, Ashland, OR 97520.

Sex As Nature Intended It [working title], by Kristen O’Hara. Prepublication price \$19.95. For more information, contact Kristen O’Hara, POB 764, Hudson, MA 01749.

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

NEW VIDEOS

Circumcision? Intact Facts. 18 min. Edited for child-birth educators from the 60 min. video, *Whose Body, Whose Rights?* \$44.95. Injoy Productions, 3970 Broadway, Suite B4, Boulder, CO 80304. Tel: 303-447-2082.

Facing Circumcision: Eight physicians tell their stories and reveal the ethical dilemmas of physicians who circumcise newborns. 20 min. \$25 ppd. Nurses for the Rights of the Child, 369 Montezuma #354, Santa Fe, NM 87501. Tel: 505-989-7377.

NOCIRC PUBLICATIONS

Available from NOCIRC, POB 2512, San Anselmo, CA 94979-2512.

NOCIRC Annual Report, Marilyn Fayre Milos, editor. \$25 contribution.

NOCIRC Fall Update & Fund-Raising Letter. Sent to contributors.

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

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

Answers To Your Questions About NOCIRC (Free for SASE)

NOCIRC Resource Guide (Free for SASE)

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

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

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

WEBSITE ADDRESS CHANGES:

A.M.E. (Association contre la Mutilation des Enfants): www.enfant.org. Email: ame@enfant.org

In Memory of the Sexually Mutilated Child: www.SexuallyMutilatedChild.org

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

[A list of pertinent websites can be found at www.nocirc.org.]

Survey Reveals Need for Pediatrician Education

NOHARMM's survey to find out what pediatricians know and don't know about the normal penis shows that:

13% of pediatricians surveyed did not know that the foreskin protects the glans, provides tissue for natural erection, defends against bacteria and viruses, lubricates, and has fine touch receptivity and full range of sexual response.

22% did not know that the proper care of a young child's foreskin is to simply wash the external genitalia. 2% said the foreskin should be cleaned by inserting a Q-tip into the preputial opening. 20% said to push the foreskin back and clean with soap and water.

84% did not know that 99% of male's foreskins are fully retractable by age 17.

25% did not know that the U.S. is the only country in which most male babies are circumcised for reasons other than religion.

16% did not know that urinary tract infections, phimosis, paraphimosis, penile/cervical cancer, and sexually transmitted diseases, including AIDS, can be prevented or treated non-surgically.

27% thought pediatricians had a responsibility to provide medical care based on the wishes of the parents or what the physician believes is appropriate, not on the needs of the child.

35% of the pediatricians surveyed were not aware of long-term consequences of infant circumcision. 25% thought none existed. 15% thought they were mainly psychological. 35% did not know one way or the other.

"What would it take to change your mind about circumcision?"

We asked pediatricians that question at the AAP meeting in San Francisco last October. Four responses:

"I'd be delighted if I never had to do another one. The question is to have the moral courage not to do it."

– Anonymous

"It's the obstetricians who do the circumcisions and for them it's economics. We pediatricians are too whimpy to challenge them because we need their referrals."

– Anonymous

"If I changed my mind, I'd have to put a gun to my head."

– Anonymous retired pediatrician who claims to have circumcised 10,000 babies during his career.

"A million dollars."

– Thomas Wiswell, M.D.

NATIONAL ORGANIZATION of CIRCUMCISION INFORMATION RESOURCE CENTERS

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