North Carolina Victory!
by Amber Craig

I am pleased to report that the NC Legislature passed a budget today (82 days overdue), and thereby eliminated NC Medicaid funding for circumcision (again). The governor is expected to sign the budget today (he may have already signed it). You can find the clause in the budget bill (it is a 200 page document): http://www.ncleg.net/html2001/Bills/allVersions/senate/s1115vr.html scroll down to “Repeal Circumcision Funds” Section 10.13.

Arizona dropped funding in June of this year, and Missouri dropped funding in July. Now, North Carolina becomes the 9th state to defund circumcision.

We have made significant gains this past year, not only in eliminating tax funding of unnecessary circumcisions, but also in increasing the awareness of this issue - many, many more expectant parents and medical professionals have become educated about the harms of circumcision and the benefits of the foreskin.

On a sad note, a baby bled to death from a circumcision in Canada a few weeks ago - the story has made major headlines all over Canada. Hopefully, Medicaid defunding of circumcision will help prevent a similar tragedy here.

For a recent story discussing the baby's death and other current circumcision issues, please read: http://www.cirp.org/news/national/post08-30-02a/

I truly thank you for your support - it's been quite a year!

Amber L. Craig, NC State Director National Organization of Circumcision Information Resources Centers PO Box 5081, Chapel Hill, NC 27514 1-919-960-9276

News Update
by J. Steven Svoboda

In recent months we have been positively deluged by exciting developments.

In October, North Carolina became the third state this year to drop Medicaid funding for circumcision. Now nine states and several territories do not use state and federal money to directly subsidize this harmful and useless procedure. The Royal Australasian College of Physicians issued the most favorable circumcision position statement yet, and cited a number of intactivist-authored articles and books.

As we went to press, the College of Physicians and Surgeons of British Columbia announced its position statement on circumcision. (Please see story on page 2). The Canadian Medical Protective Association has advised physicians to proceed cautiously regarding circumcision and the obtaining of "consent" for the procedure. The Canadian Medical Association Journal printed an article describing these developments, mentioning Ontario’s Association for Genital Integrity and quoting George Denniston of Doctors Opposing Circumcision. http://www.cmaj.ca/cgi/content/full/167/7/789-4.

The American Urological Association is perhaps the physician group historically least aligned with our concerns. However, recently, the Journal of Urology endorsed serious concerns with the consent process for circumcision, acknowledging the liability issues that may result and that “the legal system may no longer be able to ignore the conflict between the practice of circumcision and the legal and ethical duties of medical specialists.” The Harvard Law Bulletin has also moved that institution in our direction with its favorable article about ARC and intactivism in its Fall issue. (The text of this article appears on page 5 of this newsletter.)

Your contribution and/or membership support is greatly appreciated, and sustains our (continued on page 6)

Left to right: Steven Svoboda, Executive Director, ARC; Gary Burlingame, ARC Webmaster; David Biviano, ARC supporter; Mike Wimer, NOCIRC-WA activist. August 21, 2002, Seattle.

All about the PRNet
Media attention increases public awareness
by Dan Bollinger

Some of you readers may have heard about the FAXNet, but may not be sure exactly what it is. Others may be FAXNet volunteers. Few know the inner workings of this group. In short, it is a volunteer group of people connected around the globe by email who send out press releases to the media announcing intactivist articles, events and opinions.

Rich Angell of Montana is credited with starting the FAXNet, but he says, “I don’t remember coming up with the FAXNet idea, but I did have a distribution network for my newsletter, the NOCIRC of Japan Newsletter, later renamed the Guardian Angell. To keep my cost of mailing to a minimum, I would mail to a few key individuals, who would then copy the newsletters and mail them to people on their list. I credit the newsletter for unifying the foreskin freedom fighters and pulling protesters out of the woodwork, and for helping bring the issue to public awareness. Once the Internet started catching on, the newsletter became more or less obsolete.”

Steven Svoboda and Al Fields borrowed Rich’s idea and got it going again, this time using FAX machines and email. The first effort was the ARC press releases announcing the article “Circumcision of Healthy Boys: Criminal Assault?” by Gregory Boyle, J. Steven Svoboda, Christopher Price and Neville Turner early in 2000.

The effort was so successful and rewarding that the volunteer service was expanded to include any intactivist organization. Since then we’ve sent out 35 press releases. More are in the works.

NOCIRC and many of its affiliates have used the service as well as the ICGI, DOC, the International Symposium on Human Rights, and the Genital Integrity Awareness Week event. It has also been used to alert the media of demonstrations in Texas, Florida, California and of course Washington, D.C.

Initially, Al Fields and Amber Craig alternately managed the FAX efforts. They’d coordinate the press release writing and distribution using volunteers. I was invited to participate as a manager soon thereafter. Al left his position as one of the FAXNet managers a year ago last summer to continue his work with ARC and become more involved (continued on page 6)
Consent Article Cited

The article about consent and circumcision written by myself, Bob Van Howe, and James Dwyer, and published last year in the Journal of Contemporary Health Law and Policy, has been approvingly written up in, of all places, the often foreskin-hostile Journal of Urology, published by the American Urological Association. For example, in 1973 this same Journal printed the notorious article entitled, "Carcinoma of the penis and the anti-circumcision crusade." This may be a sign that the medical profession, including even segments which in the past have been relatively nonreceptive to intactivists' message, are starting to listen.

Thanks to my wife, Dr. Paula Brinkley, for calling the article reproduced below (bearing the exact same title as our article) to my attention, and thanks to co-author Jim Dwyer for locating the text of the piece. Here is the citation for the piece: Informed consent for neonatal circumcision: an ethical and legal conundrum. Canning DA. J Urol 2002 Oct 168(4 Pt 1): p. 1650-1.


Editorial Comment:
This lengthy legal document illustrates the danger surgeons accept when operating for a nonmedical indication in minors. The authors carefully make the argument that circumcision, in the absence of a medical indication, may be unwise and may actually be illegal. The continued widespread practice of circumcision hangs in the legal balance of valid (continued on page 6).

Book Review

Pediatrician Paul Fleiss and academic Frederick Hodges are perhaps the most prominent and respected authorities regarding circumcision in their respective fields: pediatrics and the history of medicine. They joined forces to create an all-star team and write the first mass-market book about circumcision put out by a major publisher and aimed at ordinary parents considering what to do about North America's most pervasive and unnecessary form of genital surgery: male circumcision. (Fair disclosure: ARC is referenced twice in the resource appendices at the end of the book.)

Paul and Frederick faced a thorny set of conflicts in writing "What Your Doctor May Not Tell You About Circumcision." They presumably wanted to get as much pertinent information to the reader in as accessible a format as possible and to present it objectively, respecting the reader's own background and history around this issue. They wished to grapple with the peculiar set of myths and disconnects which has managed to perpetuate a harmful practice that has been widely denounced as unnecessary by numerous national and international medical and legal societies. And they wanted to do all this while writing an engaging, accessible book that would keep readers turning the pages. Yet more and more physicians, medical societies, and lawmaking bodies around the United States and around the world are coming to realize that the issue is not a balanced one subject to equally rational positions on both sides. Circumcision is a dumb and even cruel idea we should have dropped many decades ago, pure and simple.

Given these inevitable constraints, the authors did virtually as superlative a job at this complex balancing task as is humanly possible. Necessarily, in order to provide detailed information about the different techniques, or to debunk all leading myths about circumcision's benefits, the book sometimes veers a bit toward overemphasizing thoroughness. At other times, occasional inaccuracies creep in when the writers employ simpler phraseology which is almost, but not quite, correct.

For example, while they would be right if they wrote that all national and international medical societies that have spoken to the issue have found (continued on page 6).

Position Statements Issued
In October the position statement of the Royal Australasian College of Physicians (RACP) was officially issued. This is the most strongly anti-circumcision statement yet issued by a major physicians' group and also, I believe, the first to cite a number of publications written and/or edited by intactivists. The statement's second reference cites the book published by Plenum/Kluwer collecting articles by many intactivists from the Fourth International Symposium on Sexual Mutilations (held at Oxford University), edited by George Denniston, Frederick Hodges, and Marilyn Milos. Articles on which I was a co-author that are cited include the 2001 article on consent in the Journal of Contemporary Health Law and Policy (authors Svoboda, Bob Van Howe and ARC Board Member James Dwyer) and the 2000 article in the Journal of Law & Medicine (authors Greg Boyle, Svoboda, ARC Board Member Christopher Price and J. Neville Turner). In addition to the consent article, Bob Van Howe got a second citation for his article in the BJU International in 1999 reviewing literature on whether circumcision affects sexually transmitted diseases. The RACP statement may be read at http://www.racp.edu.au/hpu/paed/circumcision/.

The College of Physicians and Surgeons of British Columbia (that province's medical licensing authority) has issued a position statement on circumcision. While we can add this statement to the mountain of such policies attesting to the lack of medical justification for routine infant circumcision, this one unfortunately is nowhere near as strong as the statements issued earlier this year by the College of Physicians and Surgeons of Saskatchewan as well as the RACP, and somewhat resembles the 1999 American Academy of Pediatrics statement in that it gives lip service to parents' "traditional, religious, cultural or personal preference. On the other hand, as noted by the Ontario-based Association for Genital Integrity, "the B.C. college has sent a signal to doctors that infant circumcision is a relic from the past which should be considered only if the parents can't be talked out of it. The college points out the cosmetic nature of the procedure and dismisses the arguments about UTI and HIV prevention as "no longer pertinent." http://www CPSBC.ca/physician/quarterly/cq-38.pdf. It should be noted that given developments this year including the August death of a British Columbia boy, the Canadian Paediatric Society has stated that it will be reviewing its policy statement on circumcision.

—J. Steven Svoboda

www.arclaw.org
Video Review


This short videotape presents three circumcisions being performed by the three most common methods in use today—Plastibell, Gomco clamp, and Mogen clamp. The videotape is produced very professionally and would be suitable for use in virtually any imaginable setting. Producer David Garrigus told me that he sympathizes with intactivism, and his “The Circumcision Video” can in fact be interpreted as a very cleverly prepared anti circumcision video. The video accurately presents itself as offering a first-hand look (actually, three first-hand looks) at the procedure to enable parents to make an informed decision, while it shies away from explicitly advocating a position regarding newborn circumcision. But in offering “an unbiased look at the procedure itself,” we are able to clearly see what a horrible experience this is for the baby.

In all three procedures, pain relief was utilized, yet in two of the three cases the baby was still highly distressed during the circumcision. The physicians explain their thoughts about circumcision as they perform the procedures. The doctors thereby deftly if unintentionally undercut their own actions and positions by repeatedly claiming—despite the obvious evidence to the contrary—that the baby is crying because it was cold or because it was strapped down. In one case the doctor goes on to immediately and completely contract his own statements, by then mentioning that the babies do experience pain despite the use of a dorsal penile nerve block. We are able to observe the babies’ reaction to their pain too, and it is not a sight for the faint-hearted. Also, blood is clearly visible on the Gomco clamp after that procedure.

Is this an anti-circumcision video? Yes and no. It is very good news for the movement when objective professional medical societies and objective video directors are producing materials which should convince any thoughtful, feeling parent to steer well away from circumcision. Despite a perhaps lightly prohibitive price, this video is worth purchasing and keeping on hand, ready for showing when the time arrives to any friends or family who are expecting a child.

—J. Steven Svoboda

NOCIRC-PA Addresses Medicaid

Pennsylvania activists continue to educate Pennsylvania residents and legislators about Medicaid sponsored routine circumcision. Lisa Stephon has included the pre-addressed postcard (below) with the latest copy of the PA NOCIRC Newsletter. And recently the following letter, written by Anthony Hovenden, M.D., medical advisor to NOCIRC-PA, and Greg Hartley, Director, NOCIRC-PA was published in the Pittsburgh Post-Gazette health section, November 26, 2002.

A wake-up call on circumcision

The sweeping changes in Medicaid reimbursement for neonatal circumcision should be a wake-up call for Pennsylvania. During the past few months, three states (Arizona, Missouri, & North Carolina) have joined the six states that currently do not cover this medically unnecessary procedure. Other states are considering similar actions. New policies by the American Academy of Pediatrics (1999), the American Medical Association (2000) and the American Academy of Family Physicians (2002) have concluded that infant circumcision is not recommended as a routine procedure and is “non-therapeutic.” The Family Physicians policy includes a statement that questions the medical ethics of circumcision because it is performed for non-medical reasons.

In August, a Vancouver infant died from bleeding following circumcision (article in "The Province" Vancouver, British Columbia, August 29, 2002). This tragic and unnecessary death is under investigation by the local coroner in Kamloops, British Columbia. It should prompt Medicaid and private insurers to question the need to waste taxpayer and subscriber funds on circumcision. —

www.nocircpa.org

Seasons Greetings

from

all ARC Associates

Volume 3, Issue 1 (Whole Number 7)
Michigan Testimony
by Norm Cohen

April 24th, 2002

Mr. Chairman and Members of the Michigan House Appropriations Subcommittee:

In this time of budget cuts and reductions in Medicaid services, don’t you agree that Michigan’s Medicaid system should stop paying for medically unnecessary and non-therapeutic surgeries?

My name is Norm Cohen and I am the Director of NOCIRC of Michigan, the state chapter of the National Organization of Circumcision Information Resource Centers, a non-profit, 501(c)3 organization of health care professionals and children’s health activists. We educate parents and health care providers about infant circumcision.

Since social, cultural, religious, and ethnic traditions are the primary factors—and not medical ones—that parents cite when making the decision to circumcise their newborn babies, it is entirely reasonable that the state of Michigan insist on limiting its scarce Medicaid dollars to real medical care.

The savings will enable Medicaid to provide $550,000 more per year in better medical care for Michigan’s children. This estimate does not include related hospital charges, medical supplies, or any costs associated with complications from this surgery, including any additional hospital stays.

Six states, California, Mississippi, Nevada, North Dakota, Oregon, and Washington, have already dropped Medicaid coverage for this surgery over the last twenty years. Since 1996, infant circumcision has not been a publicly insured service throughout Canada.

Disadvantaged families are not being deprived of a beneficial choice. The decision to de-insure the service was based on the lack of valid medical indications for the procedure.

The American Academy of Pediatrics and the American Medical Association have both stated that this surgery is not medically necessary and have declined to recommend it as a routine practice. As a result, the national circumcision rate has now dropped to 57% and continues to fall.

In Michigan, however, state-funded coverage implies an endorsement of routine circumcision when no such endorsement exists. Not surprisingly, the circumcision rate is higher here. Why would a young and uninformed parent decline to accept something offered by a doctor for free? Then, because of the high rate of circumcisions, the Department of Community Health defends its coverage as the standard of care.

Our surveys of physicians in Michigan show that they often do not take the time to obtain the informed consent of parents, relying instead on how the parents want their baby boy to look. Parents make the decision to circumcise based on appearance, not health. Parents request this surgery for reasons not having to do with Medicaid’s purpose or simply out of ignorance.

Circumcision is the only surgery performed on children without a diagnosis. Nowhere else in medicine do you have parents ordering a physician what to remove. It is difficult to identify any other area in medicine where physicians would feel comfortable playing such a passive role in decision-making resulting in surgery. Clearly, routine infant circumcision is something other than medicine.

We live in a multi-ethnic, multi-cultural society. Some, but not all, parents will choose to have their son circumcised. That is their choice, but the state’s limited Medicaid dollars should not be used for this non-medical procedure.

In this time of budget crisis, rational decision-making must prevail. Please take the state out of the free-circumcision business. The Medicaid money spent on non-therapeutic circumcisions could be far better utilized for real, medically justified, and cost-effective Medicaid coverage for Michigan’s disadvantaged children. For the newborn baby boy, this would also mean a much less traumatic entry into the world, free from the risks of unnecessary surgery and the inevitable pain that results.

Where are the state’s priorities in regards to spending public funds on health care? Our tax dollars must go further during this budget crisis. Please don’t waste taxpayers’ money on medically unnecessary procedures.

If you believe that Medicaid should cover only medically justified procedures, then it will be easy to remove all state funds for non-therapeutic infant circumcisions from the Department of Community Health budget.

Respectfully, Norm Cohen
Director NOCIRC of Michigan

Norm Cohen is the Director of the Michigan Chapter of the National Organization of Circumcision Information Resource Centers, online at www.NOCIRCofMI.org.

1 Michigan’s Medicaid system pays for 13,000 male births each year and an estimated 85% of these boys get circumcised. Medicaid reimburses physicians a minimum of $50 for each circumcision. Source: Michigan Department of Community Health

www.NOCIRCofMI.org

Local Mohel Arrested for Drunk Driving En Route to Bris
by Norm Cohen

Samuel Greenbaum was on his way to perform a ritual Jewish circumcision (a bris) on an 8-day-old infant when he was arrested on a charge of Operating while Under the Influence of Liquor (OUIL).

This sounds like a bad joke, but was confirmed by court records and published reports in the Detroit Free Press. Mr. Greenbaum was charged June 18, 2002 with an OUIL and a refusal to submit to a preliminary breath test. He is a cantor at Beth Shalom synagogue in Oak Park and a Detroit-area Jewish circumciser (a mohel) who performs the ritual that surgically removes a male infant foreskin with a clamp and scalpel on the eighth day after his birth.

According to the Detroit Free Press, Greenbaum was pulled over by an Oakland County Sheriff’s deputy who spotted him driving erratically blocks away from the home where he was to have conducted the ritual.

Greenbaum pled not guilty to the charges. His trial has been scheduled for December. He continues to advertise his services in the Detroit Jewish News.

It may come as a surprise to many that most ritual circumcisers in Michigan like Mr. Greenbaum are not physicians and are not licensed by the state to perform circumcisions, nor are they regulated by the federal, state, county, or local governments. They are allowed to perform surgery on the kitchen table in parents’ homes.

There are at least five ritual circumcisers in the Detroit metropolitan area who are not licensed or regulated by the state, but they perform hundreds of circumcisions each year in peoples’ homes for about $300 each.

Some of these mohels perform the surgery on non-Jews as well. They are the only surgeons that are able to operate without any governmental licensing or regulation. Even tattoo parlors and their operators are licensed and regulated by local county health departments. No agency is insuring that a circumciser operates with competence and under sterile conditions.

There is no centralized, formal record-keeping to track (continued on page 6)
The following article was reprinted from the Fall 2002 issue of the Harvard Law Bulletin, page 55.

The Unkindest Cut

"I see a lot of harm from this procedure. I don't see a lot of lawyers working on it."

Circumcision is not something most people think about. If they did, they'd learn that it can cause deformity and death and is as unnecessary and lamentable as amputating a healthy finger, says J. Steven Svoboda '91. But because circumcision is tied to the seldom-discussed subject of male sexuality and health, he says, the practice continues by many who never consider it's consequences.

Even for those not obviously damaged by circumcision, the procedure is simply never necessary and is not endorsed by any national medical association, says Svoboda. A surgical procedure should not be performed, he says, unless there is a proven need. "It's been twisted around to the point that we do [circumcision] unless you can prove otherwise, and I think that is a cultural thing. It's not based on medical reality," he said. "There is no other culturally based procedure that physicians are performing."

The pressure to have a boy circumcised remains strong in this country, he says. The notion that a boy must "look like his father" is ingrained in many people, who are often confused by conflicting information available on the practice, says Svoboda. Yet the number of circumcisions performed in the United States has diminished, from a peak of 85 percent decades ago to below 60 percent today, according to Svoboda.

The decreasing popularity of the procedure coincided with the rise of the anticircumcision movement in the '70s when the American Academy of Pediatrics announced that there is no need for circumcision and Dr. Benjamin Spock spoke out against it. The cause's first major organization, the National Organization of Circumcision Information Resource Center, was founded in 1986 and this year presented Svoboda with a human rights award. And a passion for human rights is why he does this work, he says. He won't talk about whether he's circumcised; he says it's irrelevant. The movement includes Muslims and Jews (who each traditionally circumcise their boys), Christians and atheists, women and circumcised and uncircumcised men, linked only by their desire to stop this practice.

While ideally circumcision should be outlawed, Svoboda says, the more pragmatic path is to show people that circumcision should no longer be a part of the culture, so that it would become as antiquated as, say, foot binding now is in China. That will eventually happen, he believes.

"Every culture develops a rationale for why this particular practice makes sense and vilifies the other practices," said Svoboda. "I think we're in a process of inlearning those things. I believe it takes awhile. It's a long road, but I think we're going down that road."

- Lewis Rice

Yes I Can

I support the rights of children to physical integrity and self-determination by protecting them from circumcision. To help keep children's genitals whole and intact, enclosed is my tax deductible contribution or membership dues. (Please use the enclosed envelope or send through paypal on the ARC website, www.arclaw.org). Make checks payable to ARC.

I wish to join ARC. ☐ $35 (member) ☐ $100 (sustaining) ☐ $200 (patron)
☐ I pledge a monthly contribution of $_____/month.
☐ I am making a contribution to ARC of $_____

Name: ____________________________________________
Address: __________________________________________
City/Zip/State: ______________________________________
Telephone: ________________________________________
Fax: ______________________________________
E-mail: ______________________________________

Attorneys for the Rights of the Child
2961 Ashby Avenue
Berkeley, CA 94705

Thank You!
And thanks to those who have already contributed!

Fax/phone: 510.595.5550
E-mail: arc@post.harvard.edu

Volume 2, Issue 4 (Whole Number 7)
PRNet

(continued from page 1) with the Medicaid funding issue in Pennsylvania. Steven Svoboda, Rio Cruz, Gary Burlingame and Marilyn Milos operate as board members.

It is not uncommon for a press release to have over three dozen changes made by half a dozen people. It sounds cumbersome, but email makes the process simple. The downside is that we don’t always agree and the entire process takes about a week. In the world of news, a day late can be “old news.”

We’ve had as many as 64 volunteers, but this has tapered off to about 16 active ones. Each press release is distributed to as many as 500 newspaper and media editors as well as online news agencies. Commercial FAX services exist and they charge about $450 for what the FAXnet does for free. The FAXnet is a great saving to Intactivism.

Each volunteer manages and cultivates their list of media contacts. Some focus on regional media, others on international or special interest groups like the Men’s Movement or health publications. Instructions for whom to contact are included when a press release is sent to the volunteers depending on the press release’s subject. We may suggest health related media, national media, “focus on New Jersey doctors and hospitals”, or whichever we think is going to be most effective. The goal is always the same, get the press release into the hands of the right people, right now.

Lately, we’ve been focusing on sending press releases to specific reporters instead of their news bureaus or news desks. While much more difficult to manage, our effectiveness should increase.

Every press release sent and each person contacted makes a difference. First and foremost, it reminds editors that there is an issue brewing and growing. Second, it presents a specific story to editors and newspaper. The FOX-TV national news coverage of the first Genital Integrity Awareness Week in Washington, D.C. in April 2001 happened as a result of a press release handled by the FAXnet.

Since its inception, more and more press releases are sent via email instead of FAX. And, we’ve even resorted to archaic methods like using the U.S. Postal Service to get our message across. Consequently, we changed our name to reflect this. We are now the PRnet. The ‘PR’ stands for ‘press release’ or ‘public relations’ depending on the task at hand.

If any readers would like to be involved in sending press releases, or if you have public relations experience, please contact Amber Craig amberc@attglobal.net or Dan Bollinger danbollinger@insightbb.com.

—Dan Bollinger

Review

(continued from page 2) routine neonatal circumcision unnecessary, their formulation without this modifying phrase fails to account for the California Medical Association’s endorsement of the procedure. Paul and Frederick thereby missed an opportunity to tell a potentially interesting and certainly bizarre story about how a couple zealous circumcisers [themselves circumcised men] induced this state’s medical society to support the practice back in the late eighties. I believe they are off the mark in their suggestion that David Reimer, a Canadian boy who lost his penis in a circumcision and was raised as a girl, filed a lawsuit against the doctors responsible for the harm he sustained. Finally, while the American Academy of Pediatrics’ contradictory, mealy-mouthed 1999 policy statement does state at one point that the “potential benefits” do not support a recommendation for routine circumcision, this is not quite the same thing as the authors’ suggestion that the AAP “actually recommends protecting babies from circumcision in the first place.” But these are the only nits I could find to pick in Paul and Frederick’s comprehensive, engaging, and carefully documented presentation. The chapter headings read like a what’s what of all matters foreskin-related: What is the foreskin? What happens to a baby during a circumcision? What are the proven complications and risks of circumcision? What about circumcision in religion? What is the history of the procedure? Does it have medical benefits? (The short answer, admirably phrased, is there are a couple alleged benefits that are—barely—statistically significant (because amputation of any body part removes the possibility that body part may become diseased) but none that are clinically significant in providing any medical justification for the amputative procedure.) What are the common non-medical excuses for circumcision? How should you care for your son’s intact penis? To their credit, the authors also include a chapter on care of the circumcised penis, just in case their advice comes too late or falls on deaf ears.

The appendices are excellent, including copious source notes and a thorough index along with summaries of medical societies’ position statements and lists of resources and organizations and recommended reading. I personally learned a number of useful and interesting facts from this book, as I am sure any reader would. But despite the undeniable value of collecting all this information in one place in reader-friendly form, perhaps the greatest value of this book is its simple language and deft demystification of one of our culture’s most bizarre and barbaric practices.

—J. Steven Svoboda

Update

(continued from page 1) work. There are a few ARC T-shirts still available for donations totaling $25 or more. Please consider giving the gift of bodily integrity for the upcoming holidays by making a fully tax-deductible donation to Attorneys for the Rights of the Child.

As a movement, we can rejoice in the flood of good news, while making sure it doesn’t drown our commitment to continuing the struggle to protect the bodily integrity of all children everywhere. I guess after all these years we have spent in the desert as a movement, we can drink deep!

—J. Steven Svoboda

Consent

(continued from page 2) permission from the parents to perform the procedure in their incompetent (in the eyes of the law) children. Valid permission requires that parents be provided with and fully comprehend the potential risks and complications, and appreciate the consequences of their decision.

The authors further indicate that "Regardless of the motivations and desires of the physicians and parents, the only interventions for which parents may grant their permission are those conferring benefits that clearly outweigh the short and long-term costs for the infant patient." It is the impression of the authors that "Physicians today routinely fail to provide informed Consent adequate to support the amputation of a highly sensitive and functional part of the body in a helpless infant."

If circumcision becomes less commonly performed in North America, the legal system may no longer be able to ignore the conflict between the practice of circumcision and the legal and ethical duties of medical specialists.

This document is worth a read by all of us who perform newborn circumcision. I suspect that it will be used to support the argument of those who would favor outlawing routine circumcision. Accession Number: 00005392-200201010-00099

—J. Steven Svoboda

Michigan

(continued from page 4) complications from the surgery, but there is plenty of evidence that they do occur. If a baby has a complication and the parents wish to file a complaint, they have no government jurisdiction to turn to. There is no effective protection for the public against an incompetent circumciser.

Where else is there such a serious gap in regulations when it comes to the welfare of children?

—Norm Cohen