

Les faits de circoncision

« Touche pas à mon zizi, "Réalités", Tunis

Scène ordinaire d'une cérémonie de circoncision : d'un côté, youyous et cris de joie, de l'autre un enfant de 4 ans paniqué et qui pleure. Le coup de ciseaux part. L'enfant est circoncis. La fête peut commencer. Mais la fête n'est pas au rendez-vous pour tout le monde. La circoncision, souvent pratiquée par le coiffeur du village ou par un médecin généraliste, se termine par des accidents plus ou moins graves : enfouissement de la verge, cicatrices laides, hémorragie, amputation, sans parler des conséquences psychologiques. "N'importe qui circoncit aujourd'hui !" s'indigne Abdallah Ahmadi, maître de conférences agrégé en droit privé et sciences criminelles, en ajoutant : "Une opération aussi délicate devrait être réglementée. Pour circoncire il faut être chirurgien pédiatre, chirurgien généraliste ou urologue." En attendant un texte de loi et pour limiter les accidents, le ministère de la Santé organise des cérémonies de circoncision pour offrir la possibilité à tous, notamment les plus démunis, de circoncire leur enfant. »

Source :

http://www.courrierinternational.com/numeros/620/2092002_hebdo.asp?TYPE=archives



Le choc des civilisations

La mort d'un bébé d'origine nigériane après une opération de circoncision sauvage laisse l'Irlande sous le choc. De plus en plus multiculturel, le pays fait face à de nouvelles questions, auxquelles il ne semble pas pressé de répondre.

On n'aura jamais autant parlé de pénis dans la presse irlandaise ! Plus précisément d'une circoncision qui a tourné au drame et lancé une polémique en Irlande. A Waterford, dans le sud-est du pays, Callis Osaghae, le bébé d'un couple d'origine nigériane, est mort à la suite d'une hémorragie lors d'une circoncision sauvage. Selon l'"Irish Independent", l'opération a été effectuée par un charlatan en provenance d'Irlande du Nord. "Il aurait pratiqué des circoncisions sauvages sur plus d'une douzaine de bébés de la communauté africaine installée

en Irlande, pour un prix minimum de 300 euros par nouveau-né.”

Source : Courrierinternational –
http://frenchshiptimes.blogspot.com/2003_08_01_frenchshiptimes_archive.html



Choc des civilisations en Irlande

La mort d'un bébé d'origine nigériane après une opération de circoncision sauvage laisse l'Irlande sous le choc. De plus en plus multiculturel, le pays fait face à de nouvelles questions, auxquelles il ne semble pas pressé de répondre.

[...] pour The Irish Times, l'histoire tragique du petit Callis sonne le réveil : l'Irlande est aujourd'hui multiculturelle et doit s'adapter à cette nouvelle population.

Elaborer un discours adapté à la nouvelle Irlande

C'est en tout cas ce que pense Terry Prone, un éditorialiste de l'Irish Examiner. « Nous devons enfin nous débarrasser de nos lunettes qui nous font voir la vie en rose ! » En effet, « personne ne s'est posé la question de la circoncision en Irlande avant ce drame. Il y a un lourd silence autour des nouveaux groupes ethniques qui se constituent en Irlande. Un silence indifférent : ces nouveaux immigrants font des choses bizarres, mais, aussi longtemps que la police ne dit rien, tout va bien, on peut regarder ailleurs... »

[...] De fait, implore l'éditorialiste du journal, « il faut que l'on examine notre nouvelle vie multiculturelle. Nous n'avons toujours pas de discours public sur la question de la circoncision, pas plus que sur l'excision, les droits et les devoirs des minorités. » En clair, l'Irlande du XXI^e siècle ne veut pas faire face à ses nouveaux défis.

D'après Philippe Jacqué, Courrier International, 28 août 2003

Source :
http://www.communautarisme.net/index.php3?action=page&id_art=43386



Cergy – La reconstitution douloureuse de l'agression sauvage du McDo

1 octobre 2003

« C'est dans un climat d'une extrême tension, à la mesure du drame, que la reconstitution de l'agression sauvage du McDonald's de Cergy s'est ouverte tôt, hier matin, aux Trois-Fontaines. Il est 7 h 15 quand Olivier, 30 ans, descend du fourgon de police, un gilet pare-balles sur les épaules. Il fait quelques pas sur le parking désert des Trois-Fontaines et entre dans le restaurant McDonald's. C'est dans les toilettes de l'établissement que, le 28 décembre 2000, ce technico-commercial apparemment sans histoire a agressé un jeune garçon d'à peine 5 ans en lui sectionnant le pénis. Près de trois ans après, le suspect a donc quitté sa cellule pour assister à la reconstitution des faits. Un des derniers actes de l'instruction menée à Pontoise et qui devrait s'achever dans quelques semaines avec un renvoi devant la cour d'assises, soit pour « actes de torture et de barbarie », soit pour « violences ayant entraîné une

mutilation ou une infirmité permanente ». Le procès pourrait avoir lieu dans dix-huit mois environ. Trois ans après, Olivier a pris près de 30 kg en détention. Il a été vu par plusieurs experts psychiatres et psychologues en prison qui l'ont déclaré responsable de ses actes. Le portrait de ce jeune homme esquissé au lendemain des faits avait vite été entaché d'éléments troublants avec la découverte à son domicile d'un CD-ROM contenant des images à caractère pédophile et d'autres éléments aussi troublants qu'inquiétants. Les deux principaux témoins du drame, la nounou du petit garçon, qui a découvert l'enfant blessé, et son fils, Sami, 17 ans à l'époque, qui a poursuivi l'agresseur et l'a rattrapé, ont également participé à cette reconstitution, non sans craquer. Il a fallu l'intervention de six policiers pour maîtriser Sami qui s'est jeté sur l'auteur présumé lorsque celui-ci est arrivé dans le restaurant. « Je suis allé au commissariat cet après-midi pour m'excuser », confiait-il hier soir, conscient d'avoir perdu tout contrôle de lui-même. L'un des témoins se jette sur l'accusé Sami se souvient précisément de cet instant où il a croisé pour la première fois Olivier. « Quand il est sorti des toilettes et qu'il m'a trouvé sur le chemin, alors qu'il ne s'y attendait pas, il m'a dit : Le petit s'est brûlé avec l'eau chaude. Je ne l'ai pas cru. Ma mère a crié comme je ne l'ai jamais entendu crier. Pour moi, il avait tué le petit. Je lui ai couru après

pour le rattraper, tant pis s'il me donnait un coup de couteau. » Hier matin, un policier ayant pris la place d'Olivier par mesure de sécurité, Sami a refait le trajet effectué ce jour-là. Cette poursuite décisive a duré environ trois minutes. Olivier avait quitté le restaurant par les portes donnant à l'intérieur des Trois-Fontaines, obliquant à droite ensuite, longeant le restaurant chinois pour sortir sur le parking, au bout. Il avait tenté de retourner à l'intérieur du centre commercial par l'entrée suivante. C'est là, bloqué par des portes, qu'il avait été rejoint par Sami puis par les vigiles du centre. Il avait dans sa poche le pénis de sa victime. « Mon fils a risqué sa vie, soulignait hier soir la nounou. Ce matin (NDLR : hier), tout le monde l'a remercié. » Cette femme a elle aussi éprouvé beaucoup de mal à tenir le coup hier. Elle se dit toujours hantée par la vision de la petite victime mutilée. « Cette image ne me quittera jamais », explique-t-elle, rongée par un sentiment de culpabilité.

Damien Delseny et Frédéric Naizot »

Source : Le Parisien.com



Rocco Siffredi: "Mon sexe ne m'a pas donné que du plaisir"

"PARIS (AP) – Lundi 22 mars 2004 – Avec 1.300 films "hard" au compteur comme acteur et plus d'une centaine comme réalisateur ou producteur, l'Italien Rocco Siffredi est l'une des stars du X les plus adulées au monde, ainsi qu'il l'a prouvé le week-end dernier au Salon de l'érotisme au Bourget.

Mais c'est un homme comme les autres qui s'est confié lors d'un entretien accordé à l'Associated Press, évoquant sans ambages son priapisme, un trouble sexuel qui génère des érections subites dues à des stimuli, souvent incontrôlables.

Cette difficulté à maîtriser ses émotions a souvent causé des problèmes à Rocco Siffredi, notamment quand il décida en 1994 de se faire circoncire, après la mort de sa mère et pour raisons professionnelles (sa carrière aux Etats-Unis prenait de l'ampleur et c'est la coutume là-bas, dans le cinéma X).

L'opération, pourtant bénigne, est devenue l'un "des pires moment de ma vie", raconte-t-il. "Au réveil, c'était l'horreur: du sang partout, tous les points de suture avaient explosé". La cause? "Une érection nocturne, telle que j'en connais souvent, mais à laquelle on n'avait pas pensé!..." "

Source: <http://fr.news.yahoo.com/040322/5/3pljn.html>

Note LAC:

Cet exemplum illustre de quelle façon les Américains associent la circoncision à la virilité dans les simples d'esprits qui ont une perception pornographique, primitive, minimaliste, du sexe et de la sexualité: en imposant que les acteurs du cinéma pornographique soit circoncis.

Au-delà du porno, ce sont les vedettes masculines du "box-office" qui voient leur carrière conditionnée à la circoncision. C'est ainsi que des acteurs originaires d'Europe se sont fait circoncire pour se conformer à la figure masculine avec laquelle les gens sont abrutis. Sylvester Stallone ou Arnold Schwarzeneger, par exemple, se sont fait circoncire pour être soutenus dans leur métier. Soutenu par qui?

L'industrie hollywoodienne et les médias américains, tenus par les Juifs, font la promotion de la circoncision en imposant que les acteurs en vue soit circoncis. C'est ainsi que des femmes débiles et des hommes encore plus débiles prénomment leurs enfants du nom de vedettes, quand ils ne font pas circoncire leurs fils, simplement parce que la vedettes préfabriquées de l'industrie hollywoodienne sont circoncises.



F State initiates die

04/07/2001 19:43 – (SA)

Bloemfontein – Two teenage boys died at different initiation schools in the southern Free State last week, police said on Wednesday.

The deaths were only reported to the police in Fauresmith on Tuesday.

Captain Ernest Mayiki said the boys, aged 15 and 18, had been circumcised but could not confirm the cause of

their deaths. They died on Friday and Saturday respectively.

"We will do post mortems on them tomorrow (Thursday) to determine the cause of death," Mayiki said.

Their parents took the bodies to a local doctor to determine the cause of death but were advised to report the matter to police.

"Things that happen at initiations are secret," Mayiki said.

"That is probably why the parents only reported the deaths on Tuesday."

The initiation schools were on different farms in the Fauresmith district.

Mayiki said an inquest docket was opened.

Source:

http://www.news24.com/News24v2/ContentDisplay/genericFrame/0,6178,2-7-832_1047544,00.html



Circumcision Act tackled

09/11/2001 20:08 – (SA)

Johannesburg – Members of the National House of Traditional Leaders (NHTL) are to prepare a report on initiation schools for discussion at the bi-annual conference of traditional leaders next month.

The conference is to take place from December 4 to 6 in the Northern Province.

This follows an NHTL national imbizo on initiation schools on Thursday.

The imbizo was called to discuss deaths of pupils in the initiation schools and recent provincial legislation governing the custom of circumcision in various provinces.

NHTL spokesperson Nkosi Mwelo Nonkonyane said on Friday the Northern Province Circumcision Schools Act grants the premier powers to administer circumcision

schools, and authorises the police to rescue any one abducted forcibly and taken to a circumcision school.

The Eastern Cape legislation similarly authorises the health MEC to administer the Act, particularly the power to appoint any medical officer – whether circumcised or not, and whether male or female – to attend the circumcision schools.

The national imbizo noted that all the provincial laws exclude the traditional leaders from the administration of the custom.

"There is no role for traditional leaders. All the pieces of legislation force traditional leaders to seek permission from premier, MEC and medical practitioners in the administration of the custom."

The imbizo also condemned the decisions of the Northern Province and Eastern Cape governments in diverting traditional institutions' powers to regulate the custom in their respective areas of jurisdiction.

Traditional leaders said the custom of circumcision was the pride of the nation.

"Our communities regard it as divine and sacrosanct and it must be preserved and protected.

"However, we acknowledge that in the previous recent years many of our young men died and the intervention of the government in this regard is understandable. We would like to state clearly that in areas where traditional leaders are in charge there are no deaths of initiates."

"We welcome the intervention of our government to stop the senseless maiming and killing of our children."

However, such intervention should not erode and undermine customary values. The government should convene a national indaba so that problems related to the tradition of circumcision could be identified and joint measures be taken to address them.

"We are equally concerned about the maiming and deaths of our children. In this regard we call upon our traditional leaders to make sure that no circumcision lodge is constructed in their areas of jurisdiction without their prior consent."

"We call upon all the provincial governments that have passed the Bills on Initiation Schools not to promulgate the bills as laws."

The NHTL said they would seek an urgent meeting with the national government for intervention.

Source :

http://www.news24.com/News24/South_Africa/0,6119,2-7_1106309,00.html



Botched circumcisions: 52 in hospital

10/12/2001 20:40 – (SA)

Queenstown – At least 52 initiates were receiving treatment for circumcision complications in hospitals in the Eastern Cape, hospital officials said on Monday.

At Hewu Hospital in Whittlesea, 20 young men were being treated, while Cecilia Makiwane Hospital (CMH) in Mdantsane was treating 17.

One of the boys was still in the intensive care unit at CMH on Monday, while the others there were reported to be in a stable condition.

Cofimvaba Hospital had seven initiates and four others were being treated at Frontier Hospital in Queenstown.

There are three initiates in the Stutterheim hospital and one in Cala Hospital.

One of the three initiates in the Stutterheim hospital would undergo a skin graft soon because his penis had been badly circumcised. The other two were reported to be in a stable condition.

Last week 10 initiates, who were in a "terrible condition", received treatment at the Mount Ayliff Hospital. It was not known how many of them were still in hospital.

Three initiates have died since the start of the summer circumcision season.

All three were from the East London area. They are: Mbongeni Willie, 19, of Scenery Park in East London; Mncedisi Tshikila, 17, who was pronounced dead on

arrival when he was brought to CMH; and Nasetali Deki, 16, who died at CMH.

Last week acting MEC for Health Max Mamase said charges would be brought if any boys below the age of 18 were found to have been circumcised.

Source :

http://www.news24.com/News24v2/ContentDisplay/genericFrame/0,6178,2-7-836_1119708,00.html

Circumcision problems on the rise

14/12/2001 07:38 – (SA)

East London – Sixty initiates were receiving treatment for circumcision complications in hospitals in the Eastern Cape, information gathered from various hospitals in the province revealed on Thursday.

Sixteen initiates have been admitted to Hewu Hospital in Whittlesea and 16 others in Cecilia Makiwane Hospital (CMH) in Mdantsane.

One initiate remained in the intensive care unit at CMH while the others were reported to be in a stable condition.

Cofimvaba Hospital is treating seven initiates and five are at Frontier Hospital. Three initiates are being treated at Stutterheim Hospital and one in Cala.

Butterworth Hospital is treating four initiates, and one has developed gangrene. The others were said to be in a stable condition.

Eight initiates are at the Tafalofefe Hospital in Centani.

Although most of the initiates were reported to be in a stable condition, hospital sources said the majority of them had septic wounds.

Three initiates from the East London area have died since the start of the summer circumcision season.

They are Mbongeni Willie, 19, of Scenery Park in East London, Mncedisi Tshikila, 17, who was pronounced dead on arrival when he was brought to CMH, and Nasetali Deki, 19, who died at CMH.

Eastern Cape premier Makhenkesi Stofile said in Bisho on Thursday that the provincial legislature could amend the recently promulgated traditional circumcision law to include a clause that holds traditional leaders responsible for any injuries occurring during initiation.

The Application of Health Standards in Traditional Circumcision ct provides for the observation of health standards in traditional circumcision and for penalties for transgressions of up to R10 000 or imprisonment of up to 10 years or both.

Stofile said traditional leaders should call meetings in their areas and appoint people to conduct initiations.

He said some people had come to the wrong conclusions about circumcision, because they had not been through the ritual.

Stofile was reacting to remarks made by certain traditional authorities who fiercely criticised the legislation aimed at regulating circumcision practice.

The chairperson of the Congress of Traditional Leaders of South Africa in the Eastern Cape, chief Mwelo Nonkonyana said traditional leaders could not allow

women to fiddle with the genitals of initiates. He raised doubts on the constitutionality of the act.

Stofile said the law could not change the culture of circumcision, but could only punish those who caused incidents leading to the death of initiates.

He said police and health institutions could not police the ritual as it was the responsibility of parents to prevent those incidents from occurring.

The new traditional circumcision law gave magistrates and prosecutors a tool to punish those found to be negligent during initiation.

Source :

http://www.news24.com/News24v2/ContentDisplay/genericFrame/0,6178,2-7-836_1121098,00.html

Drop in initiates' deaths

03/01/2002 22:07 – (SA)

Umtata – Hospitals in Umtata and surrounding areas say they have recorded a drop in the number of circumcision initiates needing treatment and initiate deaths this festive season compared to last winter.

Hospitals contacted said the number of admissions had decreased dramatically, a move ascribed to the impact of the publicity and awareness campaigns in parts of the region following deaths of initiates at circumcision schools.

Umtata General Hospital admitted 25 initiates in December and treated and discharged 37 others, a hospital source said.

One initiate, from Ngolo near Libode, died. He had allegedly been assaulted at the circumcision school.

Last July, during the winter initiation season, Umtata General had one initiate death and admitted 32 initiates.

Holy Cross Hospital in Flagstaff has admitted five initiates during this season, said matron Nomaxabiso Ngxiya of the male surgical ward.

Ngxiya said the initiates' problems related to sepsis and all had been discharged.

She said the decrease in the number of initiates admitted to their hospital was remarkable when compared to the admission of 12 initiates and five deaths arising from circumcision complications during the winter season.

"The publicity around the deaths and the mass admissions of initiates to hospitals have had an impact on those practising the custom as they have now done the custom accordingly," she said.

The Lusikisiki-based St Elizabeth Hospital reported no admissions of initiates compared with the seven admitted in winter, a hospital source said.

St Barnabas Hospital in Libode also had not admitted initiates this summer, said chief matron Nombulelo Zwakala.

"For a change this year we have no records of admissions of initiates during the November–December period. It's been very quiet. Those who came to the hospital were only treated at the outpatients' department and were not admitted."

In July the hospital admitted more than 20 initiates and at least four others died in the district.

Zwakala said the decline could be as a result of awareness in the community and the formation of a district committee consisting of various stakeholders to co-ordinate circumcision in the Libode and Ngqeleni districts.

The Mount Ayliff Hospital reported that no initiates were admitted to the hospital during the festive season.

According to a hospital source, this was due to the establishment of a committee led by a Health Department officer to co-ordinate circumcision in the area.

The hospital admitted about 150 initiates in July after the initiates were taken from circumcision school and others died due to botched circumcisions.

Source :

http://www.news24.com/News24v2/ContentDisplay/genericFrame/0,6178,2-7-836_1126672,00.html

Initiation deaths spark concern

19/06/2002 21:10 – (SA)

Bloemfontein – Southern Free State police have expressed concern over practices at initiation schools following the death of a 17-year-old boy on Monday.

Captain Ernest Mayiki on Wednesday said initiation deaths were mostly reported during winter holidays.

"In most cases the boys are kidnapped, and the parents only become aware where their children are when the leaders of the schools demand money and threaten the families."

Mayiki said members of the community informed the police about the death of the boy and police went to the initiation school.

The leader at the school confirmed that the boy had died and that he refused to eat the porridge they offered him the night before he died.

Mayiki said the body of the boy had a wound in the back but this had been in the process healing.

The autopsy conducted on Wednesday showed that the boy died of dehydration and complications after the circumcision.

Source :

http://www.news24.com/News24v2/ContentDisplay/genericFrame/0,6178,2-7-832_1201672,00.html

**Five boys found dead,
20 missing after initiation**
25/06/2002 12:39 – (SA)

Johannesburg – Five boys are believed to have been murdered after a traditional initiation ceremony near Heidelberg on the East Rand, according to police.

Annaline Prinsloo said another 20 boys who had attended the ceremony were missing.

"It is not clear how they died, but police suspect the boys were murdered."

Prinsloo said the first body was discovered outside Heidelberg on Monday night. The police found four more bodies on Tuesday morning.

"It's a mountainous area and not easily accessible. We do not know where the other 20 boys are who took part in the initiation ceremony."

She said a police helicopter was on its way to the scene where the bodies were found on Tuesday morning.

More information would become available once it had arrived.

Source :

http://www.news24.com/News24v2/ContentDisplay/genericFrame/0,6178,2-7-829_1204257,00.html

Initiation: Now 51 in hospital

26/06/2002 12:23 – (SA)

Johannesburg – Another 33 brutalised boys have been taken to hospital from initiation schools, bringing the total number in hospital to 51, say police.

Anneline Prinsloo of East Rand police said 19 of the youths were at Heidelberg Hospital, six were at Vereeniging Hospital, 16 were taken to Natalspruit Hospital and 10 were at the Far East Rand Hospital.

She said: "They have been diagnosed with pneumonia, lung infections, bronchitis, two of them are badly dehydrated, and infections were reported in the genital area and where the boys had been beaten."

On Tuesday, police reported that five boys had died in the mountains outside Heidelberg after initiation practices that included unhygienic circumcisions and severe beatings.

Four boys died on Monday night at an initiation school on Nooitgedacht farm near Heidelberg, another 18 were taken to hospital on Tuesday and four teachers were arrested.

The dead boys had been badly beaten. Two of them had infected circumcision wounds and all of them were left to face an icy winter night with almost no clothing or cover.

It was estimated that mountain temperatures on Monday night had dropped to -10°C.

Legislation needed, says NNP

The group of Sotho boys were from Orange Grove, north-eastern Johannesburg, and had been in the Ratanda area near Heidelberg since the beginning of June.

The body of a fifth boy, who died that night on his way to hospital after escaping from an initiation school, was found in the Ratanda area.

Prinsloo said it was not yet clear from which initiation school the boy had escaped.

The other 33 boys taken to hospital on Tuesday came from another initiation school in the area, which police also closed down after questioning the teachers.

The New National Party has expressed shock at the incident.

"The NNP is of the opinion that all provincial governments should institute legislation regarding circumcision at initiation schools.

"It is very important to use the right technique and adequate hygiene, otherwise the boys will die of excessive bleeding, infection or will even be infected by the HIV virus," said the NNP.

Source :

http://www.news24.com/News24v2/ContentDisplay/genericFrame/0,6178,2-7-829_1204257,00.html

Initiates expected 'fun break'

26/06/2002 20:52 – (SA)

Johannesburg – A group of boys of Ratanda, on the East Rand, were expecting a fun breakaway when they left for an initiation school. It turned out to be a nightmare.

"Our friends told us it's nice there and that you play soccer," said Leonard Mkhwanazi (15), who was hospitalised after a botched circumcision.

His said his 22-year-old uncle died after being beaten up during an initiation ceremony.

A fellow initiate, Siphon Mkhwanazi (17), said: "I feel so bad because one of my friends died. Eight people took turns in hitting him 50 times each. The other boys beat him as well."

The group of boys spoke to Sapa at Heidelberg hospital on Wednesday after being discharged. They were among the more than 50 initiates saved by the police after five died during a traditional ceremony this week.

Johannes Makhoba (15) said if the police had not arrived, the initiates would have been forced to eat the dead man's heart.

"They wanted us to eat his heart because he ran away, but then one teacher informed the police that a boy had died."

Asked whether the boys did not consider running away, he said: "If we tried to get out, they would have killed us."

Makhoba said the teachers told them to tell their friends after the seven weeks of initiation that it was pleasant at the camp. "But when you go there everything changes. You don't see the things that you expected to see."

East Rand police spokesperson Annaline Prinsloo said the results of the post-mortems on the five boys' bodies implicated teachers from the initiation schools in their deaths.

The five teachers had been arrested and would be charged in the Heidelberg magistrate's court on Thursday.

The SA Human Rights Commission (SAHRC) welcomed the arrests and called on traditional leaders, healers and the government to organise an indaba at which a legal framework should be developed to monitor the tradition which symbolically turns boys into men.

The organisation said the ceremonies breached the rights to human dignity, life, freedom and security of the

person, freedom of movement and residence, health care, food, water, social security and education.

The Democratic Alliance said it was appalled by the latest deaths resulting from botched circumcisions.

"This is a purely criminal matter and charges should be laid against those who so opportunistically pervert traditional customs into cruelty to others," a DA statement said.

The first boy was found in the mountainous Ratanda area on Monday evening. He died on his way to hospital.

On Tuesday morning, local residents informed the police about four more bodies in the area.

A police helicopter collected the bodies and it was established that more boys who participated in the ceremony had gone missing. They later found about 50 boys hiding in the area.

The group of Sotho boys were mainly from Orange Farm, near Vereeniging, and had been in Ratanda since the beginning of June.

Source :

http://www.news24.com/News24v2/ContentDisplay/genericFrame/0,6178,2-7-829_1205005,00.html

No bail for initiation leaders

27/06/2002 11:14 – (SA)

Heidelberg – The five initiation school leaders, who appeared in the Heidelberg magistrate's court on Thursday in connection with the deaths of five initiates at Ratanda on Gauteng's East Rand this week, have been denied bail, police said.

Spokesperson Annaline Prinsloo said the five men who were charged with murder and assault with intent to do grievous bodily harm appeared in court but were not asked to plead.

They were named as David Dladla (54), Elliot Makwena (19), David Tostetsi (20), Thabiso Tostetsi (19) and Thebogo Npjalma (18).

The case was postponed to July 3.

Prinsloo said post mortem results from the victims indicated that the boys died of double pneumonia, multiple injuries sustained due to a blunt instrument, as well as septic circumcisions. "There were also findings of massive loss of blood."

The five boys died at two initiation schools in Ratanda. One of them died on their way to hospital on Monday and the police found four more bodies on Tuesday morning.

More than 50 boys were hospitalised, some with severe genital infections. They were beaten up and left naked in freezing temperatures. Most of them had been discharged by Wednesday night.

Source :

http://www.news24.com/News24v2/ContentDisplay/genericFrame/0,6178,2-7-829_1205382,00.html

Initiation schools closed

28/06/2002 18:45 – (SA)

Polokwane (Pietersburg) – The Limpopo provincial government had by Friday closed down a total of eight illegal initiation schools after a boy from the Mokgolobotho village initiation school died last weekend.

The Limpopo closures follow the deaths earlier this week of five initiates, the hospitalisation of more than 50 and the closure of two initiation schools in the Heidelberg area.

Lucky Nchabeleng, a spokesperson for the MEC in the premier's office, said the owner of the school in Mokgolobotho village where the initiate had died, was arrested on Wednesday.

All the schools that the province closed were operating without approval from the province as stipulated in the 1994 traditional circumcision schools act, Nchabeleng said.

Nchabeleng also said 21 initiates were taken to hospital from an initiation school in Khtjwana village and another 53 initiates from Mokgolobotho were also hospitalised.

"These schools... were illegal.

70 legal schools

"We have about 70 legal schools in the province and there's no reports that anyone has died at them," Nchabeleng said.

According to Nchabeleng, the initiates, many of whose wounds were septic and bloody, had been exposed to extreme cold and had even been denied access to water in some cases.

"In the legal schools there is a certain degree of involvement of modern medical equipment, they use knives but those knives have been sterilised," he added.

Meanwhile, SABC news reported on Friday that the Congress of Traditional Leaders in South Africa (Contralesa) criticised the Limpopo government for closing down the schools.

Contralesa reportedly said the government acted irresponsibly and that the perpetrators should have been punished instead of closing down the schools.

Setlamorago Thobejane, chairperson of Contralesa, reportedly complained that the schools were closed without Contralesa or the National House of Traditional Leaders (NHTL) being consulted.

The NHTL earlier said that they had long been asking the Gauteng government to take measures to stop the mushrooming of schools and people posing as "ingcubi" (surgeons).

According to NHTL, the problem could only be solved if traditional leaders, together with government, developed a national Act that controlled the running of the schools.

No problem with tradition

But according to Nchabeleng, the legislature, at least in the Limpopo province, was already in place and the task at hand was monitoring the schools and closing down illegal ones.

"We as the government have no problem with this tradition... we think it is one of the core values of African culture which must be upheld.

"But we have a problem when people carry out tradition in a way that impacts on human rights.

"We cannot afford to live with this as the government because the government is the custodian of the people.

"These people are dying because when they get circumcised there is no medication to sterilise the instruments.

"We feel there must be co-operation here between government and tradition," Nchabeleng said.

Source :

http://www.news24.com/News24v2/ContentDisplay/genericFrame/0,6178,2-7-834_1206211,00.html

35 Limpopo initiates in hospital

01/07/2002 08:02 – (SA)

Polokwane (Pietersburg) – Thirty-five initiates of ga-Dikgale near Polokwane in Limpopo were admitted to

hospital on Saturday night with septic circumcision wounds.

Mankweng hospital spokesperson Anton Visser on Sunday said 28 out of the 35 initiates were admitted for treatment while the remaining seven were sent home with medication.

Visser said none of the initiates would require surgery as reported earlier.

Last week eight initiation schools were closed and an initiation school owner was arrested in connection with the death of a boy. In a separate incident five boys died of exposure near Heidelberg in Gauteng.

More than 70 children were also hospitalised, most of whom were treated for shock and septic genital wounds.

Source :

http://www.news24.com/News24v2/ContentDisplay/genericFrame/0,6178,2-7-834_1207142,00.html

Initiation schools to stay open

01/07/2002 09:41 – (SA)

Johannesburg – Gauteng health MEC Gwen Ramokgopa says she will wait for a report from health officials before closing down any other initiation schools in the Heidelberg area where five boys died and more than 30 were injured after botched initiations last week.

Ramokgopa has closed down three schools, and six people – including instructors and traditional healers – have been arrested in connection with the deaths of, and assaults on initiates.

Ramokgopa said on Monday that officials from her department would be inspecting the area for any existing schools and conditions at them before she took any further action.

Most of the boys in hospital were expected to be discharged on Monday and Tuesday.

Meanwhile, East Rand police are expected to continue searches for an initiate feared dead after he reportedly went missing from one of the Heidelberg schools.

Continuing search with dog unit

Superintendent Annaline Prinsloo said an initiate claiming to have fled from one of the schools told police on Sunday about the missing boy.

According to Prinsloo, police visited the schools and questioned other initiates, who denied knowledge of any missing pupil.

Prinsloo said the search would resume with the help of a dog unit.

In Limpopo (Northern Province), 35 initiates of Ga-Dikgale near Polokwane (Pietersburg) were taken to the Mankweng Hospital on Saturday night after they developed serious infections.

SABC radio news reported on Monday that an initiate was found dead in one of the schools in the province.

Source :

http://www.news24.com/News24v2/ContentDisplay/genericFrame/0,6178,2-7-829_1207176,00.html

13 initiates in Umtata hospital

02/07/2002 08:58 – (SA)

Umtata – Another mutilated initiation candidate has been admitted to the Umtata General Hospital in the Eastern Cape, bringing the total admitted since the weekend to 13.

The hospital's acting chief medical superintendent, Dr Zola Dabula, said the condition of all the post-circumcision initiation candidates was "very stable".

Dabula said they were suffering from minor genital infections – the result of unhygienic practices – and were being kept in a holding ward.

However, Dabula said there were another four teenagers – who had been in hospital for about a week – being kept in a separate ward.

Their condition was stable, but more serious, he said. Three of them had acute dehydration while the fourth lost his penis when it fell off because of gangrene.

Dabula said that boys whose penises fell off after circumcision had to live with a urinary catheter and a bag for about a year before penile reconstructive surgery could be done.

Speaking of the boys' life after surgery, Dabula said: "It's not a normal life as such – they can urinate, but they are compromised in their sexual activity."

The Eastern Cape government last year passed legislation to regulate circumcision practices, making initiation school surgeons liable to six- to 10-year prison sentences if they broke the law.



Corrupt, cruel places, says doc

The province also launched an education and awareness programme aimed at encouraging people to have their circumcision done in hospitals.

Dabula said: "I must say that previously... we had very serious problems with circumcision in this area. Last

year, in December, we lost two patients. But, right now, we haven't lost anyone... I give credit to our educational process.

"We have created a system in which people who would like to be circumcised medically come to us. We circumcise them and afterwards they go and finish their initiation into manhood in the bush."

But Dabula also said that initiation schools today were corrupt and cruel places that were, in no way, representative of African traditions.

"Previously, the surgeon, who was chosen by the family, was an experienced person who had undergone supervisory work.

"Then, experienced people looked after the wound. They were called amakhankatha. Nowadays, amakhankatha are not experienced.

"The problem with the today's schools is that they are more than anything a place of vengeance. People who got beaten to a pulp in their day are there to inflict upon others the treatment they got," said Dabula.

Source :

http://www.news24.com/News24v2/ContentDisplay/genericFrame/0,6178,2-7-836_1207641,00.html

Sixth Heidelberg initiate dies

02/07/2002 09:00 – (SA)

Johannesburg – A sixth initiate from a school in the Ratanda, Heidelberg, area died on Monday, according to news reports.

Papa Mbovane (19) reportedly died of internal injuries at Heidelberg Hospital after he had been returned to an initiation school by his family on Wednesday last week. He had been removed from the school the day before.

Meanwhile, Gauteng police searched in vain for a missing initiate in Heidelberg on Monday.

Heidelberg detective services chief, Superintendent Roy Fry, said the eight-hour search was called off after it delivered nothing.

Police earlier feared that another initiate had died after a youth escaped from a camp on Sunday night and claimed he woke up next to a dead initiate.

The boy did not go along when the police went to the camp to investigate and has since disappeared.

Fry said a search-and-rescue dog squad and police divers backed up by a helicopter combed the area for hours on Monday before concluding there was no body.

Gauteng health spokesperson Simon Zwane said the department also visited the area on Monday, but could not find any new unregistered initiation schools.

Charges were also dropped against an initiation school teacher arrested last week.

Source :

http://www.news24.com/News24v2/ContentDisplay/genericFrame/0,6178,2-7-829_1207647,00.html

Take boys home, parents urged

03/07/2002 08:20 – (SA)

Johannesburg – The Gauteng health department is urging parents in local communities to get youths at initiation schools in the rugged hills around Heidelberg to come home.

Spokesperson Simon Zwane said the department and local authorities considered the further stay of initiates at the schools to be a health risk.

Zwane was commenting after the death of a sixth initiate on Monday.

Papa Mbovane (19) reportedly died of internal injuries at Heidelberg Hospital after he had been returned to an initiation school by his family on Wednesday last week. He had been removed from the school the day before.

"The death of this boy should not have occurred. We have now requested the local authority to speak to the community and the parents of children still undergoing initiation to please allow the children to go home. We

regard their continued stay there a health risk," Zwane said.

He added that Sedibeng district mayor, Peter Skosana, was already pressing communities in his area on the issue.

Skosana had also asked police to assist parents in bringing their children home, Zwane said.

East Rand police spokesperson Superintendent Andy Pieke on Tuesday said two cases of abduction in relation to children undergoing initiation had been opened at Orange Farm and were being investigated. He said parents had alleged their children were at the schools without their permission.

15 schools shut down

Gauteng MEC Gwen Ramokgopa said on Monday she would wait for a report from health officials before closing down any further initiation schools in the Heidelberg area, where five boys died and more than 30 injured after botched initiations last week.

Ramokgopa has closed down three schools, and six people, including instructors and traditional healers have been arrested in connection with the deaths and assault of initiates.

She said on Monday that officials from her department were inspecting other schools in the area and conditions at them before she would take any further action.

In Limpopo province, officials closed down six more illegal circumcision schools, bringing to 15 the number shut down in recent days, SABC radio reported.

The MEC in the premier's office, Catherine Mabuza, accompanied police when they acted against the schools in the Waterberg area.

Fifty-nine initiates were taken to the Mokopane hospital. Some of the boys had septic wounds and had to be put on drips.

In the Eastern Cape, another mutilated initiation candidate was admitted to the Umtata General Hospital on Tuesday, bringing the total number admitted since the weekend to 13.

The hospital's acting chief medical superintendent, Dr Zola Dabula, said the condition of all the post-circumcision initiation candidates was stable.

Gangrenous penis

Dabula said they were suffering from minor genital infections – the result of unhygienic practices – and were being kept in a holding ward.

Four other youths, who have been in hospital for about a week, were being kept in a separate ward.

Their condition was stable but more serious, Dabula said. Three of them were suffering from acute dehydration while the fourth had lost his penis after it fell off due to gangrene.

Dabula said that boys whose penises fall off after circumcision had to live with a urinary catheter and a bag for about a year before penile reconstructive surgery could be done.

Speaking of the boys' life after surgery, Dabula said: "It's not a normal life as such – they can urinate but they are compromised in their sexual activity."

The Eastern Cape government last year passed legislation to regulate circumcision practices, making initiation school surgeons liable to six to 10 year prison sentences if they broke the law.

The province also launched an education and awareness programme aimed at encouraging people to have their circumcision done in hospitals.

"I must say that previously we had very serious problems with circumcision in this area. Last year December we lost two patients. But right now we haven't lost anyone. I give credit to our educational process.

Amakhankatha

"We have created a system whereby people who would like to be circumcised medically come over here. We circumcise them and thereafter they go and finish their initiation into manhood in the bushes," Dabula said.

But Dabula also said that some initiation schools today were corrupt and cruel places that were in no way representative of African traditions.

"What use to happen before is that, firstly, the surgeon who was chosen by the family was an experienced person who had undergone supervisory work.

"The second thing... is that experienced people looked after the wound. Those people were called amakhankatha. Amakhankatha today are not experienced.

"The problem with today's schools is that they are more than anything a place of vengeance. People who got beaten to a pulp in their day are there to inflict upon others the treatment they got," Dabula said.

Source :

http://www.news24.com/News24v2/ContentDisplay/genericFrame/0,6178,2-7-829_1207967,00.html

Limpopo rescues 630 initiates

03/07/2002 14:59 – (SA)

Polokwane – Altogether 630 initiates, including some as young as eight, have been rescued from bogus initiation

schools in Limpopo in the past week and taken to various hospitals.

MEC in the office of Premier Ngoako Ramatlhodi, Catherine Mabuza, accompanied emergency ambulance services and police in armoured vehicles on Tuesday and closed down six more schools in the Waterberg district in the Mokopane area.

"The government transported 300 initiates in ambulances from the schools to local hospitals," said Mabuza's spokesperson Lucky Nchabeleng.

Nine schools were also closed in the Tzaneen and Vhembe area last week for operating without government authorisation and 330 initiates were taken to hospital.

The clampdown on initiation schools follows the death of 19-year-old Mazka Kgatla who bled to death after being circumcised at Mokgolobotho village initiation school near Tzaneen last week.

Nchabeleng has warned that more illegal initiation schools may be closed down this week.

"The clampdown will continue until the government has closed down all illegal schools in the province," he said.

He said that in terms of the initiation schools regulation act, these schools need to be authorised by the government and have to be linked to a nearby hospital or a clinic.

"Health officials inspect the schools and ensure that circumcision is done under hygienic conditions," Nchabeleng said. – African Eye News Service

Source :

http://www.news24.com/News24v2/ContentDisplay/genericFrame/0,6178,2-7-834_1208358,00.html

Seven initiates die in E Cape

04/07/2003 09:59 – (SA)

Umtata – Seven initiates have died from complications, dehydration and assault in the Eastern Cape since the beginning of the circumcision season, the provincial health department said on Thursday.

Department spokesperson Sizwe Kupelo said five initiates died on Tuesday in Qweqwe village, North Coast Umtata, Mount Ayliff, Flagstaff and Lusikisiki and that another in Stutterheim the following day. The seventh initiate died last Friday in Bizana.

"The department is upset about this and will make sure all the perpetrators are brought to book. We urge people to respect tradition – including the rule of law," said Kupelo.

The department has hired 22 vehicles used by environmental officers and traditional leaders to monitor the situation around the province.

Source :

http://www.news24.com/News24/South_Africa/News/0,,2-7-1442_1382750,00.html

Circumcision deaths: 4 held

04/07/2003 10:41 – (SA)

Umtata – Four traditional healers had been arrested in the Eastern Cape in connection with seven initiates dying after botched circumcisions, the provincial health department said on Friday.

Sizwe Kupelo of the health department said they were upset about the deaths.

"We have been trying to prevent deaths since 1998."

Kupelo said the health department had started a campaign in May this year, and had visited schools and chiefs and held workshops "to educate them about circumcisions".

The department had also made use of newspapers and radio stations to educate the public.

Kupelo said the department had closed seven initiation schools because they did not have the proper permits.

In further efforts to cut down the death rate, the department had hired 25 vehicles for officials to visit and monitor proceedings at initiation schools.

Kupelo said provincial MEC Bevan Goqwuna would visit initiation schools in Transkei, which was regarded as a high-risk area, next week to inspect conditions under which initiates were circumcised.

Kupelo said the traditional healers being detained could face fines ranging from R1 000 to R10 000.

Source :

http://www.news24.com/News24/South_Africa/News/0,,2-7-1442_1382903,00.html

Clampdown on initiation schools

13/07/2003 10:16 – (SA)

By N Musetha, M Mokoena and C Pearce

East London – A no-nonsense approach against widespread illegal circumcision schools is under way in the provinces.

Some initiates as young as five have been found at initiation schools.

The clampdown has also been sparked by the admission of hundreds of young boys to hospital suffering from septic cuts, wounds and illnesses.

At least nine deaths were reported last week in the Eastern Cape alone. The province has since seen arrests of traditional surgeons and the burning down of some schools – the strongest messages yet from any provincial government to stem the abuse of children's rights.

Sizwe Kupelo, provincial health department spokesperson, said five traditional surgeons have been charged for contravening the Traditional Circumcision Act.

Four of the surgeons are out on R1 000 bail each. Another is still in custody.

Inkosi Mpiyezintombi Mzimela, chairperson of the House of Traditional Leaders, said the Eastern Cape government in collaboration with traditional leaders of the area should do more to stop deaths during circumcisions.

"We believe most of the mischief is taking place in schools that are not legal," he said.

Eastern Cape Health MEC Dr Bevan Goqwana met resistance from angry locals in the old Transkei who claimed the removal of initiates was against their traditional beliefs.

He defied them and closed two illegal circumcision schools. Goqwana visited an illegal school in his home village of Cingco near Tsolo, where he inspected four youths and declared two medically unfit.

In Limpopo, more than 200 initiates have been hospitalised in the last three weeks, a government official told City Press.

At Khensani hospital in Giyani, Limpopo, 19 initiates were admitted earlier this week after they sustained serious cuts.

One of these is Godfrey Mkhari, 15, who sustained serious burns to his hands after he was pushed into a fire by another initiate.

Morongwa Monyela, 63, of Mentz, Mankweng in Limpopo, was arrested after she was found running an illegal initiation school. She allegedly hired men as circumcision surgeons and was charging R650 per initiate. She appeared before the Polokwane Magistrate's Court and paid R1 000 for an admission of guilt.

At Mathiba's Kraal, still in Limpopo, five men were arrested after they were found running an illegal school with 87 initiates.

Harry Mchunu from the national department of health said the reason some of the initiates lose their lives is because hygiene standards are not followed at the schools.

He urged parents not to submit their children to "fly-by-night schools".

Jody Kollapen, from the Human Rights Commission of South Africa, said: "We understand the schools must exist because of the important role they play for a young man to enter manhood.

"The challenge, however, is how the school should function in a way that recognises the rights of children who attend such schools.

"You do not have to make a choice between human rights norms and culture. The challenge is to reconcile them. And they are indeed reconcilable," said Kollapen.

Source :

http://www.news24.com/News24/South_Africa/News/0,,2-7-1442_1386902,00.html



Les « sexologues » arabes font très fort

« Des rapports conjugaux réguliers aident à prolonger l'espérance de vie des couples et réduisent les risques de maladies cardiaques », ont estimé, lors d'un récent congrès (Le Caire, 25-27 février), des spécialistes arabes en sexologie et en chirurgie génitale. Ces mêmes « spécialistes » sont convaincus que l'impuissance sexuelle constitue un handicap majeur au développement économique (« l'impuissant se sent triste, il manque de

confiance en lui et sa productivité s'en ressent ») et dénoncent fermement l'interdiction, en Europe et en Amérique, de la polygamie (« une violation flagrante de la charia »), mais aussi l'abolition de la circoncision, la réglementation de la prostitution et la tolérance dont bénéficie l'homosexualité. On n'arrête pas le progrès.

Source:

http://www.jeuneafrique.com/gabarits/article/Al_online.asp?art_cle=LIN07034lesetrofsr0



Chirurgiens étourdis

Compresses ou champs, mais aussi pinces, aiguilles, agrafes, lames en caoutchouc, redon intra-articulaire, et même fragment intramammaire de harpon : il y a encore des chirurgiens étourdis qui oublient des « corps étrangers » dans les organes de leurs patients avant de les refermer. Le dernier numéro hors-série de Responsabilité, la revue de formation sur le risque médical parrainée par un gotha de grands patrons, cite en effet tout un bric-à-brac d'objets oubliés. Plus

étonnante encore, cette méprise relevée en chirurgie orthopédique : une « erreur de côté lors d'une arthrose du genou ». À l'origine des plaintes reçues par l'Ordre des médecins ou destinées aux tribunaux, on trouve bien d'autres motifs, et des plus divers : une pose de prothèse pénienne suivie de sepsis (inflammation), une circoncision sans l'accord des parents, une ligature des trompes sans consentement, et jusqu'à une assignation de médecin « suite à la rédaction d'un certificat imputant l'état anxieux d'une patiente... aux nuisances sonores occasionnées par le coq de ses voisins » ! Au-delà de ces aspects anecdotiques – et néanmoins révélateurs –, le principal intérêt de ce document est d'illustrer, par l'analyse des quelque 3 700 déclarations de sinistre enregistrées en un an d'exercice par le Groupe des assurances médicales mutuelles (GAMM), les difficultés croissantes d'assurance des praticiens et l'augmentation jugée « pharaonique » de leurs primes. Et ce quand ils trouvent une compagnie ou une mutuelle pour les couvrir. Certains chirurgiens ont déjà été contraints de cesser leur activité. Des catégories entières menacent de le faire.

Source :

http://www.jeuneafrique.com/gabarits/articleJAL_online.asp?art_cle=LIN09054chirusidruo0



Ne pas mettre son pénis entre toutes les mains.

Un chirurgien urologue pris d'un accès de folie a amputé un jeune Roumain qui se faisait opérer à l'origine pour une malformation testiculaire. On ne sait toujours pas ce qui a pris à ce professeur réputé de sectionner le pénis du malade et de le couper en trois. Même si un chirurgien plastique est intervenu pour reconstruire le sexe détruit, il semblerait que le malade ne retrouvera jamais sa vie sexuelle d'antan.

Source : www.fmh.fr (rubrique Journal du pire \ Vu sur le Net)



Crazed Surgeon Makes

The Cruellest Cut

ABC News Online – Australia

7-15-4

(AFP) -- A Romanian surgeon underwent a fit of madness while operating on a patient's testicles and cut off the man's penis and sliced it into three pieces, hospital officials said on Friday.

The surgeon, Naum Ciomu, was described as a senior member of the hospital staff and a professor of anatomy.

He had been operating on a 34-year-old man for a testicular malformation when he committed the act, the officials said.

"We are shocked by what has happened. It is the first time we have had such a case," said Sorin Oprescu, head of the Bucharest emergency hospital where the patient was rushed for emergency reconstructive surgery.

Romanian plastic surgeon Ioan Lascar said he would try to restore the man's urinary function, but that he was unlikely to recover normal sexual activity.

The medical council has banned Dr Ciomu from entering an operating theatre for two months pending the results of an investigation.

Meanwhile, the wife of the unfortunate patient said she was suing Dr Ciomu.



<http://www2.canoe.com/techno/nouvelles/archives/2004/07/20040730-143935.html>

ÉTHIQUE MÉDICALE

La circoncision pourrait aller à l'encontre des droits humains

Presse Canadienne (PC) 30/07/2004 14h39

Le Collège des médecins et des chirurgiens de la Colombie-Britannique estime dans un avis à ses membres que la circoncision des bébés mâles pourrait éventuellement être considérée comme une atteinte à

leurs droits humains, de quoi inquiéter plusieurs médecins face à d'éventuelles poursuites en justice.

«La circoncision de routine des bébés mâles est une procédure irréversible et inutile, affirme le Collège. C'est donc dire que pour plusieurs, il s'agit d'une mutilation qui n'a pas sa raison d'être.»

«Plusieurs hommes adultes s'interrogent à savoir si leurs parents avaient le droit de donner leur consentement à une telle procédure», poursuit l'organisme.

«Après avoir lu cet avis, nombre de médecins vont être inquiets en effectuant de nouvelles circoncisions, estime le docteur David Smith, de Vancouver. Aucun médecin ne veut se retrouver avec une poursuite dans dix ans pour avoir effectué une intervention jugée acceptable aujourd'hui.»

Selon le docteur Peter Seland, responsable de l'éthique du Collège, la circoncision n'offre aucun avantage médical, quand on tient compte des risques encourus par les bébés. Il y a deux ans, un bébé d'un mois, Ryleigh McWillis, était mort au bout de son sang après avoir subi la procédure à l'hôpital régional de Penticton.

«Les gens doivent décider eux mêmes de l'éthique d'une telle décision», ajoute le médecin pédiatre.

Pour les partisans de la circoncision, la procédure est à la fois une tradition et une question de propreté.

Mais l'officier médical de la Colombie-Britannique, le Dr. Perry Kendall, estime que la circoncision mâle de routine peut se comparer à la circoncision des femmes dans certains pays africains, une pratique décriée par des millions d'opposants.

«C'est la même chose, c'est une mutilation des organes génitaux», affirme le Dr Kendall.

La position du Dr Kendall reprend à son compte en quelque sorte la Proclamation du premier symposium international sur la circoncision, faite à Anaheim, en Californie, le 3 mars 1989.

La proclamation affirme notamment que chaque être humain possède un droit inhérent à un corps intact, libre de tout préjudice racial ou religieux. Elle ajoute que les parents n'ont pas le droit d'autoriser la mutilation des parties génitales saines de leurs enfants. Quant aux médecins et chirurgiens, ils sont invités à refuser toute

intervention visant à mutiler les parties génitales saines d'un enfant.



<http://reuters.com/newsArticle.jhtml?type=healthNews&storyID=5874262>

Herpes Risk from Ancient Form of Circumcision

Wed Aug 4, 2004 03:33 PM ET

NEW YORK (Reuters Health) – Eight infants developed genital herpes following an ancient Jewish ritual of circumcision, highlighting the dangers associated with this procedure, researchers report.

All of the infants underwent a form of circumcision in which the circumciser, or mohel, takes wine in his mouth and sucks the blood from the newly created wound, then spits the blood and wine mixture into a receptacle. The circumciser repeats this procedure, known as metzitzah, until the bleeding stops.

Currently, only a minority of mohels practice metzitzah, with most now opting for a suction device to remove blood from the wound, according to the report in the journal Pediatrics.

The eight infants developed genital herpes between 4 and 11 days after the procedure. Of four mohels who performed the circumcisions and agreed to be tested, all carried antibodies to herpes simplex virus type 1, indicating they were infected.

Herpes simplex virus type 1 is the strain that's the usual cause of oral herpes sores, but it can also cause genital infections.

These findings suggest that circumcisions that include metzitzah carry a "serious risk" for transmission of herpes from the mouths of circumcisers to the genitals of infants, lead author Dr. Benjamin Gesundheit of Ben-Gurion University in Israel and his colleagues write.

"The cultural process of replacing ancient customs by modern wound care has to be encouraged by a heightened awareness of this potentially life-threatening medical complication," they add.

After they developed genital herpes, 6 of the 8 infants received an intravenous infusion of acyclovir, an antiviral drug that is commonly used to treat herpes. Nonetheless, four of the infants experienced recurrent outbreaks of genital herpes.

In one infant, the herpes virus spread to the brain, causing long-term brain damage

The authors note that the virus can be secreted in saliva for several days to weeks and can appear in the saliva of people who show no symptoms of infection, or cold sore on the mouth, they note.

"We suspect, therefore, that this entity is underreported for cultural reasons and that the studies described here are only the 'tip of the iceberg' of the true incidence of the disease," they write.

Gesundheit and his colleagues add that, in 2002, the Chief Rabbinate of Israel okayed the use of suction devices to remove blood from the circumcision wound in situations where there is a risk of spreading disease.

"We support ritual circumcision but without oral metzitzah," the authors write.

SOURCE: Pediatrics, August 2004.



Damages for surprise circumcision

10 Dec 2003

A man who woke up in a Molde hospital and found himself the recipient of an unexpected circumcision has been awarded NOK 20,000 (USD 3,000) in compensation from the surgeon, newspaper Sunnmørsposten reports.

Frostating Court of Appeals ruled that the physician in charge of was negligent for not reading the man's journal before the operation, and found the result of the surgery constituted injury.

The patient told the court that he would never have embarked on surgery to relieve an uncomfortably tight foreskin if he had known a circumcision would result.

The man claimed that the circumcision had destroyed his sex life by reducing the sensitivity of his penis and because he was now embarrassed to appear naked in front of his wife. He said he was also embarrassed to be naked in public bathing facilities now.

The man originally sued both the hospital owner and the doctor but lost, then changed his appeal to concentrate on suing the doctor.

The surgeon said in his defense that at least 60 percent of American men are circumcised and that the procedure is routine for Jewish and Muslim babies. He also argued that the man was objectively better after the operation and he had been warned that the foreskin could be partially or completely removed.

The appeals court chose to believe that the resulting circumcision came as a shock to the patient, and ruled he had suffered damage, though not 'considerable' damage.

The court also ruled that circumcision remains unusual in Norway and that the physical changes to the man's organ were self-evident.

Source:

<http://www.aftenposten.no/english/local/article688345.ece>



L'info-journal du 10 février 2001

Votre bébé à l'hôpital

C'est à la suite d'un article paru dans Infobébés sur la circoncision qu'une maman en colère nous a écrit, s'insurgeant sur le passage de l'article retranscrit ici : "Le chirurgien peut alors opérer sans anesthésie, en ayant recours à une sucette imbibée d'eau sucrée qu'il glisse dans la bouche du nouveau-né afin que celui-ci reste calme. En revanche, lorsque Bébé est plus grand, l'opération est le plus souvent réalisée sous anesthésie loco-régionale pour éviter la souffrance."

Dénoncé par cette lectrice, l'idée soutenue ici qu'un tout-petit souffrirait moins qu'un grand ! A cette critique, la rédaction du magazine Infobébés a répondu (courrier à paraître dans le prochain numéro, en kiosque dès le 15

février) que la situation décrite était, malheureusement, celle rencontrée communément à l'heure actuelle.

Une situation d'autant plus insupportable que les moyens de soulager l'enfant, même très jeune, existent.

Ce débat donnera lieu dans le numéro Mai/Juin d'Infobébés à un article complet sur la douleur, mettant en garde les parents afin qu'ils ne permettent plus que l'on pratique sur leur enfant des gestes médicaux douloureux sans que les soignants aient fait tout le nécessaire pour soulager Bébé.

Vous, mamans et papas d'enfants de moins de trois ans, pouvez nous aider en apportant vos témoignages sur la question ou en discutant de ce sujet sur le forum. Merci. Nous écrire.

Date parution : 10/02/2001

http://www.infobebes.com/htm/actu/article.asp?id_art=505



L'info-journal du 29 décembre 2001

Contre la douleur de l'enfant

Bien des adultes considèrent encore qu'il est normal pour un enfant de pleurer ou d'avoir mal... Une dernière enquête de la Direction générale de la Santé montre en effet que le déni de la douleur infantile est largement répandu.

Le manque de formation en est la cause principale...

Résultat : chez l'enfant de moins de 6 ans, l'évaluation objective de la douleur n'est effectuée que dans ... 16 % des services hospitaliers ! Seuls 5 % des services d'urgence recourent à ce type d'évaluation tandis que la chirurgie se révèle plus performante en la matière avec 26 %...

Date parution : 29/12/2001

http://www.infobebes.com/htm/actu/article.asp?id_art=1902



Plus de 5.000 enfants circoncis dans le Grand casablanca

(14/4/2005)

Plus de 5.000 enfants ont bénéficié de l'opération de circoncision entamée, jeudi matin, dans un climat de liesse et d'allégresse dans les différentes préfectures des arrondissements et provinces de la wilaya du Grand Casablanca.

A cette occasion, le wali de la région M. M'hamed Dryef et plusieurs gouverneurs, ont effectué des visites dans les centres de santé et hôpitaux pour s'enquérir du bon déroulement de cette opération et de la bonne santé des enfants opérés dès les premières heures de la journée.

Le wali a saisi cette opportunité pour féliciter les bénéficiaires et leurs familles qui ont, à leur tour, exprimé leur fierté de partager cette joie avec la famille Royale à l'occasion de la circoncision de SAR le Prince héritier Moulay El Hassan.

Des tentes caïdales ont été dressées au coeur des établissements hospitaliers ou dans les parages pour accueillir les enfants et leurs parents. Un décor planté au

rythme de la Dakka Marrakchia et autres variétés populaires, Hmadcha, Aissaoua, Ahouach, notamment. Et pour donner plus d'atours à la fête, les cavaliers chevauchant leurs belles montures faisaient fière allure.

Pour la bonne marche de cette opération, les délégations du ministère de la Santé ont mobilisé un effectif médical de plus de trois cent médecins et chirurgiens de différentes spécialités, le personnel paramédical du Croissant Rouge Marocain et de la protection civile. Chaque équipe médicale, composée de trois médecins, est supervisée par un chirurgien.

L'opération de circoncision, qui s'étalera sur deux jours, sera réalisée dans soixante centres de santé. Les bénéficiaires ont tout d'abord été soumis à des examens préliminaires pour s'assurer de leur prédisposition à subir cet acte sans risque. Les cas qui présentent quelques difficultés ont en revanche été dirigés vers les hôpitaux pour une prise en charge et un suivi médical.

Une fois la circoncision faite, des conseils pratiques sont prodigués aux familles des enfants circoncis pour les soins post-opératoires. Les médecins leur conseillent aussi de s'adresser aux dispensaires proches de leur

quartier pour d'éventuels soins durant la période de "convalescence".

Outre la circoncision, les enfants se sont vus offerts des habits de circonstance, des jouets et des friandises alors que leurs parents ont reçu des dons en nature. Les organisateurs s'attendent à une grande affluence de la part des familles désirant s'associer à cet heureux événement et faire part de leur joie à l'occasion de la circoncision de SAR le Prince héritier Moulay El Hassan.

http://www.menara.ma/Infos/includes/detail.asp?article_id=5099&lmodule=Maroc

Note LAC : Dans les camps nazis les gens étaient gazés, mutilés à la chaîne... et les comenditaires en festoyaient. Dans les pays barbares les garçons sont sexuellement mutilés à la chaîne. Et les commenditaires festoient.



La circoncision de plus en plus médicalisée au maroc

(14/4/2005)

La circoncision, un "acte de petite chirurgie" est de plus en plus médicalisée au Maroc où les pouvoirs publics encouragent, par des mesures préventives, les parents à s'orienter vers les milieux hospitaliers dans le souci de garantir plus de sécurité pour la santé de l'enfant.

Ces mesures ont un coût dans lequel interviennent les institutions gestionnaires de l'AMO (assurance maladie obligatoire), la caisse nationale des organismes de prévoyance sociale (CNOPS) qui regroupe 8 mutuelles et la Caisse nationale de sécurité sociale (CNSS).

Parmi les prestations de ces institutions, l'opération de circoncision plus connue dans le milieu médical sous le nom de "phimosis", malformation bénigne qui nécessite une intervention, dont le prix varie de 75 dh (110 dh avec anesthésie) dans les services de santé publique géré de manière autonome (SEGMA) à 1124 dh dans les cliniques privées (l'adhérent contribue pour l'équivalent de 100 dh).

Dans les hôpitaux publics, les prix varient entre 300 dh (sans anesthésie) à 450 dh. L'acte est gratuit pour les bénéficiaires.

L'entrée en vigueur prévue en 2006 du Ramed (régime d'assistance médicale) au profit des "économiquement faibles" va généraliser davantage l'acte médicalisé et permettre une égalité devant les soins de cette opération qui était jusqu'à présent sélective, a affirmé le directeur de la CNOPS, M. Ahmed Amamou pour qui l'accès aux soins est un droit constitutionnel.

Le Pr Oulaïd Outarhout, chirurgien pédiatre est formel : tout enfant a droit à une circoncision médicalisée sans douleur et cela doit figurer dans la convention des droits de l'enfant au vu des risques que peuvent encourir l'enfant et son environnement des suites de cette opération.

"Ce n'est pas un acte banal", souligne ce spécialiste en urologie pédiatrique, en préconisant d'entourer cette intervention de toutes les précautions nécessaires pour éviter tout accident chirurgical ou anesthésique, car il y va de l'intérêt de l'enfant. Il reconnaît toutefois qu' "aujourd'hui, on est loin des traumatismes occasionnés par cet acte pratiqué de façon archaïque" (Hajjam).

Bien qu'il ne s'oppose pas à la circoncision traditionnelle pourvu "qu'elle soit pratiquée par des professionnels", il

n'écarter pas en revanche, des risques liés à l'asepsie". Il exige, d'autre part, un interrogatoire de la famille, pour écarter toute pathologie particulière, et un bilan avant toute circoncision notamment pour les enfants de moins de 2 ans.

"De plus en plus de jeunes couples préfèrent circoncire leurs enfants dès les premiers jours suivant la naissance", affirme-t-il, expliquant qu'à cet âge là, les terminaisons nerveuses n'étant pas complètement achevées font que la douleur ressentie par les enfants est un peu moins importante.

Néanmoins, l'âge moyen des enfants qu'il accueille varie, en général, entre 0 et 6 ans. Il n'y a pas de période précise pour une circoncision. Généralement, les parents optent pour la saison du printemps où le climat, plus clément, favorise une cicatrisation rapide. En tout état de cause, celle-ci est rythmée par les vacances scolaires, les fêtes religieuses, Moussems ou autres événements qui coïncident notamment avec le retour au pays des Résidents Marocains à l'Etranger.

"Pendant les mois de juillet et août, l'afflux est tellement important que nous sommes dans l'incapacité de satisfaire toutes les demandes", regrette le Pr Outarhout.

Bien que relevant plus du rituel que du religieux, la circoncision demeure une protection contre des infections et certaines tumeurs", relève le Pr Outarhout.

"De plus en plus d'études sont en faveur de l'ablation du prépuce, insiste cet ancien professeur à la faculté de médecine de Rabat et ancien chef de service au CHU, qui note la prévalence de certaines tumeurs chez les patients non circoncis".

http://www.menara.ma/Infos/Includes/detail.asp?article_id=5095&Lmodule=maroc



South Africa – rising number of deaths following male genital mutilation.

The New York Times reported that at least 35 boys have died in South Africa this year following botched traditional circumcisions. More than 160 boys had to be admitted to hospital (6 August).

<http://www.nytimes.com/2001/08/06/international/afri ca/06AFRI.html>



Female circumcision surfaces in Iraq

By Nicholas Birch, Contributor to The Christian Science Monitor

Wed Aug 10, 4:00 AM ET

KIRKUK, IRAQ – Set on an arid plain southeast of Kirkuk, Hasira looks like a place forsaken by time. Sheep amble past mud-brick houses and the odd sickly palm tree shades children's games. There is no electricity.

Yet along with 39 other villages in this region that Iraq

Iraq's Kurds have named Germian (meaning hot place), Hasira and its people have become noted for presenting the first statistical evidence in Iraq of the existence of female circumcision, or female genital mutilation (FGM), as critics call it.

"We knew Germian was one of the areas most affected by the practice," says Thomas von der Osten-Sacken, director of a German nongovernmental organization called WADI, which has been based in Iraq for more than a decade.

Of 1,554 women and girls over 10 years old interviewed by WADI's local medical team, 907, or more than 60 percent, said they had had the operation. The practice is known to exist throughout the Middle East, particularly in northern Saudi Arabia, southern Jordan, and Iraq. There is also circumstantial evidence to suggest it is present in Syria

Syria, western Iran, and southern Turkey.

But while this practice was suspected in the region, there was never solid proof that the procedure was so prevalent.

Controversial findings

When WADI presented the results of its survey in Vienna this spring, Mr. Osten-Sacken recalls, various Iraqi groups accused the group of being an agent of the

Israelis. Even the Iraqi Kurdish authorities, who have backed efforts to combat FGM since the late 1990s, were rattled.

While urban Kurds are generally more lax in religious practice and more Western-looking than most Iraqis – they are the major opponents of sharia for Iraq's new constitution, for instance – many rural pockets cling to traditions.

"The [Kurdish] Ministry of Human Rights hauled us in for questioning," says Assi Frooz Aziz, coordinator of WADI's Germian medical team. "They accused us of publicizing the country's secrets."

Secrecy obstructs awareness

But it's not just obstructionism that has held up awareness of the phenomenon. Unlike in parts of Africa, where FGM is practiced relatively openly, in the Middle East it is veiled in secrecy.

"You can't just walk into a village and ask people if they circumcise their daughters or not," says Germian social worker Hero Umar. "These people only talked because we've been bringing them medical help for over a year."

Women in Hasira and the surrounding villages are reluctant to talk. But after long negotiation, Trifa Rashid Abdulkerim agrees to answer questions.

A farmer's wife from the village of Milkhasim, she says she learned the techniques from her neighbor, and took over when she stopped performing the operation. "June is the best time of the year," she says, "and the best age for patients is between 3 and 8."

Anti-FGM campaigners point out that FGM crosses religious and ethnic boundaries.

But as a cleric in Sulaymaniyah puts it, "Islamic scholars have complex views on the phenomenon."

Sitting in his office in the Kurdish city, Mohammed Ahmed Gaznei explains.

"According to the Shafii school, which we Kurds belong to, circumcision is obligatory for both men and women. The Hanbali say it is obligatory only for men."

Personally opposed to female circumcision, Mr. Gaznei has helped in campaigns to stamp it out.

In 2002, he and other senior Kurdish clerics issued a religious edict, or fatwa, supporting the Hanbali practice. He has since appeared on TV several times to preach against FGM.

In Germian, however, information is slow to filter through the population. Women are still thought to be promiscuous if they are uncircumcised, some people here say.

"They say the food an uncircumcised woman cooks is unclean," says Shirin Ali, "and that a circumcised girl has more affection for her family."

WADI workers said that four months ago in a village just north of Hasira, a newly married – and uncircumcised – woman was so badly treated by her in-laws that she performed the operation on herself.

Hero Umar, the social worker, nonetheless thinks attitudes are slowly beginning to change.

"Most imams are cooperative," she notes. "The biggest obstacle remaining is the older generation of women."

http://news.yahoo.com/s/csm/20050810/ts_csm/ofgm_1



L'année 2004 a été marquée par deux événements politiques significatifs : (1) l'ordre des médecins de la Colombie-Britannique a publié un guide visant à décourager la circoncision néonatale ; (2) le régime d'assurance-maladie des Territoires du Nord-Ouest a cessé de couvrir la circoncision néonatale

<http://www.courtchallenge.com/ye/ye2004-f.html>

voir les liens

B.C. parents lobby against circumcision

Last Updated Wed, 11 Feb 2004 20:27:13

VIDEO: Bonnie Allen reports for CBC-TV
(Runs 1:59)

http://www.cbc.ca/clips/mov/allen_circum0402111.mov

http://www.cbc.ca/clips/ram-lo/allen_circum0402111.ram

PENTICTON, B.C. – The parents of a newborn who died following circumcision surgery are pushing for hospitals to inform patients of the possible dangers associated with the removal of foreskin.

Brent and Tanna McWillis's month-old son Ryleigh died in August 2002 after he suffered severe hemorrhaging two days after he was circumcised at Penticton Regional Hospital.

The parents were told that Ryleigh would experience some bleeding, but they didn't realize how much was too much. A coroner's report concluded that post-operative instructions could have been better defined and the hospital has since produced a more descriptive pamphlet which it hands out to parents. It has also introduced new post-operative procedures.

Ryleigh's death renewed debate over male circumcision and also caught the attention of a Seattle-based group called Doctor's Opposing Circumcision.

One of its members, lawyer John Geisheker, wants circumcision banned globally, but in the meantime, he's willing to compromise and has asked infants be kept in hospital for one day following surgery.

"We would like to see there be no outpatient circumcisions, because those are the riskiest ones," said Geisheker. "The parents, although they may be solicitous and loving, are not medically trained."

Three decades ago, about half of all Canadian boys were circumcised shortly after birth, compared to 20 per cent today. Some doctors deem circumcision medically unnecessary and refuse to perform the procedure.

http://www.cbc.ca/stories/2004/02/11/circumcision_penticton040211

Circumcision under attack

Last updated Feb 11 2004 07:32 PM PST

CBC News

PENTICTON, B.C.– The report on the death of an infant following a routine circumcision has triggered renewed calls to ban the procedure in B.C.

Ryleigh Roman McWillis was a month old when he bled to death following the operation in Penticton in August, 2002. A coroner's report released this week makes no recommendations for change, which dismays his parents. Brent McWillis had hoped the coroner's report into the death of his son Ryleigh would help prevent a similar tragedy in future.

Tanna and Brent McWillis

"It was a very unfortunate and nightmarish thing that happened to us," he says. "The only thing I want to see is that it doesn't happen to anyone else's child." Ryleigh's parents say they'd like all hospitals to adopt better standards to care for infants following a circumcision. Meanwhile, other groups opposed to circumcision, are calling for an internal review by the B.C. College of

Physicians and Surgeons. "This surgery is not necessary, and if the surgery is not therapeutic, the risk cannot be undertaken," says John Geisheker, the lawyer for the group, Doctors Against Circumcision. Dr. Eugene Outerbridge of the Canadian Pediatric Society says a study last year, showed male circumcision exposes children to risk, with no real medical benefit. But Outerbridge says an outright ban would violate the rights of religious minorities.

http://www.cbc.ca/bc/story/bc_baby20040211.html



Lack of post-surgery info angers grieving parents With a baby son dead, they want care after circumcisions clarified

Suzanne Fournier
The Province

Friday, February 13, 2004

Tanna McWillis and daughter Mac-kenna. McWillis's son, Ryan, died from complications following circumcision.
CREDIT: Special to The Province

Tanna McWillis's son, Ryleigh Roman Bryan McWillis, died in August 2002.
CREDIT: Special to The Province

The tragic death of their infant son after a routine circumcision in August 2002 still haunts a Vernon couple -- who say they weren't properly informed about the signs of danger to watch out for in post-operative care.

A coroner's report released this week into the death of one-month-old Ryleigh McWillis notes that the Penticton Regional Hospital where the circumcision was done has significantly improved the information pamphlet it gives out to all parents, and has changed both follow-up care and documentation for all circumcisions.

But Tanna McWillis says she and her husband, Brent, a medical professional who worked at the hospital at the time of his son's death, are disappointed that coroner Chico Newell made no other recommendations.

"The coroner could have recommended that the hospital and doctor clearly tell parents, 'Any bleeding's bad,' and warn us what to look for. I didn't realize a baby can die from losing as little as one ounce of blood," McWillis said.

Brent McWillis, a lab technologist, transferred away from the

Penticton hospital after the death. The couple, who also have a five-year-old daughter, relocated to Vernon.

"Brent still finds it too painful to talk about," said his 34-year-old wife. "The nurses were our friends and a couple of them who tried so hard to save our baby felt so badly they quit."

The Canadian Pediatric Society takes the position that male circumcision exposes children to risk with no real medical benefits.

Circumcision is no longer covered by medicare in Canada and the numbers of male babies circumcised have been rapidly dropping, down from a decade ago when 60 to

90 per cent of all male babies born in North America were routinely circumcised shortly after birth.

At B.C. Children's Hospital, only 180 male babies were circumcised of the 3,656 boys born in 2002–03, down from the 274 circumcisions done of 3,544 boys born the previous year, said hospital spokeswoman Marisa Nichini.

Dennis Harrison of the Association for Genital Integrity has asked Amnesty International to protest male circumcision as "unnecessary pain and suffering."

Doctors Against Circumcision has demanded a total ban on circumcision.

But circumcision is required in the Muslim and Jewish faiths, and Jewish mohels use a rapid and safe technique.

Tanna McWillis herself says she and her husband would probably circumcise another male child.

"I was told a lot of people opposed to circumcision would grandstand about my son's death, but we would do it again.

"If I had been better informed on how to look after my baby, it would never have happened."

Ryleigh Roman Bryan McWillis, born July 21, 2002, was a healthy, normal baby when his parents decided -- "just because of family history," says Tanna -- to have him circumcised on Aug. 20.

The doctor used a slightly different procedure than the one described in hospital pamphlets, so the McWillis family wasn't given written information to take home.

Ryleigh was still bleeding at the hospital, but was checked by the doctor and sent home.

He was fussy all that day and a diaper that evening was soaked with blood.

"It was pinkish because it was diluted by pee and they hadn't told me what to watch out for," says Tannis.

Tannis sat up all night holding Ryleigh. When Brent got up at 5 a.m., the baby's diaper was full of blood.

Ryleigh's parents rushed him to the Penticton hospital. By noon, he had to be evacuated by air ambulance to B.C.

Children's Hospital. Despite transfusions of blood, saline and antibiotics, the tiny baby was limp, pale and failing.

Ryleigh's "prognosis was grim," notes the coroner's report, and his parents were told of the "seriousness of his situation." Despite "massive volume resuscitation," Ryleigh's organs and heart began to shut down.

And, says his mother, "I unplugged his life support at 5 a.m. on the 22nd of August, one month and one day after he was born."

sfournier@png.canwest.com

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Circumcision ban call

15.09.2005

Circumcising girls is not part of Islam and should therefore be prohibited, writes a group of six imams

The circumcision of pre-pubescent girls should be unconditionally prohibited, says a group of prominent imams residing in Denmark. **The imams stated in their declaration that circumcision is a cultural practice – not a religious one – and can and should be avoided**, reported daily newspaper Information last week.

The declaration was signed by Abdul Wahid Pedersen, Mohammed Fouad al-Barazi, Ahmed Abu-Laban, Fatih Alev, Abu-Bakar Nur Shirwa, and Adan Yusuf Qanyare.

Al-Barzi's status as a prominent Islamic clergyman lent authority to the statement.

'No forms of circumcision of women are required or customary for Muslims, and Danish law prohibits any form of female circumcision – regardless of whether it takes place in Denmark or outside of the country – therefore we recommend that circumcision of girls in all its forms is stopped,' the imams wrote in their declaration.

How many girls in Denmark have been circumcised is unknown, but according to the World Health

Organisation, the practice is slowly on the rise internationally.

<http://www.cphpost.dk/get/90823.html>



Un exemple parmi d'autre des agissements de certains professionnels de la santé qui font passer les intérêts financiers avant la santé des patients et leur intégrité physique.

Des "bénévoles" autorisés à assister les chirurgiens au bloc opératoire

LE MONDE | 23.08.05 | 13h02 • Mis à jour le 23.08.05 | 13h02

Pour les médecins, il s'agit d'une "très ancienne tradition", à laquelle est donnée aujourd'hui une "garantie supplémentaire de qualité"; pour les infirmières, ce sont des "mesures scandaleuses prises au mépris de la sécurité des patients".

La publication, le 10 août, d'un décret et d'un arrêté permettant à des personnes "bénévoles" d'exercer, dans les blocs opératoires des cliniques, les fonctions d'aides opératoires et d'aides instrumentistes auprès des chirurgiens a créé, lundi 22 août, une vive polémique dans le milieu médical.

Dénoncés par l'Association des enseignants et des écoles d'infirmiers de bloc opératoire (AEEIBO) et l'Union nationale des associations d'infirmiers de bloc opératoire diplômés d'Etat (Unaibode), ces textes régularisent la situation des femmes de chirurgiens qui assistent, hors de tout statut légal, leurs maris.

Dans le milieu médical, ce n'est un secret pour personne : certains chirurgiens exerçant dans le privé s'entourent, au bloc opératoire, de leurs secrétaires ou de leurs épouses, sans que ces collaboratrices aient reçu de formation pour exercer des actes de soin.

PROFESSION "BAFOUÉE"

Selon le Syndicat des médecins libéraux (SML), ces personnes, qui sont parfois amenées à intervenir directement sur le corps des patients, en refermant une

paroi, par exemple, "ont acquis, de par leurs longues années de pratique, des connaissances réelles et un savoir-faire indiscutable". "Comme dans d'autres professions artisanales ou commerciales, les épouses faisaient l'assistance de leurs maris", explique le docteur Dinorino Cabrera, président du SML. Imaginer qu'elles sont incompetentes est ridicule : elles sont formées sur le tas et placées sous la responsabilité directe des praticiens."

Cette situation, qui n'a pas cours dans les hôpitaux publics, où toutes les personnes exerçant au bloc ont un diplôme d'infirmier, a perduré sans contrôle jusqu'à la fin des années 1990.

Souhaitant faire reconnaître leurs collaboratrices, notamment pour ne pas leur faire encourir de poursuites pour exercice illégal du métier d'infirmier, les médecins ont obtenu l'adoption par le Parlement, en 1999, d'un amendement officialisant la situation des personnes "salariées" de leur cabinet.

La loi prévoyait un contrôle des connaissances : 2 600 personnes se sont soumises, en 2003, à un examen national dénoncé par les syndicats d'infirmières. "L'examen s'est borné à un questionnaire fermé très

succinct et le taux de réussite a frôlé les 99 % , affirme Martine Reiss, présidente de l'AEIIBO. Par ailleurs, la loi prévoyait la mise en place d'une formation professionnelle obligatoire pour ces personnes, qui n'a jamais vu le jour."

Restait le cas des épouses, "bénévoles" : c'est pour réparer cette "injustice" , selon la SML, qu'un amendement a été ajouté à la loi de financement de la Sécurité sociale du 20 décembre 2004. Un nouveau contrôle des connaissances devrait concerner, selon le ministère de la santé, 300 à 400 personnes.

La situation est "scandaleuse" pour les infirmières diplômées d'Etat, qui estiment que leur profession, déjà confrontée à des difficultés de recrutement, "est de nouveau bafouée" . "Cette décision est totalement contradictoire avec le renforcement de la qualité des soins et la lutte contre les infections nosocomiales , explique Mme Reiss. A titre d'exemple, les infirmières de blocs reçoivent 120 heures de cours d'hygiène, ces personnes aucune."

Estimant que ces textes contreviennent aux directives communautaires sur la formation minimale des infirmiers, l'AEIIBO et l'Unaibode devaient déposer, mardi

23 août, un référé en annulation devant le Conseil d'Etat, ainsi que, dans les jours qui viennent, un recours en excès de pouvoir.

Cécile Prieur

Article paru dans l'édition du 24.08.05

<http://www.lemonde.fr/web/article/0,1-0@2-3226,36-681993@51-681336,0.html>



The snip doesn't cut it

18/07/2003 20:36 – (SA)

Willemien Brüer

Cape Town – Researchers at the Medical Research Council have established that circumcision is not, as previously thought, a way to prevent the spread of HIV/Aids among heterosexual men.

Some previous studies have indicated that circumcision could prevent the spread of the virus.

Dr Nandi Siegfried says: "It's not true, because men who have been circumcised can get HIV/Aids.

She formed part of a group who published an article about the subject in the highly-respected Cochrane Library database. Among her co-workers were associates of Cape Town, Oxford, Bristol, Liverpool and the British Medical Research Council.

Siegfried says studies now being undertaken have indicated that circumcision could prevent the spread of the disease to some degree, but until the research has been completed, "it may be irresponsible to say circumcision will be a fool-proof method".

The researchers have completed a review of 35 case studies using research methods developed by the international Cochrane collaboration database. It differs from previous reviews in that case studies from all over the world have been incorporated.

Siegfried is of the opinion that previous research was not always of a high standard, because some didn't make use of control groups.

A study is being undertaken among 1 750 Gauteng men who will be circumcised and a similar control group who will not be circumcised. The men will be tested at 3, 12 and 21 months for HIV/Aids and results will be compared afterwards.

Similar studies are now being done in Kenya and Uganda.

http://www.news24.com/News24/South_Africa/News/0,,2-7-1442_1389629,00.html



Circumcision can't prevent HIV'

30/09/2005 12:15 – (SA)

Cape Town – Organisations including the International Coalition of Genital Integrity on Friday cautioned against reports indicating that mass circumcisions could help prevent the spread of HIV.

"HIV cannot be prevented by mass circumcisions. Circumcision may result in a false belief that safe-sex practices are no longer required, implying a worsening of

the incidence of HIV infection," said the National Organisation of Circumcision Information Resource Centres-SA (Nocirc-SA).

The organisation was encouraging the Treatment Action Campaign (TAC) to reconsider advocating circumcision, after its congress where a study presented suggested that a circumcised penis was more resistant to HIV infection.

"This study could dangerously mislead people into believing that if they are circumcised, they could be protected against HIV."

Creating a false impression

Dean Ferris, of the National Organisation of Restoring Men-SA, said the natural response of a circumcised male to these reports would be to assume he is more resistant to HIV infection.

"The implication being that even more circumcised men may engage in unsafe sexual practices under the false impression that they won't contract HIV.

"Equally troublesome is the fact that this study offers no indication on whether or not the receptive partner of the circumcised male will become more or less vulnerable to HIV infection."

Ferris said the female receptive partner's risk will likely increase without adequate protection.

A second study, unreported by the media, and performed by Stallings amongst African females in Tanzania, showed HIV transmission was also reduced among circumcised females.

'Irresponsible reporting'

"Such selective reporting suggests the need for analysis from a gender prejudice point-of-view and suggests that male and female circumcision should be dealt with as a unity."

Ferris said the foreskin is not just a piece of skin, but rather a highly specialised erogenous and immunological structure, which cannot be cut off like hair or fingernails.

"We are therefore concerned about the frequent uncritical reference to particularly the male study in the media. The

promotion of its uncorroborated findings, without adequate understanding of the behavioural consequences, is highly irresponsible."

Ferris said feedback offered to the organisation indicated that some individuals were now advocating "chop-shops," where parents will be able to bring their children for the non-consensual, non-therapeutic removal of their foreskins.

Ferris said when extrapolating globally, the hypothesis of the study could be proven to be wrong.

For example, the United States has a very high rate of circumcision coupled with the highest HIV infection rate in the developed world, while Scandinavia on the other hand has one of the lowest rates of circumcision in the world coupled with a comparatively low incidence of HIV infection.

http://www.news24.com/News24/South_Africa/Aids_Focus/0,,2-7-659_1809127,00.html



10.7 492 10.7 Sexual transmission

Female Circumcision and HIV Infection in Tanzania: for Better or for Worse?

26.7 | 10:35 | Manaus | 3138

Stallings R.Y.1, Karugendo E.2

1ORC Macro, Calverton Maryland, United States of America, 2National Bureau of Statistics, Dar es Salaam, United Republic of Tanzania

Prevention | TuOa0401 | Rebecca Stallings

Introduction: It has been postulated that female circumcision might increase the risk of HIV infection either directly, through the use of unsterile equipment, or indirectly, through an increase in genital lacerations or the substitution of anal intercourse. The authors sought to explain an unanticipated significant crude association of lower HIV risk among circumcised women [RR=0.51; 95% CI 0.38,0.70] in a recent survey by examining other factors which might confound this crude association.

Methods: Capillary blood was collected onto filter paper cards from a nationally representative sample of women age 15 to 49 during the 2004 Tanzania Health Information Survey. Eighty-four percent of eligible women gave consent for their blood to be anonymously tested for HIV antibody. Interview data was linked via barcodes to final test results for 5753 women. The chi-square test of association was used to examine the bivariate relationships between potential HIV risk factors with both circumcision and HIV status. Restricting further analyses to the 5297 women who had ever had sexual intercourse, logistic regression models were then used to adjust circumcision status for other factors found to be significant.

Results: By self-report, 17.7 percent of women were circumcised. Circumcision status varied significantly by region, household wealth, age, education, years resident, religion, years sexually active, union status, polygamy, number of recent and lifetime sex partners, recent injection or abnormal discharge, use of alcohol and ability to say no to sex. In the final logistic model, circumcision remained highly significant [OR=0.60; 95% CI 0.41,0.88] while adjusted for region, household wealth, age, lifetime partners, union status, and recent ulcer.

Conclusions: A lowered risk of HIV infection among circumcised women was not attributable to confounding with another risk factor in these data. Anthropological insights on female circumcision as practiced in Tanzania may shed light on this conundrum.

<http://www.hiv-knowledge.org/iasmaps/preventionT.htm>



Health officials fear babies contracted herpes from rabbi during circumcisions

Wednesday, February 2, 2005

(02-02) 02:35 PST NEW YORK (AP) --

City health officials are investigating the death of a baby boy who was one of three infants to contract herpes after a rabbi circumcised them.

Ten days after Rabbi Yitzhok Fischer performed religious circumcisions on twins last October, one died of herpes

and the other tested positive for the virus, according to complaint filed by the health department in Manhattan Supreme Court.

The complaint, reported in Wednesday's edition of the New York Daily News, also said health officials later found a third baby who had contracted herpes after being circumcised by Fischer in late 2003.

Under Jewish law, a mohel -- someone who performs circumcisions -- draws blood from the circumcision wound. Most mohels do it by hand, but Fischer uses a rare practice where he uses his mouth.

Fischer's lawyer, Mark Kurzmann, told the Daily News that Fischer was cooperating with the investigation, although it's unclear whether Fischer submitted to the city's request for a blood test.

"My client is known internationally as a caring, skilled, and conscientious mohel," Kurzmann said.

<http://www.sfgate.com/cgi-bin/article.cgi?f=/news/archive/2005/02/02/national0535EST0473.DTL&type=health>

Officials fear babies contracted herpes from rabbi during circumcisions

NEW YORK Officials in New York are investigating the death of a baby boy who contracted herpes after being circumcised by a rabbi.

Two other boys have also contracted the disease after being circumcised by the same rabbi. The baby died in October, ten days after undergoing the procedure. Under Jewish law, a mohel draws blood from the circumcision wound. Most mohels do it by hand, but the rabbi in question uses a rare practice where he uses his mouth. A lawyer for the rabbi tells the New York Daily News that his client is cooperating with officials, although it's not clear if he has submitted to a blood test. Copyright 2005 Associated Press. All rights reserved. This material may not be published, broadcast, rewritten, or redistributed.

<http://www.whotv.com/Global/story.asp?S=2889747>

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(AP)

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13811-2/2/2005-NN

<http://www.shelbystar.com/portal/ASP/article.asp?ID=13811>

Rabbi May Have Given Babies Herpes
Health Officials Fear Babies Contracted Herpes From
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<http://abcnews.go.com/Health/wireStory?id=463597>

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Living Religion 02/02/05 – – ESkallagrimsson – 62
Comments

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<http://www.poe-news.com/stories.php?poeurlid=44623>

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LAST UPDATE: 2/2/2005 6:39:29 AM

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http://www.woai.com/news/national/story.aspx?content_id=8BAD18A8-D4EB-4B59-A937-C7EA4B896F4D

Fear rabbi gave tots herpes

Probe death of baby after circumcision

By MAGGIE HABERMAN
DAILY NEWS STAFF WRITER

City health officials are investigating whether a baby boy died after contracting herpes from the rabbi who circumcised him, the Daily News has learned.

The probe was launched after city officials realized that three infants in the city who tested positive for herpes last year all were circumcised by Rabbi Yitzchok Fischer. The Rockland County-based Fischer is a prominent mohel – someone who performs religious circumcisions.

Under Jewish law, a mohel is supposed to draw blood from the circumcision wound to remove impurities. While many mohels do it by hand, Fischer uses a practice little known outside ultra-Orthodox communities called metzizah bi peh, in which the mohel uses his mouth.

On Oct. 16, 2004, Fischer performed a bris, or religious circumcision, on twins. Ten days later, one infant died of herpes, and the other tested positive for the virus, according to papers filed in Manhattan Supreme Court by city lawyers.

A few weeks later, city Health Department officials found a third baby, on Staten Island, who also tested positive for herpes after being circumcised by Fischer in late 2003, the papers say.

Herpes is far more dangerous to infants than adults because of babies' fragile immune systems. The health status of the two surviving boys was not clear yesterday.

The city "is concerned that the possible transmission of herpes simplex virus type 1 in infants may be continuing as a result of defendant's practice of metzizah bi peh," city lawyers wrote in the complaint, dated Dec. 22. "Defendant's conduct to date constitutes a threat to the public health."

The custom of metzizah is thousands of years old. But experts said that these days, many mohels breathe in through a sterile tube to draw the blood instead of using

their mouths directly on the wound, although in some ultra-Orthodox sects, the oral practice is mandatory.

The city asked Fischer to submit to a blood test in November, and ordered him to stop performing metzizah by mouth while waiting for the results, court papers show. Officials told him to use a sterile tube and gloves in the meantime.

But the Health Department got a report that Fischer wasn't following the order, so the city filed the legal complaint to compel him do so.

Fischer, 66, declined to comment yesterday.

His lawyer, Mark Kurzmann, wouldn't say whether Fischer has done the blood test, citing medical confidentiality. But he said Fischer is "cooperating with the city's investigation to resolve this matter."

"My client is known internationally as a caring, skilled and conscientious mohel," Kurzmann said.

He suggested the babies could have contracted herpes elsewhere. He also said there are concerns about the government regulating religious practices.

City lawyers declined to comment.

Health officials, aware of the sensitivity of the issue, have been talking extensively to community leaders.

"There's been a constructive dialogue between the community and the Department of Health, and we're working with [them] to ensure the safety of all our city's children," said Arie Lipnic, spokesman for City Councilman Simcha Felder (D-Brooklyn).

Originally published on February 2, 2005

<http://nydailynews.com/front/story/277069p-237314c.html>



Edition du 22 novembre 2005 > Actualite

Drame des circoncis du Khroub

Une commission à pied d'œuvre

Jamais les services de la santé de Constantine ni d'ailleurs n'ont donné et ne donneront leur aval pour ces pratiques irresponsables qui impliquent non seulement ceux qui les organisent, ceux qui les pratiquent, encore plus les parents des enfants qui emmènent leur progéniture se faire circoncire n'importe où et chez n'importe qui. »

Des propos acerbes, mais justes qui illustrent la colère de M. Damèche, le directeur de la santé de Constantine, qui a été ulcéré à la suite du drame de la circoncision des 7 enfants, de 2 à 7 ans, dans la daïra du Khroub. Ce même directeur a, d'ailleurs, dépêché une commission d'enquête qui va mener des investigations à tous les niveaux pour déterminer les responsabilités de chacun, que ce soit au niveau de l'APC du Khroub, de l'école qui a été « la scène du crime », de la pédiatrie du Mansourah et même des parents. « Je condamne avec la plus grande fermeté l'organisation de ces circoncisions collectives et leurs initiateurs qui ne font que clochardiser l'acte chirurgical et la santé », ajoutera notre interlocuteur. Les

services d'inspection de la direction de la santé de Constantine seront donc chargés d'éclairer l'opinion publique sur ce qui s'est réellement passé ce soir maudit du 27e jour de Ramadhan où des enfants innocents, deux pour le moment, ont perdu leur virilité et toute chance de procréer un jour. Cette commission, qui dépend de la DSP de Constantine, remettra à la fin de son investigation sa conclusion de l'enquête au ministre de la Santé qui a recommandé la plus grande diligence pour que les coupables soient identifiés et jugés et surtout pour que ces pratiques, qui relèvent plus du charlatanisme que du cultuel ou du culturel, disparaissent à jamais de notre société. Pour rappel, si deux enfants ont perdu définitivement leur gland suite à une nécrose, cinq autres attendent toujours et espèrent que la chirurgie plastique pourra réparer ce que des mains inexpertes ont traumatisé.

<http://elwatan.com/2005-11-22/2005-11-22-30758>

Edition du 26 novembre 2005 > Actualite

Drame des enfants circoncis

Amar Tou à El Khroub

Le ministre de la Santé et de la Population et de la Réforme hospitalière, Amar Tou, a effectué hier une visite à Constantine pour s'enquérir de l'état de santé des sept enfants hospitalisés à l'hôpital pédiatrique de Mansourah, suite à une circoncision collective ratée effectuée le 30 octobre dernier dans une école de la ville d'El Khroub, distante de 15 km de Constantine, organisée par l'APC d'El Khroub, à l'occasion de la veillée du 27e jour du Ramadhan.

Rappelons que les enfants concernés, âgés entre 2 et 7 ans, admis à la pédiatrie de Mansourah à partir du 10 novembre dernier, présentaient des déficits de peau alors que deux d'entre eux avaient une nécrose au gland. Alors que la direction de la santé de la wilaya de Constantine avait dépêché une commission d'enquête la semaine passée pour faire la lumière sur les circonstances du drame, on apprend que deux médecins délégués par le ministère de la Santé étaient déjà à Constantine durant la journée de jeudi avant l'arrivée du ministre. Ce dernier a tenu à rassurer les familles des

enfants en leur affirmant que son ministère prendra en charge les cas graves pour des soins à l'étranger si urgence il y a, promettant par là même, dans l'attente des résultats de l'enquête, de prendre les mesures administratives et juridiques qui s'imposent pour que les coupables soient identifiés et jugés. Une réunion tenue, hier, au siège de la wilaya en présence du wali et des cadres de la santé devrait aboutir aux mesures à prendre face à cette situation. Pour les parents des enfants qui n'ont pas manqué d'apprécier le geste tant attendu du ministre, l'espoir reste toujours nourri pour voir la chirurgie réparer les mutilations qui pourraient marquer leur progéniture à vie.

<http://www.elwatan.com/2005-11-26/2005-11-26-30980>



Le CRA fait son bilan

Le comité de Bordj Bou-Arréridj du Croissant-Rouge algérien, par le biais de son président, M. Nebbache, vient de rendre public son bilan portant sur l'ensemble des activités durant le mois de Ramadhan. Cette année, l'opération «meïdat Ramadhan» a été fort bien réussie, selon le premier responsable du CRA qui indiquera que 37.893 repas ont été servis à travers les 5 restaurants ouverts à Bordj Bou-Arréridj, El-Achir, Medjana, Zemmoura et Tassamert. D'autre part, 2.768 couffins de denrées alimentaires, comprenant de l'huile, du riz, des spaghettis et du sucre, ont été distribués au profit des familles démunies, par les comités du CRA mis en place au niveau des daïras. Par ailleurs, 500 enfants nécessiteux ont été circoncis à l'occasion du vingt-septième jour du mois de Ramadhan alors qu'à la veille de l'Aïd, les membres du comité accompagnés de bénévoles ont rendu visite aux enfants assistés et aux malades. Une visite au cours de laquelle des vêtements neufs et des jouets ont été offerts aux bambins. De son côté, M. Nebbache estime que la mission que s'était assignée le CRA a été accomplie et se félicite de son aboutissement tout en remerciant au passage tous les bénévoles et bienfaiteurs qui ont oeuvré à la réussite de l'opération. Notre interlocuteur souligne toutefois que la mission du CRA ne s'arrêtera pas et qu'il continuera à

assister tous ceux qui sont dans le besoin, en toutes circonstances et à longueur d'année.

<http://www.quotidien-oran.com/quot3010/est.htm>



<http://www.lesoirdalgerie.com/articles/2005/11/30/article.php?sid=31253&cid=2>

DRAME DE LA CIRCONCISION COLLECTIVE D'EL-KHROUB Les victimes évacuées à Alger

Les enfants victimes du drame de la circoncision collective qui a secoué la daïra d'El-Khroub dans la wilaya de Constantine ont été évacués sur Alger, hier, après avis des trois spécialistes dépêchés à Constantine sur instruction du ministre de la Santé et de la Réforme hospitalière, Amar Tou. Deux autres cas sont à signaler parmi les 7 enfants admis depuis près de 20 jours à l'hôpital pédiatrique de Mansourah.

Ils avaient quitté l'hôpital dans un premier temps après un constat des médecins traitants jugeant d'une nette

amélioration de leur état de santé mais qui sont tout de même demeurés sous surveillance médicale. Ils seront de ce fait 9 enfants à prétendre bénéficier de la prise en charge médicale promise par le premier responsable de tutelle qui s'était enquis sur place de l'état de santé des 7 enfants vendredi dernier. Amar Tou avait également promis aux parents des victimes qu'une commission d'enquête de la tutelle sera dépêchée à Constantine afin de situer les responsabilités de ce drame et que des sanctions aussi bien administratives que pénales allaient suivre. Et si dans son volet prise en charge des victimes, la promesse du ministre a pris effet concrètement, les commissions d'enquêtes installées respectivement par la direction de la santé, la wilaya de Constantine et le ministère tardent, elles, à rendre publiques leurs conclusions. "L'enquête est toujours en cours", assurait, hier, le directeur de la santé de la wilaya de Constantine en affirmant qu'un seul cas parmi les 9 enfants transférés à Alger suscite l'inquiétude. Les pronostics pour les 8 autres victimes seraient, selon lui très favorables.

Latifa T.



Bill puts clamp on virginity testing

December 24 2005 at 11:56AM

By Christina Gallagher

After six months of vigorous protest and deep cultural debate, a landmark decision has finally outlawed virginity testing and male circumcision under the age of 16 – paving the way for a controversial national law to go into effect.

Last week the National Council of Provinces (NCOP) gave the nod to the first section of the Children's Bill.

It was agreed that virginity testing was permitted for girls – but only those over the age of 16, and only provided they have proper counselling, that the results are not publicised and that the girl's body is not marked.

Virginity testing was banned, while male circumcision was not

Male circumcision was also forbidden – unless the boy is 16 years or older and receives counselling, or is for religious or medical purposes.

In other words, anyone who performs a virginity test or a circumcision on a child under the age of 16 once the bill is law could face the full might of the justice system.



The relevance of both practices in a modern society has been aggressively debated.

Earlier this year, when the Children's Bill was passed by the National Assembly, virginity testing was banned, while male circumcision was not.

The decision to ban virginity testing raised concern from the National House of Traditional Leaders, which deemed it a violation of cultural rights.

'It now sends kids a contradictory message'

At the time, spokesperson Sibusiso Nkosi said: "At the end of the day, we want to see a bill that is there to promote our traditions and identity as African people."

After the NCOP amended the National Assembly's decisions, Nkosi said this week: "The fact that virginity testing has not been totally banned is appreciated."

"But he added: "When it comes to circumcision, religious rights are getting more recognition than cultural rights. We should be treated equally before the law."

One of the key issues raised against virginity testing was the fact that the results of tests were publicised in communities, making girls feel ostracised if they did not "pass".

This is why the revised version specifies that the results may not be made public.

Megan Briede, the national programme manager for Child Welfare South Africa, said girls who go through the test sometimes receive a mark on their foreheads declaring that they are virgins.

She said this was information obtained from NCOP public hearings held in October.

"(We see this as) advertising a child for rape because sleeping with a virgin is still believed (by some) to cure Aids. This mark makes the child more vulnerable."

Nkosi said he was not aware of any cultural groups placing marks on foreheads declaring a child a virgin.

He referred to a similar practice that is now banned in Swaziland, but said it meant that the girl was abstaining from sex, not that she was necessarily a virgin.

He also said the National House of Traditional Leaders agreed with not publicising the results of virginity tests. "We don't expect people to brag about their results – but if a person wants to go public, it's their right."

But, he said: "The age is the problem. Children can buy condoms and contraception at 12 years old but they can only consent to virginity testing at 16. There is no balance."

Under the new bill, a child can consent to medical treatment, including HIV testing and the purchase of

contraceptives, at 12 years of age. Previously, under the Child Care Act, it had been 14.

The new amendments are not without some loopholes. Take, for example, the fact that having sex with a child aged 15 or younger is considered statutory rape, but that a 12-year-old is deemed "mature enough" to purchase condoms in order to practise safe sex.

Briede said her organisation had requested that the age of consent to medical treatment remain at 14, which is the current age set under the Child Care Act. "It now sends kids a contradictory message," she added.

Another concern is that, at 14 years old, children can now consent to surgical procedures, including abortion, but the new bill allows that a girl can consent to giving up her baby for adoption only at 18, whereas previously, a 16-year-old could make that decision.

"Both of these decisions are life-altering. It looks like the bill values one option over another," said Briede.

The Children's Bill modernises the Child Care Act of 1983 and amends a section of the Bill of Rights that refers to children.

It is divided into two sections – section 75 and section 76. Section 75 focuses on provisions for children while section 76 will concentrate on Child Welfare services.

Section 76 will be presented before parliament next year.

Once both bills are signed by President Thabo Mbeki – as is expected, in the new year – these will be incorporated in a revised Child Care Act.

The new features

Other systems put in place to protect children, and ratified by the Children's Bill, include:

The establishment of a National Child Protection Register, which will allow all employers to check whether their employees are suitable to work with children.

It will bar anyone who has been found guilty of an offence against children to work in an environment that involves children.

The establishment of a Register of Adoptable Children and Prospective Adoptive Parents, which is a first for SA and will aid social workers in matching children and adoptive parents, bringing permanency in children's lives.

Improving the care of children living within child-headed households by allowing children to remain with their siblings under the care of an adult designated by the court. This means that the bill seeks to protect these vulnerable children from being burdened with adult responsibilities.

The Children's Bill does not make special reference to the sex of the child who is a victim of a sexual offence.

This issue will be addressed in the Sexual Offences Bill, which is set to be a major issue for various child welfare organisations to tackle next year.

The amendments to the Sexual Offences Bill were drafted in 1996, but they have slipped off parliament's agenda without explanation.

This article was originally published on page 1 of The Star on December 24, 2005

http://www.int.iol.co.za/index.php?set_id=1&click_id=13&art_id=vn20051224091523135C979037



Près de 19.000 circoncisions par an en Belgique

Exactement 18.872 circoncisions ont été pratiquées en Belgique en 2004, soit une hausse de 37 pc en 10 ans (13.786 en 1994). Un peu plus de 2.000 opérations ont exigé une hospitalisation, alors que l'écrasante majorité a été effectuée en hôpital de jour. Le budget Inami pour cette prestation s'est élevé, en 2004, à environ 1,6 million d'euros. Une circoncision peut parfois s'imposer pour des raisons médicales. (Belga)

13/12/05 09h27

http://www.7sur7.be/hln/cch/det/art_148942.html

19.000 circoncisions par an (13/12/2005)

Hausse de 37% en dix ans. Les explications sont diverses

BRUXELLES En 2004, le nombre de circoncisions pratiquées dans notre pays s'est élevé à 18.872, précisément. Soit une hausse de 37% en dix ans. Cette progression fait référence aux interventions remboursées par l'Inami, puisque la circoncision est intégrée comme telle dans la nomenclature des prestations de santé. Un peu plus de 2.000 opérations (2.029) ont exigé une hospitalisation, alors que les autres – l'écrasante majorité – ont été effectuées en hôpital de jour. Le budget Inami pour cette prestation s'est élevé, l'année dernière, à environ 1,6 million d'euros.

Près de 19.000 circoncisions, donc, en 2004, contre 13.786 en 1994 ou encore 15.336 en 1999: l'augmentation est constante, et dépasse légèrement les

5.000 cas en une décennie. Circoncision qui est surtout le fait des communautés musulmane et juive, encore que dans un contexte différent. «La circoncision est mentionnée dans la Bible, mais pas dans le Coran», intervient le Dr Mattelaer, éminent spécialiste belge du sujet, auteur de plusieurs livres sur la circoncision. «Ceci explique, au demeurant, que chez les juifs, la circoncision doit être pratiquée par un juif, alors que chez les musulmans, l'appartenance religieuse du praticien n'a pas vraiment d'importance».

Cette forte augmentation s'explique pour une large part, et assez logiquement, par des considérations relevant de la natalité. Ainsi que l'indique Ural Manço, chercheur aux Facultés universitaires Saint-Louis (Bruxelles), «la population musulmane connaît une croissance puisqu'elle est jeune, avec 35% de personnes de moins de 18 ans. Les musulmans de Belgique représentaient 3% de la population en 1990; un taux qui est monté à 4% en 2002. On recense actuellement quelque 415.000 musulmans en Belgique».

Ceci étant, lorsqu'on sait qu'à peu près 60.000 garçons naissent chaque année dans notre pays, savoir que l'on

pratique 19.000 circoncisions peut paraître énorme. «Mais il n'y pas que les bébés qui sont circoncis», poursuit le Dr Mattelaer. «La tradition juive veut que l'enfant soit circoncis au huitième jour. Par contre, chez les musulmans, la moyenne d'âge est plus élevée, puisque l'opération survient, en moyenne, vers 3 ou 4 ans; même si certains parents la demandent peu après la naissance. Dans le temps, c'était plutôt à la puberté, vers 12 ou 13 ans.»

En sachant aussi qu'une circoncision peut s'imposer pour des raisons médicales (en cas de phimosis, c'est-à-dire de rétrécissement du prépuce, ou de para-phimosis, avec recalottage impossible et turgescence du gland). «Ceci concerne peut-être deux ou trois mille patients chaque année», note le Dr Mattelaer. Auxquels s'ajoutent les conversions adultes, ainsi que ces personnes qui pratiquent la circoncision pour des raisons hygiéniques, ou en espérant mieux se protéger contre les maladies sexuellement transmissibles.

J. M.

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<http://www.dhnet.be/index.phtml?content=http://www.dhnet.be/dhinfos/article.phtml?id=136199>



Press Release

Viafin-Atlas – Circumcision Issues

SALISBURY, England, Jan. 18, 2006 -- Viafin-Atlas Ltd. announced today its consternation and dismay at the thousands of emails it has received in recent weeks from US citizens regarding the detrimental after-effects of circumcision.

In a response to this, Viafin-Atlas, which manufactures therapeutic products for circumcised males, has written to the American Academy of Pediatrics and the US Secretary of Health and Human Services to relay the despair and anger felt by victims of unnecessary neonatal circumcision performed in the US.

In this letter, appropriate suggestions are outlined which enforce the special and necessary human rights which are owed to babies and children of the US. These special rights extend and prevail in all other civilized and developed countries in the world, where the absence of routine neo-natal circumcision is not an issue.

For further details of these letters please visit the News page at <http://www.viafin-atlas.com>.

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Viafin-Atlas Ltd. a fait connaître aujourd'hui sa consternation pour les milliers de courriels qu'elle a reçus ces dernières semaines de la part de citoyens américains, ayant pour objet les effets secondaires préjudiciables de la circoncision.

En réponse à cela, Viafin-Atlas, qui fabrique des produits thérapeutiques pour les hommes circoncis, a écrit à l'Académie américaine de pédiatrie et au Secrétariat d'état à la santé pour transmettre le sentiment de désespoir et de colère ressenti par les victimes de l'inutile circoncision néo-natale pratiquée aux Etats Unis.

Dans cette lettre, des suggestions sont faites pour renforcer les nécessaires Droits de l'Homme et les Droits spéciaux qui sont dus aux bébés et aux enfants des Etats Unis. Ces droits spéciaux s'étendent et prévalent dans tous les autres pays civilisés et développés du monde, où l'absence de la circoncision néo-natale routinière ne fait pas l'objet d'un débat.



Man in court after baby boy death

06 September 2003 21:55

A 29-year-old Nigerian man has been remanded in custody in connection with the death of a month-old baby boy.

The boy died following a home circumcision in Waterford last month.

Osagie Igbiniedion, who was arrested at a hostel in Kilkenny yesterday, was before a special sitting of Thomastown district court this afternoon.

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He is charged with intentionally or recklessly engaging in conduct, by performing a circumcision with a razor blade, which created a substantial risk of death or serious harm to 30-day-old Callis Osaghie.

Judge Peter Smithwick remanded the accused in custody to appear again at Cloverhill District Court next Tuesday.

<http://www.rte.ie/news/2003/0906/thomastown.html>



More initiates in hospital due to botched circumcision

June 30, 2002, 16:45

Thirty-five initiates from one of three initiation schools in the Dikgale area in Limpopo province were rushed to hospital with serious infections last night. This after the local chief's intervention after he was tipped by a health inspector of the boys' condition.

The victims, whose ages range from nine to 33, were among a group of more than 200 initiates whose circumcision turned septic. The 35 initiates became ill after they were allegedly circumcised by inexperienced traditional healers. Sources say this happened after a traditional healer responsible for the group got ill a few days ago.

The condition of the boys was discovered by a health inspector who was conducting a routine inspection at the schools in the area. The inspector then alerted the local chief who contacted the local hospital. The boys were later transported by ambulances to Mankweng Hospital where they have been admitted with serious injuries. Health officials say some of them will need surgical interventions.

The schools in the area are legal and are being checked by health workers. Cathrine Mabuza, the MEC in the Premiers' Office, has already shut several illegal schools in the Tzaneen area where one initiate recently died because of profuse and continuous bleeding.

http://www.sabcnews.co.za/south_africa/health/0,2172,37542,00.html



These men want their foreskins back

Activists decry circumcision and offer 'restoration' process

By Jon Bonné
MSNBC

Oct. 1, 2003 – "I am covered and have overhang." R. Wayne Griffiths, 70 and a grandfather, is speaking frankly about his foreskin -- which really is the only way one can speak on that topic. More to the point, he is gleefully describing the sensation of having his foreskin back after decades of living with a circumcised penis. "It's delightful," he says.

As head of the National Organization for Restoring Men, Griffiths spends his days advocating that circumcised men reclaim what he suggests is their birthright: a penis unmolded by the will of others.

Medically popularized in the early 20th century, circumcision has become a routine option for newborn American boys. But a backlash has surfaced in recent years, often bolstered by conflicting medical data about the procedure's benefits. Out of that debate has emerged a tiny but growing movement of men who not only oppose circumcision, but want back what they consider taken from them. They want to regrow their foreskin.

The notion doesn't pass many peoples' laugh test. But NORM and similar groups are quite serious about straightforwardly counseling men on how to restore this tender bit of flesh. As they portray it, circumcision comprises an insidious conspiracy; in performing an unnecessary procedure, doctors are either ignorant or greedy; hospitals simply look the other way; parents don't know any better and are hounded into consent.

'I knew that something was wrong'

Foreskin restorers often trace the roots of their interest to childhood, perhaps to a moment in the locker room with an uncut classmate. "From the first time I noticed that a little boy was different than me, I knew that something was wrong with one of us ... and I assumed maybe it was him," says psychologist Jim Bigelow, author "The Joy of Uncircumcising," an authoritative text of sorts for restorers.

That, in turn, could lead to shame. Born into an evangelical Christian family in 1933, Bigelow spent years as a boy trying to understand why he was circumcised -- in part because he says the procedure left him with scars. "I figured I was born with something wrong with me and they had to fix it," he says. "I used to pray at

night before I went to bed that God would regrow my foreskin and give it back to me."

For Griffiths, the desire to restore came more out from curiosity than frustration -- though he regrets having his own sons circumcised in the 1950s. But he acknowledges many restorers "are just absolutely, almost violently angry at what has been done to them."

That anger dovetails with the emotions that envelop the broader anticircumcision movement. Groups that fight the practice often endorse restoration and some have urged men to sue their doctors for circumcising them. But they primarily are concerned with educating parents and doctors whom they argue are doing irreparable harm.

"You cannot cut off normal, healthy sexually functioning tissue without cutting off normal, healthy sexual functioning," says Marilyn Milos, a registered nurse and director of NOCIRC, the National Organization of Circumcision Information Resource Centers. "It's a sexual issue, and it's a human rights issue."

Stretching out

The foreskin, or prepuce, extends up from the penis shaft and covers its glans, or tip. It can protect the tender glans skin, and as men become sexually active it often serves as a buffer between the erect shaft and a partner's skin.

Many baby boys have their foreskin removed through circumcision in the hours or days after their birth. Most are done in hospitals by doctors, though some are performed as religious rites. (Ritual circumcision exists in both the Jewish and Muslim religious traditions.) Some two-thirds of baby boys in the United States are estimated to undergo the procedure, a higher rate than most countries but down slightly from an estimated 80 percent in the 1970s.

Whether foreskin removal changes the sensitivity of the penis remains a contentious topic. Those opposed to circumcision insist the extra skin makes a big difference, but a recent study by urologists found little difference in sensitivity in the penises of circumcised and uncircumcised men.

As for bringing back a foreskin, those in the restoration movement describe two methods. They rarely discuss the first, perhaps because many harbor a deep distrust of doctors: skin tissue, usually from the scrotum, is surgically grafted to the penis shaft in a way that replicates the foreskin's shape and function.

The other method essentially requires a man to stretch himself a new foreskin from his existing penis tissue. A variety of methods and devices help accomplish this -- elastic bands, weighted metal containers, even special tape. Some are commercial products with names like P.U.D. (Penile Uncircumcision Device) and Tug Ahoy. Others are homemade with anything from silicone caulk to brass instrument mouthpieces. Several ounces of weights are sometimes added to speed the process.

"Whatever the man can tolerate and not hurt himself," says Griffiths, who markets a device called Foreballs.

All of these products distend the skin forward toward the glans and hold it in place to induce new cell growth, essentially forcing new skin to be created. Regrowth often takes years, with devices worn for 10 to 12 hours each day. Restorers claim it works best when periods of strain and rest are alternated -- not unlike the way

weight trainers rotate muscle groups over successive days.

"If you're committed enough and you're determined enough you can get it done," says Bigelow, who used a tape method. "But it can be, for some men, a five- or six-year procedure.

Seeking pleasure

Of course, it's impossible to truly restore foreskin and restorers admit results are partial at best. Certain specialized nerve endings simply won't return. For example, researchers have described a "ridged band" just inside a natural foreskin's tip of specialized nerve endings known as Meissner's corpuscles, which help detect light touch.

Instead, restorers focus on what they can bring back: revived friction on the penis shaft and what some claim is the "dekeratinization" of the glans -- thicker skin peels off and leaves a tender layer beneath.

Nonetheless, restorers speak with quiet joy about their new foreskins. They describe heightened sexual sensation -- increased sensitivity for a man, less friction

for his partner. They insist that the newly covered glans can become more sensitive.

Before he was restored, Griffiths says, those qualities made him envious. "I had to just absolutely beat myself to death, so to speak, to get feeling, to get some pleasure," says Griffiths. "The intact man just goes on forever. He enjoys the trip."

But the real value, restorers insist, is a new sense of dignity. Language used by restorers and other antircircumcision activists at times resembles that used to describe the healing process for female rape victims or women whose clitorises were cut off in "female circumcision" procedures.

The rhetorical similarities are clearly intentional. Milos starkly describes male circumcision as "the torture and mutilation of infants."

As such, advocates of foreskin restoration like to frame the subject as primal empowerment, mirrored in flesh.

Exact numbers are a mystery, but NORM holds regular meetings around the San Francisco Bay area -- part how-to sessions and part support group.

Says Griffiths: "There's emotional healing that goes on for many, many men that says, 'I'm finally taking charge of my body ... I'm finally taking back what was taken from me without my consent.'"

'Don't go near them'

If restorers urge men to share the experience with loved ones, they are equally fervent when they argue it be done without a doctor's help. Most insist the medical community will be dismissive, if not outright hostile. On this point in particular, restorers reinforce the views of the broader anticircumcision movement.

"Patients do call me and they want a doctor and I say: Don't go near them," says Dr. George Denniston, president of Doctors Opposing Circumcision. "They'll tell you you're crazy and you need psychiatric evaluation."

Denniston and Milos both decry their experiences with medical circumcision, the training for which they describe as little more than an afterthought in obstetrics. The procedure, they argue, amounts to a violation of the "first, do no harm" precepts of modern medicine; its popularity in the medical community means parents can't possibly make informed decisions.

A medical puzzle

Data on the medical value of circumcision largely remains inconclusive. Some studies suggest it improves hygiene and reduces incidence of STDs; other studies have found health problems associated with the procedure.

In the past several years, medical groups have equivocated. Notably, the American Academy of Pediatrics reevaluated the practice in 1998 and essentially refused to endorse it. The American Medical Association came to the same conclusion a year later, noting circumcision was a choice often made "on social and cultural rather than medical concerns."

Both groups underscored ethical precepts surrounding circumcision: anesthesia is essential, parents should take an active role in deciding whether to have it done and doctors need to accurately state the medical logic on either side.

Circumcision has its own fervent advocates. Dr. Edgar Schoen, a longtime pediatrician and researcher in Oakland, Calif., not only remains unswayed about the procedure's benefits but also serves as a foil of sorts to

the antircumcisers. As author of the AAP's previous position on circumcision in 1989, which largely praised its benefits, he remains what could charitably be called dismissive of restoration.

"It's not a serious medical procedure," he says. "The people who are involved in this have a lot of problems that are not related to the foreskin."

As for the stretching process, few medical concerns are raised since it mimics well-tested methods to grow skin. "But you've got to spend a lot of time on stretching," says Dr. Ira Sharlip, a San Francisco urologist and spokesman for the American Urological Association. "It's not a very practical thing to do."

Sharlip says a patient may occasionally inquire about surgical restoration -- which really amounts to cosmetic surgery -- but few urologists have regularly dealt with the issue. "The great majority of men have no problems with having been circumcised," he says, even if fewer parents are now choosing it for their children.

Foreskin restorers see it differently. They believe most men are simply too afraid to address an unquestionably awkward topic.

"Most men who do suffer, who are troubled by what was done to them, suffer in silence," says Bigelow. "If we didn't have what is this foolish tradition in our culture, we wouldn't have to do this."

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<http://www.msnbc.msn.com/id/3543481/from/ET/>



Circumcision battle lands parents of eight-year-old in US court

Sat Feb 18, 3:38 AM ET

CHICAGO (AFP) – A clash over of their son's circumcision has landed the parents of an eight-year-old Illinois boy in a US court where there is no apparent precedent.

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A Cook County judge ordered the mother in the case not to have her son circumcised until the court can hear

arguments from the child's father, who opposes the operation, and decide if it is in the boy's best interest.

Jews and Muslims circumcise their sons for religious reasons.

But this case instead involves shifting medical and cultural preferences, which have recently become a matter of debate in the United States.

The mother, 31, is a homemaker from Northbrook, Illinois. She says two doctors recommended the procedure for health reasons.

But her ex-husband, 49, a building manager in Arlington Heights, Illinois, has called the procedure an "unnecessary amputation" that could cause his son physical and emotional harm.

In the 1900s, surgical circumcision, in which the foreskin of the penis is removed usually before a newborn leaves the hospital, was the norm in the United States.

But the percentage of US babies being circumcised has plunged from an estimated 90 percent in 1970 to some 60 percent now, data show.

The American Academy of Pediatrics no longer recommends routine neonatal circumcision but says the decision should be left to the parents. That has added fuel to the fire where until recently there was little debate on the issue at all among the US Christian majority.

Some staunch opponents of the procedure see it as akin to female genital mutilation. They argue that the procedure is medically unnecessary and morally wrong. Still others have launched support groups for those who have been circumcised and would rather not have been; some have even pursued surgical options for restoration.

Legal experts however say that there are no published US opinions to serve as precedents in this case. As such it normally would be determined based on the best interests of the child.

When the divorced parents appeared Friday in Cook County Circuit Court, Judge Jordan Kaplan got the two sides to agree that the child would not be circumcised "until further order of (the) court."

He also ordered them not to discuss the case with their child.

Tracy Rizzo, an attorney for the mother, said the father scared the child by telling him frightening stories about what might happen if he were circumcised.

The father's lawyers, John D'Arco and Alan Toback, have argued that the couple's divorce agreement provides that the father must be consulted before any non-emergency medical care.

Male circumcision is much more widespread in the United States, Canada, and the Middle East than in Asia, South America, Central America, and most of Europe.

http://news.yahoo.com/s/afp/20060218/ts_afp/healthuscircumcision



US News

Judge to decide on circumcision for boy, 8

Feb 20, 2006, 1:16 GMT

printer friendly email this article

CHICAGO, IL, United States (UPI) -- An Illinois judge has halted the circumcision of an 8-year-old boy while his father contests the mother's plan for the operation.

Cook County Circuit Court Judge Jordan Kaplan granted a temporary restraining order on the operation Friday, the Chicago Tribune reports, but to preserve the child's privacy the newspaper isn't releasing names.

The 31-year-old mother has said two doctors agreed with the circumcision, saying it will prevent medical problems.

The 49-year-old father fears it will harm his son both emotionally and physically. He called it an 'unnecessary amputation.'

Circumcisions, usually performed on newborns, aren't common worldwide and have ebbed recently in the United States where about 60 percent of boys now get the procedure compared to 90 percent in 1970.

The American Academy of Pediatrics now takes a neutral stance on the issue, leaving it up to parents.

Critics of circumcision call it a human rights violation and unnecessary, while those in favor say it is healthy for males.

http://news.monstersandcritics.com/northamerica/article_1131314.php/Judge_to_decide_on_circumcision_for_boy_8



Circumcision no AIDS cure'

CIRCUMCISION – may result in false belief that safe-sex practices are no longer necessary. The result could be a worsening of the incidence of HIV infection, especially for women.

A paper, read at a conference in Brazil, claims that male circumcision has the potential to reduce female-to-male transmission of human immunodeficiency virus (HIV). The 'Wall Street Journal' reported that the 'Lancet,' the

pre-eminent medical journal in the world, refused to publish the paper for unknown reasons.

The researchers said circumcision might help in reducing HIV transmission women-to-men. What they don't say is that male circumcision doesn't protect women from HIV. An infected circumcised man having sex with a woman is just as likely to spread the disease as an intact man. The same goes for any male partner with whom he has sex. The problem is that men and women may erroneously believe that circumcision is like a condom, which then leads to unprotected sex and transmission of the virus.

Robert Bailey, the scientist who sponsored the study, has been promoting circumcision to prevent HIV transmission since 1989. The world medical community thus far has not accepted his published studies. The present study, which was conducted in South Africa, is his latest effort. In such cases, one must be aware of possible researcher bias.

UNAIDS has cautioned against circumcision.

If circumcision were promoted as a way of preventing HIV infection, people might abandon other safe sex practices, such as condom use. This risk is far from

negligible – already, rumors abound in some communities that circumcision acts as a “natural condom. A sex worker interviewed in the city of Kisumu in Kenya summed up this misconception, saying, “I can sleep with circumcised men without a condom because they don’t carry a lot of dirt on their penis.” While circumcision may reduce the likelihood of HIV infection, it does not eliminate it. In one study in South Africa, for example, two out of five circumcised men were infected with HIV, compared with three out of five uncircumcised men.

Relying on circumcision for protection is, in these circumstances, like playing Russian roulette with two bullets in a (five-shot) revolver rather than three.

The World Health Organisation (WHO) said they were concerned that demand for circumcision, as a result of misinterpreting this study, may encourage healers and witch-doctors, which could boost the risk of contracting HIV rather than prevent it due to using contaminated instruments. They also fear a false security from having been circumcised, and reduced sensitivity in the penis may cause an increase in risky, sexual behavior and a decline in condom use leading to increased transmission of the virus.

Circumcision itself is believed to be a vector for transmission of HIV in Africa due to the unsanitary condition of African hospitals, clinics, and traditional circumcisors.

Many South African tribes, such as the Xhosa, practice male circumcision as a cultural ritual, yet South Africa has an extremely high incidence of males living with HIV. Male circumcision apparently has not worked in South Africa. Recently, authorities in Eastern Cape Province arrested a ritual circumciser who was circumcising numerous youths with the same non-sterile knife.

Circumcision is a radical operation that amputates significant erogenous tissue from the penis. Many people call forced or coerced circumcisions an assault and male genital mutilation. Men must be warned of loss of sensation ñ resulting in decreased erectile power, difficulty in ejaculating, and decreased sexual satisfaction, before consent for the surgical amputation is obtained.

Two similar studies have not yet been published. Bailey’s present study has not yet been peer-reviewed. The three studies must be carefully reviewed before a

determination of the value of circumcision in preventing female-to-male HIV transmission, and even then, legal and ethical issues about self-determination must be addressed before advocating the procedure.

Even if the studies prove true and accurate, Africa cannot afford to circumcise all its males. A safe circumcision costs \$15, compared to the already-proven methods for stopping the spread of HIV and AIDS, education and condom use, which cost \$1 (E6.50).

Circumcision has many risks, including infection, penile loss, hemorrhage, hypovolemic shock, and death. The claimed benefit must be balanced against these very real risks.

<http://www.observer.org.sz/main.asp?id=18284&Section=main>



Circumcision debate rages on

By Rebecca Harrison

MBABANE (Reuters) – It's not everyday that hordes of men fight to forego their foreskins -- especially not in a country where circumcision was banned by a 19th century king.

But in the tiny African kingdom of Swaziland, circumcision is making a comeback after research showed the age-old rite may help stop the spread of HIV. Volunteers eager for the snip almost rioted at an overbooked clinic in the capital last month.

"There was a stampede," said Dr. Mark Mills, administrator at the Mbabane Clinic. "There is not a family in Swaziland unaffected by HIV and people are desperate ... In some countries you have food riots, we nearly had a circumcision riot."

Swaziland has the world's highest rate of HIV, with around 40 percent of the adult population believed to have contracted the virus that causes AIDS. Analysts say

the pandemic could threaten the existence of this nation of one million people.

The reasons are complex: many Swazis work in mines in AIDS-ravaged neighbouring South Africa and polygamy is common. But new studies show circumcision could also play a part.

Circumcision, practised by Jews and Muslims, is common in many African countries either as part of rite-of-passage ceremonies, or in Muslim communities mostly in West Africa.

Swaziland's King Mswati II banned it in the late 1800s because young men recovering from the surgery were distracted from waging war. The country, wedged between South Africa and Mozambique, has one of the world's lowest circumcision rates.

Researchers have noted links between high rates of HIV and low rates of male circumcision since the 1980s, but last year the first controlled study in South Africa found circumcised men were around 60 percent less likely to contract HIV. Circumcision's benefits may stem from the fact that the foreskin has cells that the virus seems able to easily infect.

The study by French and South African researchers was published in the Public Library of Science Medicine journal -- and its findings filtered down to Swazis through newspapers, talk shows and politicians.

<http://www.observer.org.sz/main.asp?id=18591&Section=business>



News

October 31, 2000

Anatomy and Sexual Dysfunction

Why do so many women have difficulty reaching orgasm? A new study suggests that, for some, an anatomical disorder may be to blame. Researchers at Boston University School of Medicine report that roughly one quarter of the women they have treated for sexual dysfunction have clitoral phimosis, which means the hood of skin surrounding their clitoris is too tight or there is no opening in the skin for the glans of the

clitoris to protrude for stimulation. The scientists, who were led by Irwin Goldstein, presented their findings at the Female Sexual Function Forum, a four-day meeting in Boston of physicians and therapists that ended Sunday.

The analysis was based on photographs taken of the vulvas of roughly 200 women who have been evaluated at Boston University's Woman's Sexual Health Clinic since its opening in 1998. The photos were made during examinations in which a physician placed a finger on either side of each woman's clitoris to retract the clitoral hood. Goldstein and his co-workers found that women with the highest degrees of phimosis were the most likely to report problems experiencing orgasm. Clitoral phimosis is roughly equivalent to an uncircumcised man with an extremely tight foreskin. Such men often cannot achieve an erection because it is painful; the condition is easily remedied by circumcision or surgical loosening of the foreskin. There is no standard treatment for clitoral phimosis, although some women have undergone surgery to increase the exposure of the clitoral glans.

Goldstein speculates that many women with clitoral phimosis are never diagnosed because gynecologists

generally avoid the clitoris during routine pelvic examinations. He says more research will be needed to determine the overall incidence of clitoral phimosis and the degree to which it underlies female sexual dysfunction. More than 40 percent of women (and 30 percent of men) in the U.S. experience some form of sexual problem, according to a study published last year in the Journal of the American Medical Association. -- Carol Ezzell

<http://www.sciam.com/article.cfm?articleID=000160EE-E53A-1C67-B882809EC588ED9F&sc=1100322>



Female circumcision does not reduce sexual activity

12:30 24 September 2002

NewScientist.com news service

Emma Young

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BJOG: An International Journal of Obstetrics and
Gynaecology

Female Genital Mutilation

Female Genital Mutilation, WHO

Circumcised women experience sexual arousal and orgasm as frequently as uncircumcised women, according to a study in Nigeria.

The researchers also found no difference in the frequency of intercourse or age of first sexual experience between the two groups of women. These findings remove key arguments used to defend the practice, they say.

Friday Okonofua and colleagues at the Women's Health and Action Research Centre in Benin City studied 1836 women, 45 per cent of whom had been circumcised.

During the operation, all or part of the clitoris and the labia are removed. Proponents of female circumcision

claim it makes virginity at marriage and marital fidelity more likely. Opponents condemn it as dangerous and painful.

The women filled in questionnaires, asking about their sexual history. The results show "female genital cutting cannot be justified by arguments that suggest it reduces sexual activity in women," write the team in BJOG: An International Journal of Obstetrics and Gynaecology. Two million women

Circumcision is common in Kenya, Ethiopia, Somalia, Nigeria and Sudan. It is often performed using crude, non-sterilised instruments.

Okonofua's team also found that the circumcised women were more likely to have lower abdominal pain, genital ulcers and urinary tract infections.

An estimated two million women and girls undergo genital mutilation every year. But in some regions, it is the women themselves who must be persuaded the practice is undesirable, say local health workers.

Circumcision brings women respect from other members of the community, points out Sudanese women's health rights campaigner Nahid Toubia.

Journal reference: BJOG: An International Journal of Obstetrics and Gynaecology (vol 109, p 1089)

<http://www.newscientist.com/article.ns?id=dn2837>

Is there any conclusive medical evidence on the health benefits (if any) of circumcision? I've read of an increased incidence of vaginal cancer and venereal disease among the wives of noncircumcised men, but this information did not come from a reliable scientific source.

Cesar Martinez

Garza Garcia, Mexico

Ronald L. Poland, professor and chair of the department of pediatrics at the Pennsylvania State University College of Medicine, responds:

"You have asked an interesting question, one that continues to puzzle the medical profession as well as the

general public. It is a difficult question to answer, because one could not design a definitive yet ethical human study that would randomly select whether or not a group of enrolled neonatal subjects were circumcised. So the information that we do have is culled from studies of boys or men, circumcised or not, who differ from one another in nonrandom ways--that is, they differ in other characteristics that might have led to the original family decision about whether or not to circumcise. These potentially confounding characteristics include religion (which may modify behavior), ethnic group or tribal membership, and economic status, among others. Therefore, all studies of the medical effects of circumcision have inherent flaws that reduce their power to provide convincing evidence.

"Researchers have published studies to show that vaginal or cervical cancer and penile cancer are more prevalent among couples in which the man is uncircumcised. But all of these cancers are strongly associated with, if not caused by, a virus (the human papillomavirus), which is transmitted through sexual contact. Even if circumcision does reduce the spread of this virus--or any virus for that matter--it could not be a reliable form of prevention. Many studies show that cervical and penile cancers are associated with sexual activity that starts at a

young age and that involves many partners. The type of sexual activity may correlate with the social and cultural factors that control decisions about circumcision, producing a possible bias.

"The same demographic limitations apply to the spread of human immunodeficiency virus (HIV). A study from a venereal disease clinic in Africa reported that circumcision was less common among HIV-infected males as compared with HIV-negative males who attended the same clinic. This clinic served two different tribes, each having who have different religions and mores. Again, the prevalence of circumcision was but one difference between the groups and so cannot be considered the only reason for the discrepancy in their infection levels--and circumcision certainly cannot be depended on for protection against a deadly virus.

"There are several published studies that conclude that circumcision prevents urinary tract infection in infant boys. These studies focus on infants who were examined for fever, were hospitalized and were diagnosed as having discharge from a urinary tract infection. These studies may be biased in another way. For years, physicians have heard that uncircumcised boys may be more prone to urinary tract infections. Circumcised boys,

therefore, are more likely to be checked for signs of infection than are their uncircumcised friends. Unfortunately, there have been no studies designed to test boys (circumcised and not) prospectively for urinary tract infection.

"A 1996 statement of the Canadian Pediatric Society concluded that there are no medical reasons to perform a routine circumcision on a newborn infant. An earlier American Academy of Pediatrics Task Force on Neonatal Circumcision noted some potential risks and benefits associated with the procedure but did not see a compelling medical reason for recommending routine circumcision either. So the short answer to the question is no. There are no conclusive medical studies documenting the health benefits of circumcision, although there are suggestive studies on both sides of the issue.

"The following references may be helpful:"

Decreased Incidence of Urinary Tract Infections in Circumcised Male Infants. T. E. Wiswell, F. R. Smith and J. W. Bass in Pediatrics, Vol. 75, pages 901-903; 1985.

Human Immunodeficiency Virus Infection among Men with Sexually Transmitted Diseases: Experience from a Center in Africa. J. N. Simonsen et al. in New England Journal of Medicine, Vol. 319, pages 274–278; 1988.

Urinary Tract Infections and Circumcision. A Case–Control Study. L. W. Herzog in American Journal of Diseases of Children, Vol. 143, pages 348–350; 1989.

Detection of Human Papillomavirus Deoxyribonucleic Acid in Intraepithelial, In Situ, Verrucous and Invasive Carcinoma of Penis. M. R. Cupp, R. S. Malek, J. R. Goellner, T. F. Smith and M. J. Espy in Journal of Urology: Official Journal of the American Urological Association, Vol. 154, No. 3, pages 1024–1029; 1995. [See comments]

Effect of Circumcision on Incidence of Urinary Tract Infection in Preschool Boys. J. C. Craig, J. F. Knight, P. Sureshkuma, E. Mantz, L. P. Roy in Journal of Pediatrics, Vol. 128, No. 1, pages 23–27; 1996.

Neonatal Circumcision Revisited. Fetus and Newborn Committee, Canadian Paediatric Society in Canadian

Medical Association Journal (journal de l'Association medicale canadienne), Vol. 154, No. 6, pages 769–780; 1996.

Neonatal Circumcision Does Not Protect against Penile Cancer. P. M. Fleiss and F. Hodges in British Medical Journal, Vol. 312, No. 7033, pages 779–780; 1996. [Letter and comment

http://www.sciam.com/askexpert_question.cfm?articleID=000CD0D6-AD51-1C71-9EB7809EC588F2D7&catID=3



Ritual Circumcision of Boys

Tidsskrift for den Norske laegeforening [Norway], Volume 121, Number 25: Page 2994, [Journal of the Norwegian Medical Association, Volume 121 Number 25: Page 2994.]

The Council for Medical Ethics states that ritual circumcision of boys is not consistent with important

principles of medical ethics, that it is without medical value, and should not be paid for with public funds.

The council has sent a statement to the board of the Norwegian Medical Association on this matter. Among other things, the council says that ritual circumcision of boys has no established medical benefit. Even with the use of local anaesthesia, the procedure causes pain and is associated with certain risks of medical complications. The Council for Medical Ethics states that circumcision of boys is not consistent with important principles of medical ethics laid down as general determinations in Paragraph 1 (§ 1) of the Norwegian Code of Ethics for Doctors. These require doctors to uphold human health, and to cure, relieve and comfort. The council points out that it is an important factor that the child cannot give consent.

According to the council, doctors should be allowed to refuse to perform ritual circumcision as a matter of conscience. The council makes a point of noting that, when performed, even if not for medical reasons, that circumcision is a surgical operation that must be carried out according to correct principles of surgery and with proper anaesthesia. In line with the Code of Ethics for

Doctors ¶ 12, it should not be paid for by the public health service.

The council invited relevant religious leaders in our community to work on replacing circumcision with symbolic rituals that do not involve a surgical procedure.
– Pål Gulbrandsen, Tidsskriftet
pal.gulbrandsen@legeforeningen.no

Citation:

Gulbrandsen P. Rituell omskjæring av gutter. [Ritual circumcision of boys.] Tidsskr Nor Lægeforen [Journal of the Norwegian Medical Association] 2001;121(25):2994.

Source:

<http://www.cirp.org/library/ethics/gulbrandsen1/>

[CIRP note: This original of this article may be found at URL:

http://www.tidsskriftet.no/pls/lts/PA_LTS.Vis_Seksjon?v_p_SEKS_ID=419642]



Jewish Groups Say it's Time to Stop Circumcising Boys

The recent death of a baby boy in New York City has prompted some Jewish groups to call for an end to the practice of male circumcision. City investigators believe the boy died after contracting herpes from an infected mohel who sucked the blood from the baby's circumcision wound. Two other boys circumcised by the mohel have also contracted herpes, including the dead boy's twin brother.

San Diego, CA (PRWEB) February 9, 2005 -- The recent death of a baby boy in New York City has prompted some Jewish groups to call for an end to the practice of male circumcision. City investigators believe the boy died after contracting herpes from an infected mohel who sucked the blood from the baby's circumcision wound. Two other boys circumcised by the mohel have also contracted herpes, including the dead boy's twin brother.

Also known as Brit Milah, circumcision is the surgical removal of the foreskin from the penis. Although circumcision deaths in the U.S. are rare, the ritual is

facing heavy criticism as it becomes synonymous with genital mutilation.

"What happened to this innocent Jewish baby in New York is especially tragic," said Gillian Flato, Director of Jews Against Circumcision, an international organization of Jews who have re-examined the practice and have found it to be immoral. "I think this is a wake up call for the Jewish community. Are they willing to blindly follow tradition and jeopardize their sons' lives? Circumcision does not make one Jewish. Being born to a Jewish mother makes you Jewish, or a Jewish father in the Reform tradition. Being Jewish is in your heart, not in your penis."

Dr. Ronald Goldman, Executive Director of the Jewish Circumcision Resource Center in Boston and author of *Questioning Circumcision: A Jewish Perspective*, said that many Jewish parents feel pressured to circumcise their newborn sons by family members or others within the Jewish community.

"For a growing number of Jews, circumcision raises serious intellectual, emotional, and ethical conflicts. A lot of parents end up regretting their decision to have their baby boys circumcised, especially if they witness the

ceremony,” said Goldman. “Those Jews that forgo circumcision are at peace with their decision. Jewish parents who are questioning circumcision have options.”

One of those options is a Brit Shalom, a naming ceremony that some Jewish families practice as an alternative to traditional circumcision. Growing in popularity, it shares many of the same ceremonial aspects of the Brit Milah, but without cutting the genitals. It is similar to the naming ceremony used to celebrate the birth of Jewish girls.

Attempts to protect boys from circumcision have now crossed into the legal realm as well. While girls have been legally protected from circumcision in the U.S. since 1996, a federal bill proposal written by a San Diego group called MGMbill.org would extend that protection to boys. Matthew Hess, the group’s president, said that Jewish support for the proposed bill will be critical to its success.

“Efforts to legally protect boys from MGM (“male genital mutilation”) will be much harder without the support of Jewish leaders,” said Hess. “Many politicians fear that supporting a ban on infant male circumcision will upset their Jewish constituencies and cost them votes in the

next election. But those attitudes can be changed if more Jews speak out against the practice – just as Muslim women have changed opinions on female circumcision in Africa.”

Hess himself is not Jewish, but he said that feedback and advice received from Jewish members of Congress and their staff have made him more aware of the need to encourage activism in the Jewish community at large. “Concerns about the ethics of circumcision are pervasive,” said Hess. “But transforming those concerns into action requires people to speak up.”

<http://prweb.com/releases/2005/2/prweb207134.php>

Traduction:

San Diego, CA (PRWEB) 9 février 2005 – La mort récente d'un bébé New Yorkais a incité certains groupes juifs à réclamer la fin de la pratique de la circoncision masculine. Les enquêteurs de la municipalité croient que le garçon est mort après avoir contracté l'herpès d'un mohel contaminé qui a sucé le sang de la blessure de la circoncision du bébé. Deux autres garçons circoncis par

le mohel, dont le frère jumeau du décédé, ont également contracté l'herpès.

Egalement connue sous le nom de Brit Milah, la circoncision est l'ablation chirurgicale du prépuce du pénis. Quoique les morts par circoncision soient rares aux Etats Unis, le rituel, devenant synonyme de mutilation génitale, fait l'objet de lourdes critiques.

Ce qui est arrivé à New York à cet innocent bébé est particulièrement tragique, "dit Gillian Flato, directeur de Jews Against Circumcision (Juifs contre la circoncision), une organisation internationale de juifs qui ont réexaminé la pratique et l'ont trouvée immorale. "Je pense que c'est un réveil pour la communauté juive. Veulent-ils suivre aveuglément la tradition ou mettre en danger la vie de leurs fils ? La circoncision ne rend pas juif. Etre né d'une mère juive, ou d'un père juif dans la tradition réformiste, rend juif. Etre juif est dans le coeur, non dans le pénis."

Le docteur Ronald Goldman, directeur exécutif du Jewish Circumcision Resource Center de Boston et auteur de "Questionner la circoncision : une perspective pour les Juifs" affirme que de nombreux parents juifs se sentent contraints de circoncire leurs garçons par les membres

de la famille ou par d'autres personnes de la communauté juive.

"Pour un nombre croissant de juifs, la circoncision soulève de sérieux conflits intellectuels, émotionnels et éthiques. Beaucoup de parents finissent par regretter la décision de faire circoncire leurs enfants, surtout s'ils assistent à la cérémonie," affirme Goldman. "Ceux des Juifs qui renoncent à la circoncision sont en paix avec leur esprit. Les parents juifs qui se posent le problème de la circoncision ont des choix."

L'un de ces choix est celui du Brit Shalom, une cérémonie de nomination pratiquée par certaines familles juives comme alternative à la circoncision traditionnelle. D'une popularité croissante, elle partage plusieurs des aspects cérémoniels du Brit Milah, mais sans couper les parties génitales. Elle est similaire à la cérémonie de nomination usitée pour célébrer la naissance des filles juives.

Des tentatives pour protéger les garçons de la circoncision sont maintenant faites aussi dans le domaine légal. Tandis que les filles sont légalement protégées de la circoncision aux Etats Unis depuis 1966, une proposition de loi fédérale rédigée par un groupe de San Diego appelé MGMBill.org étendrait cette protection

aux garçons. Matthew Hess, le président du groupe, affirme que l'appui des juifs pour cette proposition sera déterminant pour son succès.

"Les efforts pour protéger légalement les garçons contre la MGM (mutilation génitale mâle) seront beaucoup plus difficiles sans l'appui des leaders juifs," affirme Hess. "De nombreux politiciens craignent que le soutien de l'abolition de la circoncision des bébés mâles bouleverse leurs électeurs juifs et leur coûte des voix à la prochaine élection. Mais ces attitudes peuvent être modifiées si davantage de juifs s'élèvent contre la pratique – de même que les femmes musulmanes ont changé d'opinion sur la circoncision féminine en Afrique."

Hess lui-même n'est pas juif mais il affirme que les réactions et conseils des membres juifs du Congrès et de leurs équipes l'ont rendu plus conscient du besoin d'encourager l'activisme dans la communauté juive dans son ensemble. "Les préoccupations sur l'éthique de la circoncision sont universelles," affirme Hess. "Mais la transformation de ces préoccupations en action exige que les gens parlent."



Circoncision de 580 enfants à Chlef

Un bienfaiteur de la ville de Chlef a pris en charge la circoncision de 580 enfants démunis de différents coins de la région.

L'opération, qui a touché hier une centaine d'enfants, a été organisée à l'occasion de la célébration de la fête de l'indépendance et de la jeunesse. Elle s'est déroulée à la nouvelle clinique privée Les Orangers, dont le personnel médical et administratif s'était mobilisé pour la circonstance pour mener à bien les interventions. Le premier responsable de la structure, le docteur Radjah, souligne la contribution de ses services aux côtés de l'auteur de ce geste de bienfaisance, en l'occurrence le patron de l'hôtel Ouarsenis. Après chaque acte chirurgical, des youyous fusaient de la salle, créant une véritable ambiance de fête à l'intérieur et à l'extérieur de la clinique. Les familles des bénéficiaires n'ont cessé de louer cette initiative et remercier les organisateurs pour avoir rendu le sourire à des dizaines de gamins dont la situation sociale est jugée difficile. L'action se poursuivra durant le week-end pour toucher l'ensemble des enfants concernés.

A. Yechkour

http://elwatan.com/spip.php?page=article&id_article=46142-



Luanda – Mardi, 11 juillet 2006 – 15:48

La DA prépare une loi contre les circoncisions illégales

Johannesburg, 04/07 – Le principal parti d'opposition d'Afrique du Sud, l'Alliance démocratique (DA), a annoncé, lundi, son intention d'introduire au Parlement un projet de loi destiné à réprimer les écoles de circoncision traditionnelles illégales qui opèrent au Cap Oriental.

Cette proposition fait suite à un nombre croissant de décès enregistrés dans la province comme conséquence de la circoncision traditionnelle pratiquée illégalement.

Selon la presse locale, 215 personnes sont mortes alors que 118 autres ont perdu leur virilité des suites de ces circoncisions dans la province depuis 2001.

Le porte-parole de la DA, Mike Waters, a annoncé que la nouvelle Loi sur l'enfance interdit que tout garçon de moins de 16 ans soit circoncis pour des raisons culturelles et que ceux de plus de 16 ans doivent donner clairement leur consentement avant de subir cette opération.

"Cependant, alors que la Loi sur l'enfance a été signée par le président le 08 juin de cette année, elle n'est toujours pas appliquée pendant que le département du Développement Social est toujours occupé à élaborer des règlements. Et avec la nouvelle saison d'initiation qui a déjà onze jours, 11 initiés ont déjà perdu la vie", a souligné M. Waters.

Il a déclaré que dès que le Parlement va reprendre ses sessions en août, il va introduire un projet de loi d'initiative parlementaire, qui va amender la Loi sur l'enfance pour y intégrer la réglementation sur les écoles d'initiation.

<http://www.angolapress-angop.ao/noticia-f.asp?ID=453298>



The Muslim Face of AIDS

By Nicholas Eberstadt and Laura M. Kelley
Foreign Policy | July 7, 2005

On a cold December evening in the southern Iranian city of Kerman, the stars blazed overhead as a father took his son's life. Enraged, and with an ax in hand, the head of a prominent Iranian family chopped his child to pieces for bringing shame upon his relatives. The son's crime? Contracting HIV, the virus that causes AIDS. In a country where, in some parts, nearly 60 percent of HIV-positive citizens take their own lives within the first year of their diagnosis, the 23-year-old son faced little chance of acceptance, even from his family.

That tragic story is just one of the many being told as the deadly contagion unfolds across the massive Islamic expanse, from Morocco to the Philippines. In the years immediately ahead, the AIDS pandemic will exact a grim

toll on a number of vulnerable populations with volatile polities—places unlikely to cope with the significant social stresses and economic burdens that AIDS can cause.

Officially, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates the total HIV population of North Africa, the Middle East, and predominantly Muslim Asia at nearly 1 million people today. At the end of 2003, UNAIDS estimated that up to 420,000 people in Mali, 180,000 in Indonesia, 150,000 in Pakistan, and 61,000 in Iran had HIV/AIDS. Those numbers, however, are severely understated. UNAIDS figures depend upon surveillance data; thus a lack of information can be taken as a lack of infection. UNAIDS data on the number of people living with HIV/AIDS are completely missing for Afghanistan, Turkey, and Somalia, all countries with large at-risk populations. Moreover, UNAIDS' HIV estimates are determined by conferring with local governments, and politicians who do not wish to allocate domestic resources to HIV/AIDS programs (or to deter foreign investors) can downplay its reach or simply refuse to admit its presence. Although the prevalence rates of Muslim infections may seem small when compared with the tragedy that is unfolding in southern Africa, they stand in sharp contrast to official estimates that suggest no disease at all.

An instructive tale for the Muslim world lies in the differing responses to HIV/AIDS in Thailand and South Africa. In the early 1990s, both countries had an official national prevalence of between 2 and 3 percent. Thailand embarked on an aggressive anti-HIV campaign that reached all sectors of society. AIDS education programs were delivered in schools as well as in brothels, and senior political leaders delivered AIDS-prevention messages as a part of almost every public address. As a result of this campaign, HIV rates remained low throughout the 1990s. By comparison, South Africa did little to halt the spread of HIV until the dawn of this millennium and now has the nightmarish task of controlling a disease that already infects nearly a quarter of its adult population. The Muslim world now must decide if it will replicate Thailand's relative success, or follow South Africa's deadly path.

It Couldn't Happen Here

The first cases of HIV in the region were officially recorded in Bahrain, Qatar, Iran, and several other Muslim states in the mid-1980s. Despite identifying the disease early on, many countries still have not launched treatment or public health education programs to

prevent its further spread. One major reason for this lack of action has been assumptions that premarital sex, adultery, prostitution, homosexuality, and intravenous drug use do not occur in the Muslim world, or happen so infrequently that the risk of the disease gaining a foothold in these countries is low.

In 1995, for example, Indonesia's Council of Ulemas urged that condoms only be sold to married couples with prescriptions from general practitioners. It was felt that strong religious convictions would prevent people from having extramarital sex. Members of the international public health community, for their part, have not only seemed to accept the presumptions behind those arguments but on occasion have also espoused them. As recently as February, an official in Pakistan's National AIDS Control Programme asserted that HIV prevalence was lower in Pakistan than in other countries thanks largely to "better social and Islamic values."

Islamic culture and Muslim beliefs, unfortunately, are not sufficient to inoculate populations against the spread of HIV. The trajectory of the virus in predominantly Muslim regions of the sub-Saharan Africa proves this point. In Nigeria, 6 to 10 percent of adults are infected, and between 10 to 18 percent of adults in Ethiopia are HIV-positive. Both

are countries in which fully half of the people practice some form of Islam. Although the HIV epidemic in Muslim Africa should have sounded a wake-up call to other Islamic communities, few Islamic authorities north of the Sahara seem to have heard the alarm.

For all the diversity within the more than 1 billion-strong Muslim world—from Albania and Turkey in Europe, across Northern Africa and through the Persian Gulf, and to Malaysia and Indonesia in South Asia—a couple of common features have kept its efforts to combat the disease frozen in time. One is that there is no prescribed separation of faith and state in many Islamic countries today: The Koran is consulted not only as a religious text but also as a source of law, a guide to statecraft, and an arbiter of social behavior. Although such reliance on the Koran may help leaders envision an ideal human society (one with low rates of drug abuse, prostitution, and other types of crime), it also often keeps them from providing civic assistance to counter real social problems. Another common factor that contributes to a slow response to HIV/AIDS is the relative absence of firmly rooted or functional democratic systems in many Muslim countries. Citizens of these countries simply do not expect their governments to provide social services to mitigate the impact of HIV/AIDS. Taken together, these two

tendencies—political primacy of the Koran and weak or absent democracy—have cost Muslim leaders valuable time in the fight against the epidemic.

Tackling the Taboo

Although many Muslim leaders have done little to control HIV/AIDS other than deport the foreigners that they blame for the disease, a handful of leaders have acknowledged their epidemics and are working diligently to find ways to control infections. One of the Muslim governments that does seem to be responding to its gathering HIV problem is, surprisingly, “axis of evil” member Iran. Although the social stigma associated with the disease remains quite severe—until 2001, workers could be fired from their jobs for being HIV-positive, and throughout 2002, doctors and hospitals could refuse to treat AIDS patients—recent government actions paint a more promising picture. Iran’s President Mohammad Khatami and his administration have been very forthcoming about the extent of the epidemic and the urgent need to control the further spread of the disease. HIV education is now offered as a standard part of the health curriculum in many Iranian public schools, and lectures about how to prevent the disease are also given to couples who apply for marriage licenses. Perhaps

surprising, given the Iranian regime's strict conservative reputation, needle-exchange programs also have been offered in high drug-use areas of Tehran, and syringes are now sold over the counter in many pharmacies. Hopefully, the incoming administration will continue HIV education and prevention efforts.

Yet, spread of the disease among prostitutes and their clients remains a challenge for Iran. Officials are not even sure how many commercial sex workers there are, and estimates range from 30,000 to more than 300,000. Creating social welfare programs and communicating alternative, safer behaviors for poor or troubled women and girls could reduce the number of prostitutes and levels of transmission in this difficult-to-reach group, thus preventing the further spread into the general population.

Another Muslim society has seen considerable progress in HIV education and prevention efforts within gay and bisexual networks and commercial sex circles. In Bangladesh, recent surveys have found that knowledge of HIV and its transmission is low among both male and female sex workers, and efforts to increase condom use are under way around the country. Since 1997, the Bandhu Social Welfare Society has provided safer-sex

promotion activities for more than 76,000 homosexual and bisexual men. Some officials hope to expand this successful non-governmental organization from six cities where anti-HIV and anti-STD education and prevention are offered to a national program. The Bangladeshis have also successfully experimented with awareness programs in the social and religious center of each community: the mosque. Because imams play an important role in shaping values, training them to educate people to the dangers of HIV seems natural. With assistance from the Islamic Foundation, the Islamic Medical Mission, and the United Nations Development Programme, thousands of religious leaders—including some women—are now trained to deliver anti-HIV and anti-STD educational and prevention messages. Unfortunately, the efforts of Iran and Bangladesh far outpace those of other Muslim countries. Little or no surveillance data are available on the disease in many countries with significant higher-risk populations of intravenous drug users—Afghanistan and Iraq among them. Saudi Arabia and other states in the Persian Gulf have only recently begun to admit that they have a small but persistent domestic locus of infection after decades of blaming foreigners for the disease.

Guarding the Faithful

A look at the latest UNAIDS update for Muslim nation statistics is telling for its lack of information: a handful of cases here, empty columns there. But all these blank pages cannot mask the toll AIDS is taking, and will take, on the Muslim world. If Muslim societies are to respond effectively to their own still-gathering domestic HIV epidemics, they must begin mounting aggressive HIV/AIDS surveillance programs. To control the epidemic, sweeping legislative and social changes are also required. Following the example of Iran, conservative and fundamentalist regimes must harness their religious piety to deal with this urgent social need. In addition to teaching safer behaviors to higher-risk groups, social messages can be crafted to teach people that they can still be good Muslims and care for those infected with this disease. Counselors for an Egyptian hotline encourage callers to accept acquaintances and family members with AIDS by reminding them of the relationships they shared before the diagnosis. By stressing similarities between the infected and the non-infected, the counselors encourage greater social acceptance of the disease.

In the Muslim world, as everywhere else, battling HIV/AIDS is in part a women's issue. Islamic women must

refuse to be infected and die in silence. They must embrace the fight against this disease at all levels of society. Married women must talk to their husbands who work as remittance laborers overseas and urge them to avoid extramarital sexual contact (or use condoms if they do stray).

HIV/AIDS education and control efforts could also become part of each citizen's zakat, or charity giving. In nations that use taxes as part of their zakat, some portion of the contributions could establish AIDS awareness and treatment programs. Helping Muslim societies confront their own HIV/AIDS problem might actually become an avenue of positive engagement for the United States--in regions where America could stand to improve its image.

Domestic or international, anti-AIDS action for the Muslim world must be planned and implemented soon. Unchecked, HIV/AIDS will continue to spread through Muslim countries--destroying families and deepening poverty--until it has ruined the very fabric of these societies. Muslim countries must acknowledge that contemporary societal ills are serious domestic issues, but also that modern public health and scientific measures can help them conquer this disease. And those

of us in the West must respect the fundamental fact that socially conservative societies will adapt to some issues but will not necessarily buy what we mean by “modernity” wholesale.

Islamic countries are at a crossroads. They can choose to act slowly and mount only superficial education and prevention programs. Or they can choose to confront this killer virus that threatens their community of believers. After a shaky start, the formidable powers of national religious leaders can be harnessed to educate people to protect themselves. Most important, these countries have to reach out to their most vulnerable—to the people who are most at risk—to stop the continued spread of the disease. If they don’t, AIDS will exact an even greater toll among the faithful.

<http://www.frontpagemag.com/Articles/ReadArticle.asp?ID=18641>