



# NORM NEWS

## WINTER 2012

### BLOODSTAINED MEN IN NEW ORLEANS

The picture above was taken outside the American Academy of Pediatrics conference in New Orleans. The idea of a bloodstained overall was devised by our own Richard Duncker who also runs an organisation called Men Do Complain.

This idea has now been used in demonstrations in the UK, America and Germany and is proving an effective means of drawing attention to the damaging effects of circumcision. Here is the link to two organisation who are now using this technique.

<http://www.facebook.com/BloodstainedMenTheirFriends>

<http://justasnip.wordpress.com/2012/12/13/bloodstained-men-and-their-friends-performance-gegen-knabenbeschneidung/>

## Editorial

DAVID SMITH

As the recession continues to bite, each week sees tales of woe from health trusts who are having to cut services in order to balance NHS budgets. The NHS has been charged with making £20 billion in efficiency savings by 2015. The National Audit Office states that it is "not clear" whether the unprecedented savings made in the health service are sustainable over time.

In January the BBC health pages reported that seventeen NHS hospitals in England have been ordered to take action after a watchdog says they are failing to provide safe staffing levels. The health watchdog issued the hospitals with warnings in November, after carrying out inspections. About 16% of hospitals failed

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to come up to the necessary level.

I was pleased to read on the BBC health news website that NHS Sheffield's Clinical Commissioning Group is looking to make savings and has proposed stopping funding male circumcision for non-medical reasons making families pay for the procedure.

This decision has sparked concerns that there will be a rise in backstreet operations and that children and young people are going to be put at risk.

I applaud Sheffield for taking this decision. According to national guidelines from the Department of Health, circumcisions should not be funded when they are requested for non-medical reasons. The proposals bring Sheffield into line with this national guidance. The NHS should not be performing non-therapeutic procedures and if, as a result of this decision they could be having to repair damage done to children by procedures carried out in the community they should be reporting this on to the police and child protection officials who should be taking the necessary action to enforce child protection laws.

I have two pieces of good news to report. First, I am delighted to advise that NORM-UK has been voted top UK charity on Health: Medical Research/Welfare Charities.

The second piece of news is that we have decided that as I have been editor of NORM NEWS since the first edition in 1995, the readership would benefit from a change, so the next four editions will each have a guest editor chosen from members of the trustee board.

## American effort to ban circumcision of minors kicks into high gear

### ***Intactivists from MGMbill.org inundate Congress and 10 state legislatures with bills to protect boys from forced circumcision.***

San Diego, CA (PRWEB) January 15, 2013

Genital integrity activists from across the country are demanding that lawmakers ban the practice of circumcising boys. Popularly known as "intactivists", these children's rights advocates submitted the Male Genital Mutilation (MGM) Bill proposal to more than 2,000 legislators this week in an effort to require gender neutrality in federal and state laws that regulate genital cutting.

As director of MGMbill.org's Indiana state office in Indianapolis, Jeff Cowsert wants all boys to be able to grow up with their genitals left intact. "When I was eight years old, my religious friends told me about circumcision," said Cowsert. "I was silently outraged, and for the remainder of my childhood I mourned the fact that I didn't have a complete body. I would not have chosen to be cut if given the choice, and I strongly feel that infant circumcision needs to be banned so that men can make their own

choices about their own bodies when they are mature adults."

Ending male circumcision is a goal shared by many women, as well. Shelley Wright-Estevam is a mother and business owner who serves as the group's state office director in Selbyville, Delaware. "You shouldn't have to be born female to be protected from genital cutting," said Wright-Estevam, who has frequently been spotted spreading her message of intactivism on the boardwalk in nearby Rehoboth Beach. "I have heard some people argue that parents should be the ones to make that decision, but violence against a child is not a private matter. Circumcision is not just unnecessary; it also removes a male's most sensitive body part. It's unethical, painful, harmful, and occasionally even fatal."

Male circumcision was one of the top issues for lawmakers around the world in 2012. It started in January when a Helsinki district court convicted a man of assault and battery for circumcising two Muslim boys. The following month, the Swedish Pediatric Society issued a statement calling circumcision an "assault" that should be banned. Then, in June, the Centre Party in Norway called on the Red-Green coalition government to grant boys legal protection from circumcision.

Two months later in August, the Tasmanian Law Reform

Institute recommended that the state impose a general prohibition on circumcision while Denmark opened an investigation to determine if circumcision violates its health code. And in October, Finland's largest opposition party promised to introduce a bill that would criminalize circumcision of boys

But the biggest news came out of Germany over the summer, when a Cologne district court ruled that circumcision of male children is a crime. Although Germany's parliament later overrode the decision by passing a new law, the German Pediatric Association called for that law to be rejected, stating that boys have "the same basic constitutional legal rights to physical integrity as girls".

Circumcision was a hot topic in America, as well, when children's rights groups slammed an American Academy of Pediatrics policy statement that sanctioned parental access to newborn circumcision. New York City also implemented disclosure and consent rules regarding the practice of ritual circumcision after two baby boys died from contracting herpes during the procedure. And with H.R. 2400 (the "Religious and Parental Rights Defense Act of 2011") failing to get past the House Energy and Commerce Committee, the path is now clear for state governments to prohibit circumcision of male minors within their

own borders.

Matthew Hess, president of MGMbill.org, said lawmakers can't hide from the issue forever. "There are too many people speaking out against circumcision now," said Hess. "What once was a trickle of condemnation has now become a tidal wave. Modern parents are armed with information on the harmful effects of foreskin amputation, and circumcised men are much more willing to speak out against what was done to them as infants. I think the days of legalized childhood circumcision in this country are numbered."

In addition to submitting the MGM Bill proposal to every member of the 113th Congress, the group's representatives submitted similar bills to every state lawmaker in California, Delaware, Florida, Indiana, Minnesota, New Jersey, New York, Oregon, Virginia, and Washington.

### People & Power— Ndryndola: I am a man

Circumcision rituals in South Africa - the ceremonial transition to manhood in the Xhosa society - are resulting in the mutilation and death of hundreds of young men each year. People & Power investigates the tragic consequences.

<http://www.youtube.com/watch?v=Q7PIZmE2aJ8>

### Consent rule may proceed for a circumcision ritual

According to a report in the New York Times, New York City health officials may proceed temporarily with a plan to require parental consent before an infant may undergo a particular Jewish circumcision ritual.

City officials say 12 cases of herpes simplex virus have likely resulted from the procedure, known as metzitzah b'peh, since 2000. Two infants died, and two suffered permanent brain damage. Most Jews no longer practise metzitzah b'peh, in which the circumciser uses his mouth to suck blood from the wound, but it remains common among some ultra-Orthodox communities.

Citing the risk of infection, health officials in September introduced a regulation that would require parents to provide written consent stating that they were aware of the health risks.

But the Central Rabbinical Congress of the United States and Canada, Agudath Israel of America, and the International Bris Association sued in October to stop the rule from taking effect, calling it an infringement of their constitutional rights. They also denied the procedure posed a risk and asked a federal court to put the rule on hold while the litigation proceeded.

In denying the request for a preliminary injunction, Judge



Naomi Reice Buchwald of the United States District Court for the Southern District wrote that the risks were clear.

“In light of the quality of the evidence presented in support of the regulation, we conclude that a continued injunction against enforcement of the regulation would not serve the public interest,” she wrote.

City lawyers said they were gratified by the ruling, but Andrew Moesel, a spokesman for the plaintiffs, said the groups would appeal adding that they continue to believe that this case is a wrongful and unnecessary intrusion into the rights of freedom of religion and speech.

### Christopher Sykes Circumcise me

Here is a recently released link to the TV documentary exploring attitudes to circumcision released in 2006 15 by Producer/Director: Christopher Sykes. TV documentary.

<http://www.youtube.com/watch?v=mYm67d8AeKs>

### NORM-UK AGM AND CONFERENCE

The NORM-UK AGM and conference will be held on Saturday 14th September at Stone Station Conference Centre. Stone, Staffordshire.

### Manslaughter verdict following circumcision

On the 14th of December in Manchester Crown Court. A midwife, Grace Adeleye, was found guilty by a jury of the manslaughter, by gross negligence, of Goodluck Caubergs, a four week old baby boy who died the day after she circumcised him.

Following the death an e-petition sparked a controversial debate into the risks associated with the procedure. The petition calls on the government to introduce the legal regulation of the circumcision of male babies and children.

Glen Poole, who runs Helping Men, and who in 2012 started a petition which eventually gained more than 1,000 signatures and also set up the campaign End Unnecessary Male Circumcision, commented that one of the legal inequalities boys face is, while it is illegal to perform unnecessary genital surgery on girls in the UK or to take a girl based in the UK abroad to have such surgery performed on them, it is perfectly legal to do this to boys.

Although, the NHS does not offer routine circumcision Manchester Primary Care Trust have produced a leaflet for parents giving advice for those parents wishing to get their son circumcised for religious or cultural reasons. A spokesperson said that they felt that it was important to give some guidance to parents

about how to choose a service.

They added that the trust have set up a voluntary quality assurance process for providers of circumcision for religious or cultural reason.

### Keele Medical Students

As regular readers are aware, NORM-UK is part of the Keele Medical School community experience programme. This programme allows medical students to work with local charities to expand their awareness of community services.

This year we have eight student placements and here are a selection of the descriptions of their experiences about their placement.

One of the most fundamental aspects that distinguishes modern medicine from its past is patient autonomy. My time at NORM-UK has very much affirmed this and it will certainly be a reflection towards my future practice in medicine. I've been exposed to some eye-opening evidence regarding both the physical and psychological pain men often have for the rest of their lives following circumcision. The reasons range from cultural, religious and medical where, unfortunately, the vast majority of these men, or boys at the time, had no say in it at all or were provided no other

alternative. The work and the evidence provided by NORM-UK has emphasised the importance of our roles as future members of the NHS to not only practice in the best interest of our patients but also to educate and inform our patients as well as other health care staff, with the hope of spreading this knowledge to bring about urgent change.

Uhna Raath  
2<sup>nd</sup> Year medical student  
Keele University

Before coming to NORM UK I was unsure of what to expect. My knowledge of the organisation and also of the issues surrounding circumcision were limited and I had not really ever thought much about male circumcision; its long term and short term effects on males.

By reading the letters and recollections of circumcised men, I gained insight into how destructive circumcision can be for males, particularly from a psychological point of view. I also quickly realised of the lack of support men receive, and how many men suffer in silence because of the lack of awareness of the issue within our communities.

Furthermore, I found that my time at NORM UK has opened my eyes to circumstances that I may not have considered otherwise. It has become clear to me that the scale of the issues surrounding circumcision is

huge. I have realised that the challenges faced by NORM UK are not small either: ethical and cultural traditions relating to circumcision are complex and it will be difficult to challenge these ideologies. However, the issues surrounding therapeutic circumcision are ones that could readily be tackled, particularly through education medical professionals in alternative treatments to circumcision. Personally, I will take the knowledge I have gained from NORM UK through to my medical career, and hopefully be able to use this knowledge to support those who have experienced a traumatic circumcision.

Lauren FalconerKeele  
University Medical Student

Before I began my SCC placement with NORM-UK I had very limited knowledge on cultural, social and medical reasons for circumcisions. I was extremely interested to find out more information about the organisation's aims and views on these procedures, however I was surprised to discover that a vast majority of circumcisions are still carried out for medical reasons within the UK NHS funded trusts, without some doctors giving correct information about alternative treatments or circumcision consequences.

I was intrigued and moved to read some of the emails sent

into NORM-UK from members all over the world discussing physical and psychological problems some have encountered from past circumcision procedures. I feel this experience has enabled me to gain a greater knowledge surrounding this topic and I feel extremely passionate about the work NORM-UK are doing for males; from supplying information on alternative solutions to circumcision or information on restoration treatment.

I am extremely thankful to everyone at NORM-UK for giving me this opportunity to learn more about their charity and I look forward to sharing the knowledge I have gained here with colleagues. I hope that in future practice I am able to help men, physically and psychologically, based on what I have learned here.

Katherine Illes

Module 2 Medical Student.

Keele University

### Historical medical quotes on circumcision

"Social reformers are never, ever liked. They are always unpopular because they are always confronting a culture that doesn't want to know more about injustice for which they bear some responsibility." - Gregg Cunningham, Esq. Executive Director for The Center for Bio-Ethical Reform

## 63 years later



*This photograph was taken as part of a project for Intact America, the brief was to “find a photo of yourself as a baby and photograph yourself with the picture next to your face so that both can be seen*

I asked my Mum if there were any pictures of me as a baby that had survived; to my surprise she said that there were pictures of me taken approximately eight days after my birth on the 6th of November 1949.

1949 was also the year in which a landmark paper was published in the British Medical Journal on the 24th of December. The first paragraph of “The fate of the foreskin” by Douglas Gairdner contains this statement.

“It is a curious fact that one of the operations most commonly performed in this country is also accorded the least critical consideration. In order to decide whether a child’s foreskin should be ablated the normal anatomy and function

of the structure at different ages should be understood; the danger of conserving the foreskin must then be weighed against the hazards of the operation, the mortality and after-effects of which must be known.

Though tens of thousands of infants are circumcised each year in this country, nowhere are these essential data assembled. The intention of this paper is to marshal the facts required by those concerned with deciding the fate of the child’s foreskin.”

That is laudable aim. Sadly as the years have passed any evidence that brings the ancient practice of male circumcision into disrepute has been sidelined and ignored by the media, medical establishment, community leaders and politicians. A look at what Gairdner hoped would be studied and evaluated reveals a sorry picture.

### ***Anatomy and function.***

The anatomy of the foreskin is taught in medical schools in the U.K, However the function of the foreskin and ‘its role in the sex act is almost completely ignored. Sex educators in U.K. secondary schools ignore the anatomy of the foreskin completely and never mention the foreskin’s role in the sex act; it would take a brave teacher to raise the subject.

### ***Danger of conserving the foreskin.***

The British Medical Association in their guidelines on male circumcision says:

“In the past, circumcision of boys has been considered to be either medically or socially beneficial or, at least, neutral. The general perception has been that no significant harm was caused to the child and therefore with appropriate consent it could be carried out. The medical benefits previously claimed, however, have not been convincingly proven, and it is now widely accepted, including by the B.M.A, that this surgical procedure has medical and psychological risks.”

This quote indicates that the B.M.A. believes there are no benefits. The section also fails to point to a single danger of conserving the foreskin, there is no cohort of men suffering from an intact foreskin.

### ***Mortality.***

There are deaths as the recent case in Manchester illustrates. Death is one end of a spectrum of harm that is glossed over by the authorities. The moment that a doctor, or anyone else for that matter, takes a scalpel and cuts a child who has no disease there is harm being done. The basic principle of medical ethics “do no harm” is ignored every time a doctor performs a non-therapeutic circumcision on a person who cannot consent.

### **After effects – psychological risks.**

I have no conscious memory of my circumcision, though I feel there is a legacy left in my brain. I am not subject to fears or phobias yet I have an absolutely visceral dislike or dread of buttons and it's most intense manifestation is white buttons on a bright white background. Is this a lingering image of the buttons on the nurse's uniform as she restrained me during the procedure?

Far fetched? Perhaps not; observations of premature infants in neonatal units who are subjected to several heel pricks for the purpose of obtaining blood samples are seen to be more susceptible to experiencing subsequent pain. If so, that would imply the functioning of memory at a very early age.

Work with babies by Dr Bruce Perry has shown that babies can recognise their mother's face within a day of a full term birth. This could mean that I might have been able to form an image at the distance between my face and a uniform.

Taddio et al in their paper "Effect Of Neonatal Circumcision on Pain Response During Subsequent Routine Vaccination" report that:

"This study showed that neonatal circumcision in male infants is associated with increased pain response in

vaccination 4-6 months after surgery. The results support our previous finding of a higher pain response in circumcised than uncircumcised male infants during routine vaccination."

The researchers then went on to say,

"It is, therefore, possible that the greater vaccination response in the infants circumcised without anaesthesia may represent an infant analogue of a post-traumatic stress disorder triggered by a traumatic and painful event and re-experienced under similar circumstances of pain during vaccination."

This could point to post traumatic stress disorder as the source of my morbid fear. In the "Diagnostic and Statistical Manual of Mental Disorders" the factors that would indicate a diagnosis of PTSD make interesting reading;

1. Exposure to a traumatic event.  
As circumcision is used as a model for the study of pain in infants it is fair to say circumcision is a traumatic event.
2. Persistent re-experiencing. Dreams, flash backs or "intense negative psychological or physiological response to any objective or subjective reminder of the traumatic event."
3. Persistent avoidance and

emotional numbing.

Many circumcised men avoid talking about the subject of circumcision. No one knows how many men feel about their circumcision status though there is some evidence that at least 15% of men circumcised without their consent are unhappy with their status

4. Persistent symptoms of increased arousal not present before.  
These might be sleep difficulties, anger, inability to concentrate, hyper vigilance and an increased startle response.

5. Duration of symptoms for more than 1 month.

6. Significant impairment.

The degree to which men's abilities to function emotionally are affected by circumcision without their consent is unknown. Anecdotally this site and others report a significant number of men whose emotional lives have been adversely affected by circumcision.

I can fit aspects of my behaviour and experience into the categories outlined above. Whether or not I am affected by an "infant analogue of post traumatic stress disorder" is open to question, however there is clearly an area of the "after-effects" that Gairdner said should be known before ablating the child's foreskin that needs further study.



### ***After effects – physical and functional.***

With the work that has been done in neurology, physiology and anatomy it is quite easy to justify the statement that, a man circumcised before puberty will never know what the sex act should feel like. Sadly someone such as myself does not have the necessary nerves, blood vessels and skin for the complete experience. At a population level there is work that has been done that shows there are physical and functional after effects from circumcision.

Tim Hammond's [survey of circumcision harm](#) is an excellent starting point for anyone who thinks circumcision is just a little snip with a minimal downside. I warn you that the images on Tim's site are likely to shock and educate. The study "Male circumcision in Denmark – implications for sexual function in men and women" Morten Frisch (a reference to this will follow) shows a marked increase in orgasm difficulties in both partners where the man is circumcised.

It is important to bear in mind that if a man grows up with a foreskin that does not develop normally and is uncomfortable or painful during sex or masturbation then he may well be better off with a circumcision but it should be his informed choice having been offered all the options for conservative treatment.

### ***Critical consideration.***

Human rights were in their infancy when Gairdner's paper was published, though, were he writing today, I feel he would have not been blind to the issues that the non-therapeutic circumcision of children raises. Medical ethics have been around for a long time and should be adhered to, "do no harm".

The victims of circumcision without consent are ignored and ridiculed for wanting to see an end to the practice. I have been told to move on, get over it, pull my socks up and a variety of other such phrases.

So here I am sixty three years later a victim turned activist; the path to activism is my way of getting something positive out of a very complex emotional situation. I think that the baby I am looking at in the picture has already forgotten the physical pain, and apart from urinating onto an open wound which must be distressing looks relatively happy. It is the man that the baby has become who will never forget, or be able to ignore the events surrounding his birth. Men should demand that future generations are protected from what is evidently a harmful practice.

### **Phimosis clinic**

NORM-UK will be holding a series of clinics at their headquarters in Stone. The next clinic will be on Friday 22nd March 2013

The clinics will give men

suffering from phimosis the opportunity to discuss their problem with a foreskin friendly doctor who will be able to guide them through their treatment options.

For further details or to book an appointment please contact our office.

### **Genital Autonomy conference**

#### **Promoting Children's Rights in Europe:**

#### **Recent Developments**

September 16th - 17th

Keele University, Staffordshire

Further information about this event from [www.genitalautonomy.org](http://www.genitalautonomy.org)

### **Men Do Complain events**

The organisation Men Do Complain were featured on our first page. We have been advised that they will be holding demonstrations in London as follows:

**7th May 2013** "Genital Autonomy Day" a worldwide day to promote genital = private parts and autonomy = freedom to choose. Please watch this space for details. This will be a London based event

**30th October 2013** Petition to be handed in to Downing Street please visit the petition page for how to get involved. You can find further details at the following link: <http://www.mendocomplain.com/diary/>



## Genital Autonomy

Understanding the psychological harm of male circumcision.

Salvin Room Keele Hall,  
Keele University,  
Staffordshire  
April 17th 2013

## About this event

This workshop is designed to explore the psychological harm experienced by men who have been circumcised, either as a baby, child or adult.

This damage is often trivialised and goes unrecognised by health care professionals, family and friends, and sometimes by the individual himself. Research has shown that symptoms of Post Traumatic Stress Disorder (PTSD) are often present in circumcised men, sometimes lifelong. It can present as, or trigger, a multitude of other psychological conditions, such as Obsessive Compulsive Disorder (OCD), agoraphobia or depression.

The aim of the workshop is to enable counsellors to recognise the specific symptoms not always acknowledged by the client, and to help professionals provide an appropriate response.

Genital Autonomy has sourced speakers from NORM-UK which is the leading specialist charity in the UK dealing with this issue. NORM-UK has an extensive archive of correspondence from damaged men but has always struggled to find counsellors who can deal appropriately with the specific harm.

The Stoke-on-Trent – based counselling charity Savana has extensive knowledge of the trauma experienced by women who have been sexually abused or undergone female circumcision. Savana recognises that the psychological damage done is comparable in both sexes.

The two charities have been working together on this issue for a couple of years. The experience gained from the partnership forms the basis of this training workshop which aims to increase awareness and to provide a training resource for interested psychotherapists and counsellors.

Introductory morning sessions will feature presentations by knowledgeable speakers on topics related to non-therapeutic genital surgery.

The early afternoon will have talks from men affected, telling of their personal experiences about the harm and lack of available sympathetic help.

Following this will be an open forum discussion about the issues raised and potential responses from counsellors.

There are many men who would benefit from a series of sessions with counsellors who are trained to deal with their particular damage. Genital Autonomy is hoping to compile a register of accredited counsellors and therapists who have attended one of our training sessions and is equipped to deal with this subject.

Delegate fee  
£90 for the day which includes lunch and refreshments. £75 for staff or members of any of the participating organisations or for multiple bookings from the same organisation.

Further details of the event are available from  
[www.genitalautonomy.org](http://www.genitalautonomy.org)

### Sex therapy and human rights

Therapist Tina Vilponen discusses her work with The Sexpo Foundation, a non-profit organisation in Finland working in the field of sexuality and human relations

<http://www.youtube.com/watch?v=7btLcxsJaYA>

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## What Is NORM-UK?

**NORM-UK** became a registered charity in England and Wales in 1998. It believes that our genitals are our own, and surgically altering them against our will is a crime - regardless of gender, race or culture. It must always be a personal choice.

*“Unnecessary genital surgery on babies is said to be cheaper and easier than on adults. All abuse of babies is easier. They are powerless and history will judge us by how we protect the powerless. I say let the children decide for themselves - all in good time.” -*  
Paul Mason, Commissioner for Children, Tasmania .

## Make A Difference

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