INTACT AMERICA’S OFFICIAL RESPONSE TO THE AMERICAN ACADEMY OF PEDIATRICS’ 2012 REPORT ON CIRCUMCISION

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The Policy Statement and Technical Report on Male Circumcision released today by the Task Force on Circumcision of the American Academy of Pediatrics (AAP) attempts to find justifications for recommending in favor of unnecessary surgery to remove healthy, functioning tissue from infant boys, but falls far short both in its ethical obligations to its members and their patients and in its presentation of the medical and scientific data.

Even as the AAP purports to find that the benefits of non-medical neonatal male circumcision outweigh its risks, not even its own Task Force can unequivocally recommend this surgery, but instead states that the health benefits are not great enough to recommend routine circumcision for all male newborns. Instead, it focuses much of its argument on urging that health insurance plans and state Medicaid plans cover the costs of the surgery, which is currently not the case in many states.

It appears that the AAP is acting more as a trade association for doctors who perform this unnecessary surgery more than 1 million times a year, instead of standing up for the human rights and bodily integrity of the only patient that counts—the baby boy.

The Task Force Report gives short shrift to the ethical principles that should underpin medical decisions about surgery, and in fact, even ignores its own Committee on Bioethics statement on “Informed Consent, Parental Permission, and Assent in Pediatric Practice,” issued in 1995 and still in effect. It states, “Proxy consent poses serious problems for pediatric health care providers. Such providers have legal and ethical duties to their child patients to render competent medical care based on what the patient needs, not what someone else expresses… [T]he pediatrician’s responsibilities to his or her patient exist independent of parental desires or proxy consent.” Justifying procedures as invasive and inherently risky as surgery require both medical necessity and informed consent from the patient. Neither is present in non-medical circumcision.

While American parents increasingly have been choosing to leave their infant sons intact—circumcision rates in this country have dropped to near half, from more than 80 percent as recently as 1979—pro-circumcision biases rooted in cultural and religious practices remain strong. So, despite the fact that no medical society in the world recommends in favor of routine circumcision for baby boys, the AAP apparently has had to search for justifications to continue the practice, and to pressure insurance companies and states to pay for it.

The Task Force Report leans heavily on studies of sexually-active adult heterosexual African men and the role circumcision might play in retarding female-to-male transmission of the HIV virus linked to AIDS. This is not surprising, considering the Task Force was headed by Dr. Susan Blank, who is not a pediatrician but an expert in sexually-transmitted diseases.

As a first observation, it is ethically abominable to justify unnecessary surgery to remove healthy tissue from an infant boy based on the possibility that he will engage in unsafe sexual behavior decades into the future. But the AAP’s own Report demonstrates the lack of applicability of the African studies to the realities of HIV in America.

The Task Force Report states that, “In the United States, HIV/AIDS predominantly affects men who have sex with men,” accounting for the vast majority of existing or new cases of infection. The Task Force Report also accurately states that, based on scientific testing, “Circumcision seems to be less likely to protect MSM (men having sex with men), however, and has not been associated with decreased
acquisition of HIV among MSM.” The Task Force Report also ignores the increasing HIV rates among some women in the studies who were apparently infected by newly-circumcised men who ceased using condoms, still the most effective means of blocking the virus’ transmission. Those studies had to be ended prematurely because too many participants were putting their sexual partners at risk.

Also left out of the Report is mention of the increasing opposition to circumcision among medical societies in Europe, where circumcision rates are 10 percent or lower in most countries and which have far lower rates of HIV than in the United States. In the Netherlands, Denmark, Germany, Finland, Sweden and elsewhere, medical societies have recommended against circumcision, and in some cases have begun efforts to instate legislation that would establish the surgeries as a violation of the human right of all baby boys to intact bodies, regardless of culture, religion, or parental choice.

The Task Force also ignores the growing movement in the U.S. among parents angry at having been “sold” circumcision for their sons, the result of misinformation leading them to allow their sons to be circumcised—only to find out after the fact that the surgery is excruciatingly painful, causes frequent complications, and interrupts parent-child bonding. Nor does the Report mention the growing number of adult men who feel that their rights were violated and their bodies damaged when doctors removed sexual tissue from their penises without their consent. The Report’s intentional avoidance of these legitimate concerns—unconscionable from a group that purports to be experts in child health—will cause doctors to share misleading information with parents, who will then believe that their sons require medical intervention (i.e., circumcision), when in fact their sons are perfectly normal.

Despite the AAP’s selective use of scientific studies from Africa, its apparent dismissal of trends in other developed countries away from routine non-medical circumcision, its transparent sidestepping of the clear ethical principles (including its own) that mitigate against this surgery, and its inability—despite all of this—to make a clear recommendation in favor of circumcision, the Report is very clear in one area: reimbursement.


At an estimated cost of between $261 and $601 per circumcision, hundreds of millions of dollars would be added to the cost of health care to the public and insurance companies. Those hundreds of millions of dollars, of course, would go to members of the AAP and to obstetricians and family practice physicians, whose trade associations also endorsed the Task Force Report. This simple fact is reason enough to dismiss this Report as self-serving, biased, and woefully unethical.

In 2010, the AAP demonstrated a similar pro-circumcision bias when it sought approval for submitting baby girls’ genitals to a “ritual nick” as a means to accommodate the cultural practices of some groups, even though any form of genital cutting of girls is illegal throughout the United States. The AAP had to back away from that proposal precipitously after a huge public outcry from Intact America and other activist organizations, and in the halls of the United States Congress.

What the AAP does not ask is: if a baby girl has the right to an intact body, why shouldn’t a baby boy have that same right?

Intact America calls upon the AAP to do as it did in the case of its last ill-considered policy update regarding female genital cutting and retract the Task Force Technical Report and Policy Statement regarding male circumcision.

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