



CIRCUMCISION

MEDICALLY UNNECESSARY

By Georganne Chapin

There is no more precious moment in a mother's life than that first gaze into the eyes of her newborn baby. The surge of love, the desire to protect—all of these emotions are part of the universal mothering experience. How strange then, that when that baby is a boy, one of the first things American mothers are asked to do is hand him over for an unnecessary, painful and inherently risky surgery that will take away a healthy, normal part of his body, forever.

The surgery is called “circumcision,” and it is carried out a million times a year in the United States, mostly in hospitals or doctors’ offices, and sometimes in homes or other places. The American Medical Association calls it “non-therapeutic.” The American Academy of Pediatrics and the Centers for Disease Control have never recommended the surgery, having always maintained a neutral position because they know that the motivations underlying the surgery are not medical.

However, for the past couple of years, both the AAP and the CDC have indicated that they might change their neutral stance on neonatal male circumcision, and instead recommend in favor of the surgery.

Their purported reasoning stems from studies of adult males and the role male circumcision might play in retarding the transmission of HIV/AIDS. But while those studies, conducted in Africa, found some evidence that circumcised men contracted HIV at lower rates than uncircumcised men in control groups, no benefit was found for women, and neither has any benefit been found for male-to-male transmission.

Extrapolating from studies of adult men in Africa to justify removing healthy, functioning tissue from infant boys in America

on the chance those babies will engage in unsafe behavior decades into the future requires a blind leap over a huge ethical chasm. For one thing, while the African studies were conducted with presumably consenting adults, neonatal circumcision in this country involves babies, who cannot consent. And the medical ethics are clear: For an intervention as invasive as surgery to be justified, the procedure must carry medical benefit to the patient, and there must be informed consent. Parental consent is inadequate if the baby is not sick, and doesn’t need the surgery.

There is good news, however. Parents in this country have begun to disregard the medical-industrial establishment, and are rejecting circumcision in larger and larger numbers as they learn the facts of just how unnecessary it is.

In July 2010, a CDC researcher presented a report at an AIDS conference in Vienna, based on a survey of more than 6.5 million boys born in American hospitals over three years. It showed the rate of neonatal male circumcision had dropped precipitously—from 56 percent in 2006 to under 33 percent in 2009. When asked for confirmation, the CDC quickly tried to back off from the data, saying it had been collected for another purpose. But the CDC could not deny what growing numbers of health and human rights activists have known for years: American families are increasingly making their own choices about the health and well-being of their babies. “What we can tell you is that male infant circumcision rates have declined somewhat in this decade,” a CDC spokeswoman grudgingly told *The New York Times*.

The change in circumcision rates, in fact, has been dramatic. Just 30 years ago, an estimated 90 percent of boys born in the United States underwent the surgical removal of their foreskins

during infancy, before they were old enough to consent. Now, the CDC's most recent number tells us that the natural anatomy is becoming the norm for American boys.

I am not shocked by how quickly the rate has fallen. After all, it only takes a moment to decline to circumcise your baby, and that moment is happening thousands of times a week throughout the U.S. In the two years since Intact America began serving as the go-to group for the anti-circumcision movement in this country, I have been interviewed by *The New York Times*, the *Today* show, *The Washington Post*, the Associated Press, the *Chicago Tribune*, FOX News, The Huffington Post, the *Los Angeles Times* and countless radio shows, including stations in Canada, England, Spain and Ireland. The call-ins, the mail, the exploding social media presence

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of "intactivist" groups...all of this confirms that parents are getting the message that circumcision is unnecessary and harmful. And they are saying no.

Contrast the falling rates—a result of common sense and the growing realization of just how remarkably well-designed babies are—with the persistent efforts of the U.S. medical establishment to justify and promote circumcision. The reasons for the latter are both simple and complex. They include "tradition" (i.e. conformity), money (doctors get paid for procedures, but not for leaving patients alone), and doctors' fear of acknowledging that something they have done for years is useless or even harmful.

Fact vs. Fiction

So why are parents making their own decisions not to circumcise their baby boys? Perhaps it is helpful to look at some of the myths, and facts, about neonatal male circumcision.

MYTH: STUDIES IN AFRICA PROVED THAT CIRCUMCISION PREVENTS THE SPREAD OF HIV/AIDS.

FACT: While the studies showed some evidence of a reduction in female-to-male transmission of the virus, the CDC reported that women in these same studies contracted HIV at a somewhat higher rate from their male HIV-infected partners who were circumcised than did women whose HIV-infected partners were intact!

Further studies in Kenya had to be ended prematurely because of similar findings. Women in the studies were

contracting HIV at alarmingly higher rates from circumcised men than women in control groups—presumably because the men, believing the surgery to be some kind of protective "silver bullet," were not using condoms.

MYTH: CIRCUMCISING BABY BOYS IS SAFE AND HARMLESS.

FACT: As with any surgery, cutting off part of a baby boy's genitals causes pain and creates immediate health risks that can lead to serious complications, including infection, hemorrhaging, scarring, difficulty urinating and—in the inevitable cases of surgical mistake—partial or full amputation of the glans (head) or shaft of the penis. There are recorded cases of deaths linked to circumcision, including recent ones in New York, Kansas, South Dakota, British Columbia and England. Even a "safe" and "uncomplicated" circumcision causes the baby to experience pain lasting at least for several days—and, of course, the permanent loss of erogenous tissue.

MYTH: CIRCUMCISION IS JUST A "LITTLE SNIP."

FACT: The amount of skin removed from an infant in a typical circumcision grows to around 15 square inches (the size of a 3 x 5 inch index card) in an adult male. A typical circumcision carried out in a medical setting involves a doctor or nurse placing the baby on his back and strapping his arms and legs onto a molded plastic board. The baby's penis is stroked to give him an erection, at which point the doctor inserts a metal instrument under the foreskin to forcibly separate it from the glans. The doctor then slits the foreskin to widen its opening, inserts a circumcision device which crushes the foreskin, and then cuts the foreskin off. This painful procedure takes at least 10 minutes—a very long time in the life of a newborn baby.



According to one legend, the famous *Manneken Pis* of Brussels commemorates the little boy who saved the city by urinating on a burning fuse while the city was under siege. Let's extinguish these circumcision myths as well.

MYTH: THE FORESKIN IS AN UNNECESSARY APPENDAGE THAT CAN BE REMOVED WITHOUT ANY IMPACT ON BOYS.

FACT: The foreskin is not a birth defect or an "extra" or "useless" flap of skin. Perfectly designed by nature, it is a normal, sensitive and functional body part with nerves, muscles and blood supply. In infant boys, it is attached to the head of

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the penis and protects it from urine, feces and irritation. It also protects the urinary opening from contaminants entering the sterile urinary tract. Throughout life, the foreskin keeps the head of the penis moist and protects it from injury. The foreskin has an important role in sexual pleasure, due to its specialized, erogenous nerve endings and its natural gliding and lubricating functions.

MYTH: A BOY SHOULD "LOOK LIKE HIS FATHER."

FACT: Children differ from their parents in all kinds of ways, including hair and eye color, body type and, of course, size and sexual development. If Dad were missing an eye or had a large birthmark, no one would suggest removing his son's eye or tattooing him with a birthmark. If a boy asks why his penis looks different from his father's or his brother's, he can be told honestly that daddy or brother had a part of their penis removed, but that it wasn't done to him because "we now know it isn't necessary."

MYTH: ROUTINE CIRCUMCISION OF BABY BOYS CANNOT BE COMPARED TO FEMALE GENITAL MUTILATION (FGM), EITHER AS A CULTURAL OR MEDICAL PRACTICE.

FACT: Rationales offered in cultures that promote female genital cutting—hygiene, disease prevention, improved appearance of the genitalia and social acceptance—are similar to those offered in cultures that promote male circumcision. Whatever the rationale, forced removal of healthy genital tissue from any child of any sex is unethical. All children have the right to be spared this inhumane, unnecessary surgery.

MYTH: OPPOSING MALE CIRCUMCISION IS CULTURAL BIGOTRY.

FACT: Many who oppose the painful and permanent alteration of children's genitalia do so precisely because they believe in universal human rights. In our society, parents may raise their children in accordance with their own cultural and religious beliefs, but this right is not limitless. A parent does not have the right, directly or through the agency of a medical or religious practitioner, to inflict irreversible bodily harm on a child.

MYTH: CIRCUMCISING NEWBORN BABY BOYS PRODUCES HEALTH BENEFITS LATER IN LIFE.

FACT: There is no proven link between circumcision and better health. One would never recommend routinely removing a baby's fingernails to prevent him from scratching himself, or pulling a child's teeth to prevent cavities later in life. And study after study shows that only abstinence or use of a condom can prevent the spread of sexually transmitted diseases, including HIV.


The Making of an Intactivist

In 1980, when I held my newborn son, I knew I could not agree to have him circumcised. Little did I imagine that 30 years later I would be leading a national organization dedicated to ending this practice. My thinking then was that it made no sense that every baby boy needed immediate, painful surgery to "correct" his normal, natural body. We don't do that to our daughters, so why on earth should we do it to our sons?

When my son was 18, one day—out of the clear blue—he thanked me. He said, "Mom, I never told you how glad I am that you and Dad didn't have me circumcised." That moment was a huge eye-opener for me, and the beginning of my activism. Over recent years, the intact men I have spoken with about this issue express similar gratitude for having been spared.

As the executive director of Intact America (intactamerica.org) I am much in demand as a speaker and resource on the topic of circumcision. Every time I do a radio interview, every time I give a talk in public, women and men come up to me and tell me their circumcision stories. I have met mothers who still cry 10, 20, 30 years later when they recount how—because of their ignorance, and under pressure from doctors and hospital staff—they handed their newborn sons over for a "quick little snip," and received back an exhausted, wounded child. One mother said, "His pain was so obvious; how could anyone say that babies don't feel pain?" While, thankfully, many men do not consciously remember or dwell on the loss of their foreskins, I have also heard from hundreds of men who are acutely aware that they are missing something important, and wish they had been given a choice.

Maybe, just as war is too important to be left to the generals, deciding whether to leave a baby boy or girl genitally intact is too important to be left to a medical establishment that profits from expanding the number of surgeries.

In this case, parents—not a doctor—know best. 



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