



Doctors Opposing Circumcision

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“The International members of D.O.C. advocate genital integrity for the health and well being of all children everywhere.”

January 7, 2015

**Division of HIV/AIDS Prevention
National Center for HIV/ AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention,
1600 Clifton Road NE, Mailstop D-21
Atlanta, Georgia 30333**

In Re: Public comment on the CDC Male Circumcision Recommendations of 2014;

Dear Members of the CDC, Division of HIV /AIDS Prevention:

Doctors Opposing Circumcision is a charitable, 501(c)3 educational organization created by medical doctors in 1995 to provide accurate information about the pathophysiology and bioethics of merely cultural, non-therapeutic, genital cutting of both boys and girls.

It is the strong, evidence-based, conclusion of our members –clinicians, nurses, researchers, primary-care-givers world-wide, that physical integrity–rather than merely cultural cutting of healthy genital tissue– provides the highest level of general health and well-being for our children.

We have carefully reviewed the draft recommendations for male circumcision published by the U.S. Centers for Disease Control and Prevention. We respectfully ask that our analysis herein, and our citations thereto, be made a formal part of the public comment record on this matter.

We find the CDC recommendations lacking merit for numerous reasons, scientific and bioethical.

Notably, the draft recommendations are narrowly focused on the prevention of relatively rare female-to-male HIV transmission occurring within small cohorts distinguishable from the general population. This focus excludes numerous other pressing considerations of bioethics, epidemiology, and human rights for the remaining population. The CDC recommendations fail to note, for instance, that less drastic means than surgery are available to fully avoid all the diseases identified by the CDC.

Moreover, the CDC recommendations fail to balance the claimed gains in disease prevention against the functions of the natural foreskin, the risks of the procedure, and losses sustained by the owner of the foreskin –and his partner. These failures offend basic epidemiology and medical ethics.

Thus the initial consideration should be what the foreskin provides its owner and what its loss entails. Only then –and after a careful assessment of morbidity and mortality– may a risk/benefit analysis be calculated. We find not the slightest analysis of these important threshold considerations within the CDC proposal.

The CDC proposal merely attempts to enshrine a cultural phenomenon, one increasingly isolated to North America and profitable for the clinicians who market their wares in this multi-payer medical marketplace. The CDC proposal shows remarkably little attention to world-standard, evidence-based, medical science and sound epidemiology.

We note the following specific concerns:

FUNCTION AND UTILITY OF THE NATURAL FORESKIN (PREPUCE)

Non-therapeutic male circumcision irreversibly excises a functional, healthy, human organ, one which few European males would voluntarily part with.

One medical textbook candidly admits the widespread ignorance of the functions of the foreskin in American medical education (and the need for counsel from non-circumcising countries overseas):

“Because circumcision is so common in the United States, the natural history of the preputial development has been lost, and one must depend on observations made in countries in which circumcision is usually not practiced.” *Avery’s Neonatology: Pathophysiology and Management of the Newborn*, MacDonald (ed.) Lippincott, (2005:1088).

The draft CDC recommendation contains NO information on the anatomical features or physiological functions of the human foreskin. This is essential knowledge for anyone considering operating on the foreskin. In elementary bioethics, no proposed amputation of healthy tissue can be contemplated before the risks and disadvantages of the procedure have been fully analyzed and assessed.

The foreskin (prepuce) is not redundant, surplus, or insensate; it is specialized tissue, consisting of two layers, the outer of which is the distal prolongation of the skin of the shaft of the penis. It covers the glans and extends to the preputial opening. The inner foreskin layer is composed of highly innervated mucocutaneous tissue, contains the ridged band, blood vessels and muscle fibers, and is unique to the human body¹. This layer is attached to the frenulum and at the coronal sulcus. It is not attached to the shaft of the penis, so, after puberty, it is free to slide back and forth, everting and inverting as it does. The sliding/rolling back and forth is called the *gliding mechanism*, an important feature for both mechanical protection in childhood, and later, for human reproduction.² (And a feature which begs a rather obvious question: Why would nature

¹ Cold CJ, Taylor JR. The prepuce. *BJU Int* 1999;83 Suppl. 1:34–44.

² Lakshmanan S., Prakash S. Human prepuce: some aspects of structure and function. *Indian J Surg* 1980;44:134–7.

produce –and sustain for eons– such an obvious male feature if it were of no anatomical or reproductive worth?)

The prepuce covers and protects the glans penis and urinary meatus. In most males, the prepuce protects the sterile urinary tract environment in infancy and maintains the moistness — beneficial to good health — of the mucosal surface of the glans penis throughout life.³ *Fleiss et al.* (1998) identified immunological functions that help to protect the body from pathogens:⁴

- 1.) sphincter action of the preputial orifice functions like a one-way valve, allowing urine to flow out but preventing the entry of pathogens;
- 2.) apocrine glands of the inner prepuce secrete lysozyme, an enzyme that breaks down cell walls of pathogens (and also acts against HIV);
- 3.) sub-preputial moisture lubricates and protects the mucosa of the glans penis; and,
- 4.) high vascularity brings phagocytes to fight infection.

The foreskin also protects the glans penis of infants against ammonia in diapers, preventing conditions like meatal ulcers and urethral stenosis.⁵

The epidermis of the prepuce contains *Langerhans* cells that secrete cytokines, hormone-like low-molecular-weight proteins, which regulate the intensity and duration of immune responses.⁶

Most importantly, de Witte and colleagues (2007) report that the Langerhans cells produce *langerin*, a substance that provides a barrier to HIV infection.⁷

The practice of male circumcision, therefore, is counter-productive to preventing HIV infection.

MORBIDITY AND MORTALITY OF INFANT AND POST-NATAL CIRCUMCISION

Fundamental principles of epidemiologic require that any disease prevention strategy must take into account the anticipated risks of the strategy, including acquired infections, functional losses, and other adverse events. It is apparent that the CDC relied on the recent, September, 2012, report of the American Academy of Pediatrics in formulating its recommendations, a report which downplayed well-known adverse impacts while admitting these are largely unknown.

In 2012 the AAP candidly admitted:

³ Parkash S, Raghuram R, Venkatesan, *et al.* Sub-preputial wetness - Its nature. *Ann Nat Med Sci* (India) 1982;18(3):109–12.

⁴ Fleiss P, Hodges F, Van Howe RS. Immunological functions of the human prepuce. *Sex Trans Inf* 1998;74(5):364–7.

⁵ Freud P. The ulcerated urethral meatus in male children. *J Pediatr* 1947;31:131-42.

⁶ Fleiss P, Hodges F, Van Howe RS. Immunological functions of the human prepuce. *Sex Trans Inf* 1998;74(5):364–7.

⁷ de Witte L, Nabatov A, Pion M, *et al.* Langerin is a natural barrier to HIV-1 transmission by Langerhans cells. *Nat Med* 2007;13:367–71.

“The true incidence of complications after newborn circumcision is unknown...,”

And in the AAP's comment on the morbidity and mortality of post-natal circumcisions, about which we assume the CDC is well aware, the AAP freely admits:

“...there are no adequate studies of late complications in boys undergoing circumcision in the post-newborn period; this area requires more study. Although adverse outcomes are rare among non-newborn circumcisions, the incidence tends to be orders of magnitude greater for boys circumcised between 1 and 10 years of age, compared with those circumcised as newborns.¹⁸⁹ As noted, general anesthesia, which is used for procedures performed after the newborn period, confers additional risk.”^{8 9}

Astonishingly, the CDC proposes that the guardians of those young men who were not circumcised as infants be advised about the benefits of circumcision for their adolescent sons. Thus it would seem incumbent upon both the CDC and primary care providers to advise these young men – *honestly*– that virtually *nothing* conclusive is known about the short and long-term results and risks of post-natal circumcision. Anything less is neither full disclosure nor would enable fully informed consent.

THE COMPLETELY UNREGULATED PRACTICE OF MALE CIRCUMCISION

The practice of circumcision in the United States medical marketplace is entirely unregulated and unsupervised. The setting has been described as an “incautious and permissive milieu.”¹⁰ Those of us who are medically trained know the following assertions are easily verified:

1. No medical educational curriculum we know of, in the entire U.S., includes a comprehensive study of the male foreskin or its numerous functions, as a discrete part of the human body.
2. There are no fixed protocols or enforceable surgical guidelines for ‘medicalized’ circumcision --none whatsoever.
3. Circumcision is historically too poorly compensated to have developed adequate clinician training, safety protocols, or standards for the provision of anesthesia, analgesia, and extended periods of professional observation.

⁸ <http://pediatrics.aappublications.org/content/130/3/e756.full>

⁹ The 2012 AAP Task Force report dismissed serious botch cases in a single sentence: “The majority of severe or even catastrophic injuries are so infrequent as to be reported as case reports (and were therefore excluded from this literature review.)” Yet it is the rare case of any kind that makes a published case history, and assuming all circumcision tragedies may be found in published case histories is remarkably cavalier if not outright dishonest. <http://pediatrics.aappublications.org/content/130/3/e756.full>

¹⁰ Geisheker JV The Completely Unregulated Practice of Male Circumcision: Human Rights’ Abuse Enshrined in Law? *New Male Studies: An International Journal* ~ ISSN 1839-7816 ~ VOL. 2, ISSUE 1, 2013 PP. 18-45.

4. Circumcision is typically 'practice' surgery for R-1 and R-2 medical residents, likely their first unsupervised cut into human flesh. (It must be said– not all medical residents are equally equipped to be surgeons, whether by training, temperament, or dexterity.)
5. Surgery on a structure barely 4cm long that will grow to 20x its infant volume qualifies as micro-surgery –but is never treated as such.¹¹ Surgeries on structures of similar size – fingers, eyes, etc.,–mandate use of visual aids never seen in the circumcision setting.
6. In the medical, circumcision, setting, the typical 15-minute training period consists of the traditional 'watch one, do one, teach one.'
7. Medical residents are regularly pressured by quotas, which compromise the ethics of informed consent.
8. The 'procedural pause' or 'time-out,' mandated for all other surgeries by 'JCOHA or 'Jayco,' the Joint Commission, is largely absent from circumcision in U.S. medical settings. The modest income generated does not, apparently, justify the extra time spent.
9. U.S. law does not require anesthesia for children. (However, U.S. law DOES require anesthesia for companion, research, or farm animals undergoing painful procedures. See: 7 USC 54 §2143, in force since 1965.) Human children have no such protection. Anesthesia for our children is provided at the whim of the clinician. Only 25% of children receive effective anesthesia for circumcision. It is a time-consuming nuisance.
10. OB-GYN's have NO training in male urology;¹² it is an historical accident –they get to the boy first– that they perform circumcisions, a fact the more ethical among them has noted.

¹¹ "When operating on the infantile penis, the surgeon cannot adequately judge the appropriate amount of tissue to remove because the penis will change considerably as the child ages, such that a small difference at the time of surgery may translate into a large difference in the adult circumcised penis. To date, there have been no published studies showing the ability of a circumciser to predict the later appearance of the penis." Van Howe RS. Variability in penile appearance and penile findings: a prospective study. *Brit J Urol* 1997; 80:780.

¹² One pediatric urologist notes: "Currently, the American College of OBGYN (ACOG) have no parameters for training (learning and performing neonatal circumcision, managing complications) of residents, who then go out and continue this practice. In my practice, as a pediatric urologist, I manage the complications of neonatal circumcision. For example, in a two-year period, I was referred 275 newborns and toddlers with complications of neonatal circumcision. None of these were "revisions" because of appearance, which I do not do. 45% required corrective surgery (minor as well as major, especially for amputative injury), whereupon some could be treated locally without surgery. Complications of this unnecessary procedure are often not reported, but of 300 pediatric urologists in this country who have practices similar to mine ... well, one can do the math, to understand the scope of this problem ... "M. David Gibbons, MD, Associate Professor, Pediatric Urology, Georgetown University School of Medicine and George Washington School of Medicine. Posted at Men's Health Magazine, 2009, in response to the article "The debate over circumcision: Should all males be circumcised?"

11. Nowhere in the USA is medical training legally required of a circumciser. Several U.S. states provide specific legal protections for lay practitioners, exempting the operator from so much as a first-aid course.
12. There is NO requirement of a clinical setting whatsoever. One member of the 2012 AAP Task Force on Circumcision freely admits he circumcised his own son on his parents' kitchen table.¹³
13. No back-up resuscitation team or 'crash cart' is required for any circumcision setting. A 'code blue' would summon absolutely no one. No '9-1-1' call could timely respond within the few minutes it takes for a child to die of exsanguination by loss of 20% of his TBV, total infant blood volume, less than 3 oz, (the liquid equivalent of the bottom third of a cup of coffee).
14. The surgical tools do NOT need FDA approval; many were invented before the FDA existed.
15. Circumcision clamps and devices are NOT subject to mandatory inspection, repair, or sun-setting. Cheap knock-offs of common devices are in wide circulation.
16. Many circumcisions are now performed in small clinics, with NO period of observation, the child handed back within minutes, to be attended by parents with no medical training. Occasionally the child bleeds to death in his home that night. (We at D.O.C. have assisted in the forensic analysis of several such cases.)
17. There is no mandatory reporting requirement for obvious surgical mistakes observed later by a child's treating doctor, as might be the case with sexual or other physical abuse.
18. There are no remedies at law for the injured child—now mature— even if there were a reporting requirement. The statute of limitations will run before that child is able to assert what paltry remedies at law he might have.
19. The number of grievously injured adults, sexually crippled by circumcision, is entirely unknown.
20. Home-made –kitchen-table or bathtub circumcisions– (a rising fad among fundamentalist Christians) is completely unrestrained. (The CDC proposal herein, if approved, will provide these deluded souls better legal cover than religious freedom.)
21. **NO ONE KNOWS** what is happening behind the closed doors of the religious or those who claim to be religious. Their children are beyond our view –and our protection.
22. It is said the obstetrician or resident injures the child's genitalia, the pediatrician catches the damage, and the pediatric urologist does the repair -- if a repair is possible. But NO ONE is required to report what happened back to anyone with authority, and few medical

¹³ Dr. Andrew Freedman, member of the AAP Circumcision taskforce, quoted in *The Jewish Week*, 9/9/2012.

professionals would dare criticize the work of a colleague.¹⁴

23. Fully 20% of the work of most pediatric urologists –a full day each work-week– consists of circumcision repair work. These clinicians have a perverse disincentive to rein in or report the sloppy work of their colleagues.

It is astonishing to our group of medical professionals, that the CDC would recommend circumcision in the face of such candid admissions by the AAP of the lack of reliable studies of morbidity and mortality.

Moreover, it is hard to fathom how the CDC could recommend a procedure, (amid the “incautious and permissive milieu” in which circumcisions are performed as we detail herein) that is so poorly regulated and indulgently supervised.

And it is obvious to the bioethicists in our ranks that to impose circumcision on children, for claimed reasons of prophylaxis against adult social problems, under such permissive and *laissez-faire* conditions, is tantamount to engaging in unregulated experimentation of the sort expressly forbidden by the Nuremberg Code.¹⁵

Human immunodeficiency virus (HIV)

The authors of the CDC guidance claim that male circumcision somehow prevents female-to-male HIV infection. This debatable claim was suggested by three randomized clinical trials conducted in 2005 and 2007 in sub-Saharan Africa — a region in the developing world with little resemblance to the United States. Since their publication nine and seven years ago, respectively, a substantial body of criticism has been published detailing the methodological and statistical sleights of hand used to develop their conclusions.^{16 17 18 19 20} Among epidemiologists and medical statisticians in the field, these studies were heavily discredited, although the CDC took no notice of this pointed, published, criticism.

¹⁴ “A principle of surgery is that the surgeon is responsible for the post-operative care....When obstetricians perform the procedure, generally they do not see the child at follow-up to assess healing, and they assume the primary care provider will manage the postoperative care...typically the obstetrician is unaware of the complications.” Elder JS. Circumcision—Are you with us or against us. *J Urol* 2006;176(5):1911.

¹⁵[Code of Federal Regulations](#) Title 45 Volume 46, "[Nuremberg Code](#)" (pdf). U.S. National Institutes of Health.

¹⁶ Dowsett GW, Couch M. Male circumcision and HIV prevention: is there really enough of the right kind of evidence? *Reprod Health Matters* 2007;15(29):33-44.

¹⁷ Green LW, McAllister RG, Peterson KW, Travis JW. Male circumcision is *not* the HIV ‘vaccine’ we have been waiting for! *Future HIV Therapy* 2008;2(3):193-9. doi:10.2217/17469600.2.3.193

¹⁸ Van Howe RS, Storms MS. How the circumcision solution in Africa will increase HIV infections. *Journal of Public Health in Africa* 2011; 2:e4 doi:10.4081/jphia.2011.e4

¹⁹ Ncayiyana DJ. The illusive promise of circumcision to prevent female-to-male HIV infection – not the way to go for South Africa. *SAMJ* 2011;101(11):775-6.

²⁰ Boyle GJ, Hill G. Sub-Saharan African randomised clinical trials into male circumcision and HIV transmission: Methodological, ethical and legal concerns. *J Law Med* (Melbourne) 2011;19:316-34.

The authors of the CDC recommendations, for instance, overlooked an important study carried out by the United States Navy that found that male circumcision has no effect on HIV infection.²¹

Although the authors of the RCTs have touted a relative risk reduction of 60 percent, they are simply playing with statistics as were the authors of the original studies. The *absolute* risk reduction reported by these RCTs is only 1.3 percent. Even that is in doubt because of the increase in HIV infection reported in numerous circumcised male populations.²² Moreover, NO account was taken of HIV infection caused by same-sex encounters, or iatrogenic infections spread by re-use of disposable, one-use, medical supplies, a common practice in Africa.²³

If any benefit from male circumcision in reduction of female-to-male sexual transmission of HIV infection actually exists, it is more than offset by the 60 percent increase in relative risk in the *male-to-female* sexual transmission of HIV reported by *Wawer et al.*^{24 25} (It must be noted that the authors of the CDC draft recommendation misstated the findings of *Wawer.*)

As reported above, the foreskin has numerous immunological functions, including the Langerhans cells that produce a substance called *langerin*, which protects against HIV infection.²⁶ Male circumcision destroys all of these immunological functions and leaves the individual *more* susceptible to HIV infection. Numerous nations report higher rates of HIV infection in circumcised men.²⁷ Male circumcision, to combat HIV, therefore –while a seductive panacea that fits neatly with U.S. cultural impulses and the fiscal needs of its medical marketplace– is counterproductive.

HUMAN PAPILLOMA VIRUS (HPV)

The authors of the CDC draft recommendation argue that boys should be circumcised to protect males and females from ano-genital cancers caused by HPV infection.²⁸

²¹ Thomas AG, Bakhireva LN, Brodine SK, Shaffer RA. (2004) Prevalence of male circumcision and its association with HIV and sexually transmitted infections in a U.S. Navy population. Naval Health Research Center, San Diego, CA Report No. 04-10 Available at: <http://www.dtic.mil/dtic/tr/fulltext/u2/a458066.pdf> Accessed December 20, 2014.

²² Boyle GJ, Hill G. Sub-Saharan African randomised clinical trials into male circumcision and HIV transmission: Methodological, ethical and legal concerns. *J Law Med* (Melbourne) 2011;19:316-34.

²³ Repeating a plea for better research and evidence, D Gisselquist, J J Potterat, J S St Lawrence, M Hogan, M Correa, W Dinsmore, and S Q Muth, *Int J STD AIDS*, July 2011; vol. 22, 7: pp. 416-417.

Double standards in research ethics, health-care safety, and scientific rigour allowed Africa's HIV/AIDS epidemic disasters, D Gisselquist, *Int J STD AIDS*, December 2009; vol. 20, 12: pp. 839-845.

²⁴ Wawer M, Makumbi F, Kigozi G, et al. Circumcision in HIV-infected men and its effect on HIV transmission to female partners in Rakai, Uganda: a randomised controlled trial. *Lancet* 2009; 374: 229-37.

²⁵ Boyle GJ, Hill G. Sub-Saharan African randomised clinical trials into male circumcision and HIV transmission: Methodological, ethical and legal concerns. *J Law Med* (Melbourne) 2011;19:316-34.

²⁶ de Witte L, Nabatov A, Pion M, et al. Langerin is a natural barrier to HIV-1 transmission by Langerhans cells. *Nat Med* 2007;13:367-71.

²⁷ Ibid.

²⁸ Background, Methods, and Synthesis of Scientific Information Used to Inform the “Recommendations for Providers Counseling Male Patients and Parents Regarding Male Circumcision and the Prevention of HIV infection, STIs, and other Health Outcomes.” Division of HIV/AIDS Prevention National Center for HIV/AIDS, Viral Hepatitis, STD, TB Prevention Centers for Disease Control and Prevention

There are numerous problems with this suggestion.

- 1.) The use of tobacco in any form is a risk factor for ano-genital cancer.^{29 30 31} Circumcision would not stop the use of tobacco and would not prevent cancer caused by tobacco use.
- 2.) Vaccination of preteen boys and girls is now the preferred prophylactic measure for protection against HPV infection and is increasingly cost-effective.
- 3.) The circumcision scar is a risk factor for penile cancer.^{32 33}
- 4.) Excision of healthy body parts from the body of a healthy minor child, to help another person, is unethical and unlawful.^{34 35}

The authors of the CDC draft recommendation, in their zeal to promote male circumcision, have ignored the contrary factors. They have similarly ignored the existence of quadrivalent HPV vaccine, which offers cost-effective long-term protection in females,³⁶ and is now recommended for boys and men.³⁷

HPV vaccination offers superior protection to any that might be afforded by circumcision and, as a less intrusive modality, should be the sole recommendation of the CDC for protection against ano-genital cancers.

URINARY TRACT INFECTION (UTI)

The authors of the CDC draft recommendation cite a three-decade-old retrospective study by Thomas E. Wiswell that purported to show a dramatic increase in UTI infection among non-circumcised infant boys. His study was done by simply checking the computer records of the United States Army dependent children –and not by actual physical examination. The methodological flaws in these studies –including the failure to account for children with co-morbidities including genital anomalies– have long been recognized. Furthermore, the Wiswell findings have not been replicated.

²⁹ Hellberg D, Valentin J, Eklund T, Staffan Nilsson. Penile cancer: is there an epidemiological role for smoking and sexual behavior. *Brit Med J* 1987;295(6609):1306-8.

³⁰ Harish K, Ravi R. The role of tobacco in penile carcinoma. *Brit J Urol* 1995;75(3):375-377.

³¹ Ho GY, Kadish AS, Burk RD, *et al.* HPV 16 and cigarette smoking as risk factors for high-grade cervical intra-epithelial neoplasia. *Int J Cancer* 1998;78(3):281-5.

³² Bissada NK, Morcos RR, el-Senoussi M. Post-circumcision carcinoma of the penis. I. Clinical aspects. *J Urol* 1986;135(2):283-5.

³³ Bissada NK. Post-circumcision carcinoma of the penis: II. Surgical management. *J Surg Oncol* 1988;37(2):80-3.

³⁴ In Re Richardson, 284 So2d 185 (1973).

³⁵ Little v Little, 576 SW2d 493 (1979).

³⁶ McCormack PL1, Joura EA. Quadrivalent human papillomavirus (types 6, 11, 16, 18) recombinant vaccine (Gardasil®): a review of its use in the prevention of premalignant genital lesions, genital cancer and genital warts in women. *Drugs*. 2010;70(18):2449-74. doi: 10.2165/11204920-000000000-00000.

³⁷ Stanley M. HPV vaccination in boys and men. *Hum Vaccin Immunother*. 2014;10(7):2109-11. doi: 10.4161/hv.29137.

Mueller et al. (1997) reported no difference in the incidence of UTI in circumcised and non-circumcised boys with normal urinary tract anatomy.³⁸

Altshul pointed out that the studies had only shown association, not cause and effect.³⁹

Thompson found that “unequivocal proof that lack of circumcision is a risk factor for increased urinary tract infection is currently unavailable.”⁴⁰

Studies from Israel show a dramatic increase in UTI following ritual circumcision.^{41 42 43} The complications of male circumcision are manifold and include life-threatening infections and hemorrhage.⁴⁴

Chessare compared the alleged advantage of preventing UTI with the disadvantages of complications and found that, even if Wiswell were correct in his claims, non-circumcision would still produce the highest medical utility.⁴⁵

Moreover, due to the pernicious and lingering 19th-century practice of premature, forcible retraction of the foreskins of still-developing intact (not circumcised) infant boys, studies which claim to show increased UTI incidence are seriously compromised *ab initio*. Forced retraction is expressly forbidden by the American Academy of Pediatrics and overseas medical authorities, but is a common iatrogenic injury in U.S. clinical practice even in 2015.

When UTI does occur, it is easily treated. *McCracken* (1989), and *Larcombe* (1999), report UTI infections respond rapidly to anti-microbial therapy.^{46 47}

Breastfeeding, not male circumcision, is the optimum way to prevent UTI in infants.^{48 49} Furthermore, it works for both males and females.

³⁸ Mueller ER, Steinhardt, G., Naseer S. The incidence of genitourinary abnormalities in circumcised and uncircumcised boys presenting with an initial urinary tract infection by 6 months of age. *Pediatrics* 1997;100 (Supplement): 580.

³⁹ Altschul MS. The circumcision controversy (editorial). *Am Fam Physician* 1990;41:817–20.

⁴⁰ Thompson RS. Routine circumcision in the newborn: an opposing view. *J Fam Pract* 1990;31(2):189–96.

⁴¹ Menahem S. Complications arising from ritual circumcision: pathogenesis and possible prevention. *Isr J Med Sci* 1981;17(1):45–8.

⁴² Cohen HA, Drucker MM, Vainer S, *et al.* Postcircumcision urinary tract infection. *Clin Pediatr* 1992;31(6):322–4.

⁴³ Goldman M, Barr J, Bistrizter T, Aladjem M. Urinary tract infection following ritual Jewish circumcision *Isr J Med Sci* 1996;32:1098–102.

⁴⁴ Williams N, Kapila L. Complications of circumcision. *Br J Surg* 1993; 80:1231–36.

⁴⁵ Chessare JB. Circumcision: Is the risk of urinary tract infection really the pivotal issue?. *Clin Pediatr* 1992;31(2):100–4.

⁴⁶ McCracken G. Options in antimicrobial management of urinary tract infections in infants and children. *Pediatr Infect Dis J* 1989;8(8):552–55.

⁴⁷ Larcombe J. Urinary tract infection in children. *BMJ* 1999;319:1173–5.

⁴⁸ Outerbridge EW. Decreasing the risk of urinary tract infections (Letter). *Paediatr Child Health* 1998; 3(1):19.

⁴⁹ Section on Breastfeeding. Breastfeeding and the use of human milk. *Pediatrics* 2005;115(2):496–506

The authors of the CDC draft recommendation, based on discredited and obsolete studies, should not have recommended male circumcision to prevent easily avoided or treated UTI incidence given the available scholarship on the subject.

PERMANENT SEXUAL HARM OF CIRCUMCISION

Winkelmann described the prepuce as a *specific erogenous zone* with nerves arranged near the surface in rete ridges.⁵⁰ *Taylor et al.* also found nerves near the surface in rete ridges and further described a concentration of nerve endings in a ring of ridged tissue just inside the tip of the prepuce near the mucocutaneous boundary, which he named the *ridged band*.⁵¹

Falliers, an intact, (not circumcised) male, noted the “sensory pleasure associated with tactile stimulation of the foreskin.”⁵²

A landmark study by *Sorrells et al.* (2007) of the fine-touch sensitivity of the penis finds that the areas most sensitive to fine touch are on the foreskin.⁵³

Circumcision, therefore, excises the areas of the penis with greatest sexual sensation and results in the permanent deprivation of full sexual pleasure, though this may not be evident in a young male.

The foreskin is primary, erogenous tissue necessary for normal sexual function lifelong. In adults, the gliding action facilitates insertion⁵⁴ and reduces friction and chafing during coitus.⁵⁵ It is obvious that nature intended this structure to directly contact the partner as it does in all primate reproduction. The movement and stretching of the foreskin during coitus stimulate the nerve endings in the prepuce, produce erogenous sensation, and eventually ejaculation.^{56 57} The presence of the prepuce tends to protect the corona of the glans penis from direct stimulation, helps to prevent premature ejaculation, and contributes to female satisfaction.^{58 59}

The CDC draft guidance, if put into practice, would further deprive Americans, both male and female, of the lifetime sexual pleasure and satisfaction to which they are ethically entitled.

The sixty-one page background report has only one short paragraph on the sexual effect of male circumcision on males and is entirely silent on the effect of male circumcision upon the sexual

⁵⁰ Winkelmann RK. The erogenous zones: their nerve supply and significance. *Mayo Clin Proc* 1959;34(2):39-47.

⁵¹ Taylor JR, Lockwood AP, Taylor AJ. The prepuce: specialized mucosa of the penis and its loss to circumcision. *Br J Urol* 1996;77:291-5.

⁵² Falliers CJ. Circumcision (letter). *JAMA* 1970;214(12):2194.

⁵³ Sorrells ML, Snyder JL, Reiss MD, et al. Fine-touch pressure thresholds in the adult penis. *BJU Int* 2007;99:864-9.

⁵⁴ Taves D. The intromission function of the foreskin. *Med Hypotheses* 2002;59(2):180.

⁵⁵ Warren J, Bigelow J. The case against circumcision. *Br J Sex Med* 1994;21:6-8.

⁵⁶ Taylor JR. Letter. *Can Fam Physician* 2003;49:1592.

⁵⁷ Taylor JR. Fine touch pressure thresholds in the adult penis (letter). *BJU Int* 2007;100(1):218.

⁵⁸ O'Hara K, O'Hara J. The effect of male circumcision on the sexual enjoyment of the female partner. *BJU Int* 1999;83 Suppl 1:79-84.

⁵⁹ Bensley GA, Boyle GJ. Effects of male circumcision on female arousal and orgasm. *N Z Med J* 2003;116(1181):595-6.

experience of the female partner.⁶⁰ (*This, despite a documented, 150-year history, of medical claims that circumcision sexually diminishes the male in helpful ways, both moral and medical.*) The background report does not mention the high quality recent papers that report sexual harm.⁶¹

Taylor et al. report circumcision removes more than 50 percent of the normal skin and mucosa from the penis.⁶² This skin and mucosa is provided by nature to allow for the expansion of the penis during erection. There may not be enough residual foreskin and mucosal tissue after circumcision to allow the penis to expand during erection. The result not infrequently is vulnerable, drum-tight skin, painful erections, or tearing at the scar site, as the residual tissue is stretched to the limit and beyond.^{63 64}

The foreskin contains most of the nerves and provides most of the sensation from the penis. *Winkelman* showed the prepuce to be highly innervated and a “specific erogenous zone.”^{65 66} *Taylor et al.* discovered the existence of a highly innervated ridged band.⁶⁷ The foreskin contains the areas of the penis most sensitive to fine-touch.⁶⁸

Meislahn & Taylor report an online survey of intact males, in which most of the men identified the foreskin, not the glans penis, as the site of sexual pleasure. This study is the first to report “directionality” in the foreskin. That is, the foreskin tends to return to the forward position. The survey found that stretching of the foreskin produces erection in intact males. The survey also reported that stretching of the *ridged band* of the foreskin produces contractions of the *bulbocavernosal muscle*, which produces ejaculation. The intact males who participated in the survey reported the foreskin to be far more important than the glans penis.⁶⁹

Denniston surveyed 38 men who had experienced sexual intercourse before and after

⁶⁰ Background, Methods, and Synthesis of Scientific Information Used to Inform the “Recommendations for Providers Counseling Male Patients and Parents Regarding Male Circumcision and the Prevention of HIV infection, STIs, and other Health Outcomes.” Division of HIV/AIDS Prevention National Center for HIV/AIDS, Viral Hepatitis, STD, TB Prevention Centers for Disease Control and Prevention.

⁶¹ Earp BD. Do the benefits of male circumcision outweigh the risks? A critique of the proposed CDC guidelines. *Frontiers in Pediatrics* 2014; In press.

⁶² Taylor JR, Lockwood AP, Taylor AJ. The prepuce: specialized mucosa of the penis and its loss to circumcision. *Br J Urol* 1996;77:291–5.

⁶³ Bigelow J. *The Joy of Uncircumcising!*, 2nd edition. Aptos, CA: Hourglass Book Publishing, 1995: p. 80–81.

⁶⁴ Fleiss PM, Hodges FM. *What your Doctor May Not Tell You About Circumcision*. New York: Warner Books, 2002: p. 223.

⁶⁵ Winkelman RK. The cutaneous innervation of the human newborn prepuce. *J Invest Dermatol* 1956;26(1):53–67.

⁶⁶ Winkelman RK. The erogenous zones: their nerve supply and significance. *Mayo Clin Proc* 1959;34(2):39–47.

⁶⁷ Taylor JR, Lockwood AP, Taylor AJ. The prepuce: specialized mucosa of the penis and its loss to circumcision. *Br J Urol* 1996;77:291–5.

⁶⁸ Sorrells ML, Snyder JL, Reiss MD, et al. Fine-touch pressure thresholds in the adult penis. *BJU Int* 2007;99:864–9.

⁶⁹ Meislahn HS, Taylor JR. The importance of the foreskin to male sexual reflexes. In: George C. Denniston, Frederick Mansfield Hodges, Marilyn Fayre Milos, eds. *Flesh and Blood: Perspectives on the Problem of Circumcision in Contemporary Society*. New York: Kluwer Academic/Plenum Publishers, 2004.

circumcision. Twenty-two of the 38 men (58%) felt that the pleasure of intercourse was lessened and they would not have chosen circumcision had they known.⁷⁰

Removal of the nerves of the foreskin by circumcision produces a deficit in sensory input into the central, parasympathetic, and sympathetic nervous systems. One, therefore, would expect to find alteration in sexual response. Numerous recent studies have found this to be the case.

Coursey et al. reported that adult circumcision degrades erectile function.⁷¹

Fink et al. also reported worsened erectile function after adult circumcision and, in addition, a degradation of penile sensitivity.⁷²

Pang & Kim carried out a survey in South Korea, where many adult males have been circumcised, and report that a man was twice as likely to have experienced diminished sexuality rather than improved sexuality.⁷³

Shen et al. surveyed 95 circumcised male patients and reported erectile dysfunction in 28, weakened erectile confidence in 33, prolonged intercourse in 31, and difficult insertion in 41.⁷⁴

Senkul et al. carried out a survey of young adult Turkish males who were circumcised in adult life. They reported increased time to ejaculate.⁷⁵

Thorvaldsen & Meyhoff report that young circumcised males have more difficulty in reaching erection and orgasm.⁷⁶

Kim & Pang reported a decrease in masturbatory pleasure and an increase in masturbatory difficulty in Korean males who were circumcised as adults.⁷⁷

Frisch et al. reported that circumcised Danish men frequently experience difficulties in achieving

⁷⁰ Denniston GC. Circumcision and sexual pleasure. In: Denniston GC, Hodges FM, Milos MF. (eds.) *Flesh and Blood: Perspectives on the Problem of Circumcision in Contemporary Society*. New York: Kluwer Academic/Plenum Publishers, 2004: pp.45–53.

⁷¹ Coursey JW, Morey AF, McAninch JW, *et al.* Erectile function after anterior urethroplasty. *J Urol* 2001;166(6):2273–6.

⁷² Fink KS, Carson CC, DeVellis RF. Adult circumcision outcomes study: effect on erectile function, penile sensitivity, sexual activity and satisfaction. *J Urol* 2002;167(5):2113–6.

⁷³ Pang MG, Kim DS. Extraordinarily high rates of male circumcision in South Korea: history and underlying causes. *BJU Int* 2002;89:48–54.

⁷⁴ Shen Z, Chen S, Zhu C, *et al.* [Erectile function evaluation after adult circumcision]. *Zhonghua Nan Ke Xue* 2004;10(1):18–9.

⁷⁵ Senkul T, Iseri C, Sen B. *et al.* Circumcision in adults: effect on sexual function. *Urology* 2004;63(1):155–8.

⁷⁶ Thorvaldsen MA, Meyhoff H. Patologisk eller fysiologisk fimose? *Ugeskr Læger* 2005;167(17):1858–62.

⁷⁷ Kim D, Pang M. The effect of male circumcision on sexuality. *BJU Int* 2007;99(3):619–22.

orgasm as compared with non-circumcised men.⁷⁸

Podnar compared the penilo-cavernosus reflex of intact and circumcised men. He reported, “[t]he reflex was clinically non-elicitable in 73%, 64% and 8% of 30 circumcised men, 15 men with foreskin retraction, and 29 control men, respectively.”⁷⁹

Bronselaer et al. carried out a large study in Belgium to measure comparative penile sensation. Circumcised men experienced decreased sexual pleasure and lower orgasm intensity as compared with non-circumcised men. Circumcised men reported more pain, discomfort, numbness, and unusual sensations.⁸⁰

The evidence that male circumcision irreversibly and permanently harms human sexual response and function was available decades ago and unapologetic then; today it is overwhelming and conclusive, albeit, likely for legal reasons, hotly contested.

CIRCUMCISION CHANGES MALE SEXUAL BEHAVIOR

Laumann et al. reports circumcised males have a “more highly elaborated set of sexual practices.” This includes more frequent masturbation and a greater preference for oral sex.⁸¹ The British National Survey of Sexual Attitudes and Lifestyles (*Natsal 2000*) reports that circumcised males were more likely to report homosexual partners and partners from abroad.⁸²

Richters et al. report that more circumcised men in Australia tend to reach orgasm “too quickly”.⁸³

Several studies report that *male* circumcision also adversely affects *female* sexuality. Warren & Bigelow report the male foreskin prevents problems with vaginal dryness.⁸⁴ Fleiss & Hodges explain that the lack of gliding action in the circumcised male partner causes the taut shaft skin to drag the vaginal lubrication out of the vagina.⁸⁵

O’Hara & O’Hara surveyed women in the United States who had had sex with both circumcised and intact partners. They report the women preferred the partner to be intact by a ratio of 8.6 to

⁷⁸ Frisch M, Lindholm, Grønbaek M. Male circumcision and sexual function in men and women: a survey-based, cross-sectional study in Denmark. *Int J Epidemiol* 2011;40(5):1367-81.

⁷⁹ Podnar S. Clinical elicitation of the penilo-cavernosus reflex in circumcised men. *BJU Int* 2012;209:582-5. doi:10.1111/j.1464-410X.2011.10364.x

⁸⁰ Bronselaer GA, Schober JM, Meyer-Bahlburg HFL, et al. Male circumcision decreases penile sensitivity as measured in a large cohort. *BJU Int* 2013;111(5):820-7. DOI: 10.1111/j.1464-410X.2012.11761.x

⁸¹ Laumann, EO, Masi CM, Zuckerman EW. Circumcision in the United States. *JAMA* 1997;277(13):1052-7.

⁸² Dave SS, Johnson AM, Fenton KA, et al. Male circumcision in Britain: findings from a national probability sample survey. *Sex Trans Infect* 2003;79:499-500.

⁸³ Richters J, Smith AMA, de Visser RO, et al. Circumcision in Australia: prevalence and effects on sexual health. *Int J STD AIDS* 2006;17:547-54.

⁸⁴ Warren J, Bigelow J. The case against circumcision. *Br J Sex Med* 1994; Sept/Oct: 6-8.

⁸⁵ Fleiss PM, Hodges FM. *What your Doctor May Not Tell You About Circumcision*. New York: Warner Books, 2002: pp. 27-28, 87.

one.⁸⁶ Women reported that they were more likely to be orgasmic and even have multiple orgasms when the male partner is intact.⁸⁷

Bensley & Boyle surveyed 35 women in Australia who had sexual experience with both circumcised and intact partners. The females were significantly more likely to report vaginal dryness with a circumcised partner.⁸⁸ The experience reported with a circumcised male partner is similar to the symptoms of “female arousal disorder.”⁸⁹

Frisch et al. report that male circumcision is associated with “orgasm difficulties, dyspareunia and a sense of incomplete sexual needs fulfillment.”⁹⁰

PERMANENT EMOTIONAL AND BEHAVIORAL HARMS

As reported above, male circumcision excises a significant part of the penis — equivalent to about 15 square inches of highly erogenous tissue in the adult.^{91 92} The operation is traumatic⁹³ and leaves the subject with symptoms of associated with trauma,⁹⁴ such as posttraumatic stress disorder.⁹⁵ A person subjected to male circumcision, therefore, must cope both with the effects of loss of a body part with its physiological functions, and the lasting effects of trauma.

Male circumcision alters body appearance, causes loss of sensory function, and loss of a body part. Anyone who has suffered the loss of a body part and sensory function, must grieve his loss.^{96 97} Men who have suffered circumcision frequently do not complete the grief process and deny that

⁸⁶ O'Hara K, O'Hara J. The effect of male circumcision on the sexual enjoyment of the female partner. *BJU Int* 1999;83 Suppl 1:79–84.

⁸⁷ O'Hara K, O'Hara J. The effect of male circumcision on the sexual enjoyment of the female partner. *BJU Int* 1999;83 Suppl 1:79–84.

⁸⁸ Bensley GA, Boyle GJ. Physical, sexual, and psychological effects of male infant circumcision: an exploratory survey. In: Denniston GC, Hodges FM, Milos MF, editors. *Understanding circumcision: a multi-disciplinary approach to a multi-dimensional problem*. New York: Kluwer Academic/Plenum Publishers; 2001. pp. 207-39.

⁸⁹ Bensley GA, Boyle GJ. Effects of male circumcision on female arousal and orgasm. *N Z Med J* 2003;116(1181):595–6.

⁹⁰ Frisch M, Lindholm, Grønbaek M. Male circumcision and sexual function in men and women: a survey-based, cross-sectional study in Denmark. *Int J Epidemiol* 2011;40(5):1367-81

⁹¹ Taylor JR, Lockwood AP, Taylor AJ. The prepuce: specialized mucosa of the penis and its loss to circumcision. *Br J Urol* 1996;77:291–5.

⁹² Sorrells ML, Snyder JL, Reiss MD, et al. Fine-touch pressure thresholds in the adult penis. *BJU Int* 2007;99:864–9.

⁹³ Levy D. Psychic trauma of operations in children: and a note on combat neurosis. *Am J Dis Child* 1945;69:7–25.

⁹⁴ Cansever G. Psychological effects of circumcision. *Brit J Med Psychol* 1965;38:321–31.

⁹⁵ Taddio A, Katz J, Illersich AL, Koren G. Effect of neonatal circumcision on pain response during subsequent routine vaccination. *Lancet* 1997;349(9052):599–603.

⁹⁶ Maguire P, Parkes CM. Coping With Loss: Surgery and loss of body parts. [Part 4/10.] *Brit Med J* 1998; 316(7137): 1086-8.

⁹⁷ Fitzgerald RG, Parkes CM. Coping with loss: Blindness and loss of other sensory and cognitive functions. *BMJ* 1998;316:1160-3.

they have lost anything at all. They may also minimize the loss –a *fait accompli* for them–caused by circumcision.⁹⁸

Circumcised males must also cope with circumcision-induced trauma.⁹⁹ *Rhinehart* encountered adult circumcised males with PTSD, secondary to their infant circumcision in his psychiatric practice.¹⁰⁰

Ramos & Boyle found PTSD in Philippine boys who had been circumcised.¹⁰¹

Van der Kolk reports that persons who have been traumatized have a compulsion to repeat the trauma and to find new victims on which to re-enact the trauma they suffered.¹⁰²

When boys who have been circumcised become medical doctors in adulthood, they frequently carry the emotional scars of circumcision into their medical practice. It is well -settled that medical doctors who are circumcised are more likely to recommend circumcision.¹⁰³ Many circumcised medical doctors produce papers that purport to find prophylactic benefits in male circumcision. Goldman says:

One reason that flawed studies are published is that science is affected by cultural values. A principal method of preserving cultural values is to disguise them as truths that are based on scientific research. This ‘research’ can then be used to support questionable and harmful cultural values such as circumcision. This explains the claimed medical ‘benefits’ of circumcision.¹⁰⁴

The medical literature of circumcision has become a battleground between circumcised and non-circumcised doctors.

The medical literature on circumcision is voluminous and contentious. Circumcised doctors create papers that overstate benefits and minimize harms and risks. When these doctors publish such claims, other doctors come forward to refute them.... The result is an unending debate driven by the emotional compulsion of circumcised men.¹⁰⁵

Boyle and Hill said:

⁹⁸ Parkes CM. Coping with loss: Facing loss. *BMJ* 1998;316:1521-4.

⁹⁹ Boyle GJ, Goldman R, Svoboda JS, Fernandez E. Male circumcision: pain, trauma and psychosexual sequelae. *J Health Psychol* 2002;7(3):329-43.

¹⁰⁰ Rhinehart J. Neonatal circumcision reconsidered. *Transactional Analysis J* 1999;29(3):215-21.

¹⁰¹ Ramos, S., & Boyle, G. J. (2001). *Ritual and medical circumcision among Filipino boys: Evidence of post-traumatic stress disorder*. In G. C. Denniston, F. M. Hodges, & M. F. Milos (Eds.), *Understanding circumcision: A multi-disciplinary approach to a multi-dimensional problem*. New York: Kluwer/Plenum.

¹⁰² van der Kolk BA. The compulsion to repeat the trauma: re-enactment, revictimization, and masochism. *Psychiatr Clin North Am* 1989;12(2):389-411.

¹⁰³ LeBourdais E. Circumcision no longer a “routine” surgical procedure. *Can Med Assoc J* 1995;152(11):1873-6.

¹⁰⁴ Goldman R. The psychological impact of circumcision. *BJU Int* 1999;83 Suppl. 1:93-103.

¹⁰⁵ Hill G. The case against circumcision. *J Mens Health Gend* 2007;4(3):318-23.

Invariably, when biased opinions promoting MC are published by doctors trying to justify their own psychosexual wounding, uncircumcised doctors (who mostly see no need for amputating anatomically normal healthy erogenous tissue) are quick to refute such overstated claims.¹⁰⁶

Circumcision-generated emotions cause great difficulty when circumcised doctors attempt to create a policy on male circumcision. Typically, they use selective citation of the evidence to minimize the harm of circumcision and exaggerate the alleged benefits.¹⁰⁷ The sources cited are usually written by other American circumcised doctors with similar emotional issues and bias.

The wider spectrum of legal, human rights, and ethical issues is invariably ignored.¹⁰⁸

Circumcision policies from Europe where one might expect most medical doctors to be non-circumcised, produce the diametrically opposite results to those from the United States where most doctors are circumcised.^{109 110} That fact alone should put us all on alert.

THE AMERICAN ACADEMY OF PEDIATRICS

It is obvious that the CDC has relied heavily on the 9/2012 report of the American Academy of Pediatrics Taskforce on Circumcision.

The American Academy of Pediatrics (AAP) is a medical trade association. Its first priority is to protect the financial interests of its members, called ‘fellows.’ Fellows of the AAP (and we have such fellows within our membership) profit by performing medically-unnecessary, non-therapeutic circumcisions on infants and children, whether for the initial surgery or follow-up visits and the collegial benefits flowing from providing referrals to colleagues.

The AAP became alarmed by the denial of payment for such non-therapeutic circumcision surgeries by a growing number of state Medicaid programs. It seized upon the three RCTs as a god-send, an excuse to promote the practice of non-therapeutic male circumcision. In cooperation with two other medical trade associations whose fellows also profit by performing circumcisions on children — The American Academy of Family Physicians (AAFP) and the American College of Obstetricians and Gynecologists (ACOG) — the AAP took the lead in developing a new statement

¹⁰⁶ Boyle GJ, Hill G. Circumcision-generated emotions bias medical literature. *BJU Int* 2012;109:e11. DOI: 10.1111/j.1464-410X.2012.10917.x

¹⁰⁷ Goldman R. Circumcision policy: a psychosocial perspective. *Paediatr Child Health* 2004;9(9):630-3.

¹⁰⁸ Boyle GJ, Hill G. Circumcision-generated emotions bias medical literature. *BJU Int* 2012;109:e11. DOI: 10.1111/j.1464-410X.2012.10917.x

¹⁰⁹ Non-therapeutic circumcision of male minors. Utrecht, Royal Dutch Medical Association, 2010. Available at <http://knmg.artsennet.nl/web/file?uuid=579e836d-ea83-410f-9889-feb7eda87cd5&owner=a8a9ce0e-f42b-47a5-960e-be08025b7b04&contentid=77976&elementid=771754> Accessed December 30, 2014.

¹¹⁰ Frisch M, Aigrain Y, Barauskas V, et al. Cultural bias in the AAP’s 2012 technical report and policy statement on male circumcision. *Pediatrics* 2013;131(4):1-5. doi:10.1542/peds.2012-2896 Published on line ahead of print Available at: <http://pediatrics.aappublications.org/content/early/2013/03/12/peds.2012-2896.full.pdf> Accessed December 30, 2014.

to stop the erosion of payments. It seized upon the three RCTs to promote circumcision of male children despite the fact that children are not sexually active.

The AAP appointed a “task force” to develop a new circumcision policy statement. The task force included a health care financing specialist, a doctor who performs circumcision for religious reasons, (including of his own son on his parents’ kitchen table¹¹¹) a New York health officer who declined to halt a ritual practice that spread herpes, lethal to infants, which killed two infant boys, and other individuals who were obviously culturally biased in favor of male circumcision. After a five-year delay, the two-part statement was finally published in 2012.^{112 113} Although ACOG endorsed the statement, the AAFP declined to do so.

Not surprisingly, the AAP statement was poorly received and elicited scathing commentary from many observers world-wide. Doctors Opposing Circumcision, in its commentary, pointed out the primacy of financial interests and concluded in part:

“The advice given by this Circumcision Policy Statement is designed to support the continuation of an income stream for its stakeholders and also to protect ritual circumcision, by misapplication of ethical and legal rules for therapeutic operations to a non-therapeutic procedure, and distortion and misstatement of acknowledged clinical findings.”¹¹⁴

Svoboda & Van Howe (2013) , writing in the *Journal of Medical Ethics* noted:

“The [AAP] documents fail to engage with several critical issues: (1) the anatomy or function of the foreskin and the harm caused by its removal, (2) basic principles of biomedical ethics and how they bear upon the permissibility of the procedure in the first place and (3) fundamental issues in human and children’s rights and their relevance to the surgical infringement of bodily integrity.”

Svoboda & Van Howe concluded:

“Accordingly, the AAP should immediately retract its policy statement and technical report and replace them with documents reflecting such critical concerns as the functions of the lost tissue, medical ethics, and the importance of respecting non-consenting children’s rights.”¹¹⁵

¹¹¹ Dr. Andrew Freedman, member of the AAP Circumcision taskforce, quoted in The Jewish Week, 9/9/2012.

¹¹² Task Force on Circumcision. Circumcision policy statement. *Pediatrics* 2012;130:585-6. DOI: 10.1542/peds.2012-1989

¹¹³ Task Force on Circumcision. Male circumcision. *Pediatrics* 2012;130:e756-e785. DOI: 10.1542/peds.2012-1990

¹¹⁴ Staff. (2012) [Commentary on American Academy of Pediatrics 2012 Circumcision Policy Statement](#). Doctors Opposing Circumcision. Seattle. Available at http://www.doctorsopposingcircumcision.org/pdf/2013-04-24_Commentary.pdf Accessed December 16, 2014.

¹¹⁵ Svoboda JS. Van Howe RS. Out of step: fatal flaws in the latest AAP policy report on neonatal circumcision. *J Med Ethics* 2013;00:1-8. doi:10.1136/medethics-2013-101346. Published on line ahead of print. Available at http://www.doctorsopposingcircumcision.org/pdf/2013-03-12_Svoboda-VanHowe.pdf Accessed December 16, 2014.

A large group of European medical doctors and medical society directors also criticized the AAP's position statement, in a comment published in *Pediatrics*. They found that the AAP's position was based primarily on American cultural bias and not on medical science. They said:

“To these authors, only 1 of the arguments put forward by the American Academy of Pediatrics has some theoretical relevance in relation to infant male circumcision; namely, the possible protection against urinary tract infections in infant boys, which can easily be treated with antibiotics without tissue loss. The other claimed health benefits, including protection against HIV/AIDS, genital herpes, genital warts, and penile cancer, are questionable, weak, and likely to have little public health relevance in a Western context, and they do not represent compelling reasons for surgery before boys are old enough to decide for themselves.”¹¹⁶

The authors of the CDC Draft Guidance relied heavily on the AAP position documents while ignoring the stringent and pointed criticism of those documents.¹¹⁷

American law

Minor children lack the legal capacity to consent to surgery. But children are separate people from their parents and have their own inchoate rights, rights held in abeyance until they are needed.

The United States Supreme Court has long recognized the existence of the right to bodily integrity.¹¹⁸ Male circumcision, which excises and amputates an organ of the human body with protective, immunological, sensory, and sexual physiological functions,^{119 120} is a gross violation of bodily integrity.

Adler and others argues strongly that the parental powers to grant consent for surgery is based on the child's need and do not exist independently.¹²¹ In the absence of need, no such right to consent can exist. Non-therapeutic, elective circumcisions, such as proposed by the authors of the CDC, are typically performed on healthy, stable children with no need for surgery.¹²² Thus the parents have no power to consent to such non-therapeutic amputations, and their proxy consent

¹¹⁶ Frisch M, Aigrain Y, Barauskas V, et al. Cultural bias in the AAP's 2012 technical report and policy statement on male circumcision. *Pediatrics* 2013;131(4):1-5. doi:10.1542/peds.2012-2896 Published on line ahead of print. Available at http://www.doctorsopposingcircumcision.org/pdf/2013-03-18_Frisch%20et%20al.pdf Accessed December 16, 2014.

¹¹⁷ Earp BD. Do the benefits of male circumcision outweigh the risks? A critique of the proposed CDC guidelines. *Frontiers in Pediatrics* 2014; In press.

¹¹⁸ *Union Pacific Railway Company v. Botsford*, 141 U.S. 250 (1891).

¹¹⁹ Taylor JR, Lockwood AP, Taylor AJ. The prepuce: specialized mucosa of the penis and its loss to circumcision. *Br J Urol* 1996;77:291-5.

¹²⁰ Fleiss P, Hodges F, Van Howe RS. Immunological functions of the human prepuce. *Sex Trans Inf* 1998;74(5):364-7.

¹²¹ Peter W. Adler. *Is circumcision legal?* 16(3) Richmond J. L. & Pub. Int 439-86 (2013). Available at http://rjolpi.richmond.edu/archive/Adler_Formatted.pdf Accessed December 17, 2014.

¹²² Task Force on Circumcision. Male circumcision. *Pediatrics* 2012;130:e756-e785. DOI: 10.1542/peds.2012-1990

is vitiated and without force or effect. Such circumcisions, carried out without effective consent, amount to medical battery under law, though as has been noted, children lack an effective remedy at law. [ftnt jvg]

The authors of the CDC draft guidance have put the CDC (an arm of the United States government) in the position of recommending the violation of the legal rights of American infants and children to bodily integrity.

INTERNATIONAL HUMAN RIGHTS LAW

The United States of America is a state-party to the United Nations *International Covenant on Civil and Political Rights* (ICCPR) and has been ever since ratification by the United States Senate in 1992. Treaties are part of the supreme law of the United States.¹²³ By this international treaty, the United States has pledged to support human rights within the United States.¹²⁴

Article Seven of that treaty provides a right to freedom from “cruel, inhuman, or degrading treatment.” Involuntary male circumcision, often performed without anesthesia or analgesia, violates this article.

Article Nine of that treaty provides a right to security of one’s person. It is obvious that if one is subject to the involuntary removal of a body part as done by male circumcision, then one does not have security of one’s person. Involuntary male circumcision violates this article.

President Bill Clinton issued Executive Order 13107 on December 10, 1998, which orders every department and agency of the executive branch to respect human rights as defined in three human rights treaties, including the ICCPR.¹²⁵ Promotion of male circumcision, alleging unproven and speculative prophylaxis easily obtained by less intrusive means, violates fundamental human rights. The Draft CDC Guidance places the CDC in clear violation of Executive Order 13107. The CDC cannot recommend non-therapeutic circumcision of infants and children without violating the ICCPR and Executive Order 13107.

MEDICAL ETHICS

Non-therapeutic circumcision of children, as advocated by the authors of the CDC draft recommendation, is a profoundly unethical surgery on children even were the dubious claims of prophylaxis totally proven and inarguable.

The cardinal principles of medical ethics are beneficence, non-maleficence, justice, autonomy, and proportionality.¹²⁶ ¹²⁷ Non-therapeutic circumcision of children violates every

¹²³ Article VI, Constitution of the United States (1789).

¹²⁴ International Covenant on Civil and Political Rights. General Assembly resolution 2200A (XXI) of 16 December 1966. Available at <http://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx> Accessed December 17, 2014.

¹²⁵ William Jefferson Clinton. Executive Order 13107, December 10, 1998 Available at <http://www.gpo.gov/fdsys/pkg/WCPD-1998-12-14/pdf/WCPD-1998-12-14-Pg2459.pdf> Accessed December 17, 2014.

¹²⁶ Beauchamp TL, Childress JF. *Principles of Biomedical Ethics*. 3rd ed. New York, NY: Oxford University Press; 1989.

principle. The only passing grade is given to those procedures that pass every prong of the test.

Beneficence requires ‘doing good.’ We have previously demonstrated that the alleged prophylactic benefits cannot be shown to actually exist. Therefore, there is no provable beneficence to the non-therapeutic circumcision of male children, so non-therapeutic circumcision violates the principle of *beneficence*.

Non-maleficence requires ‘avoiding harm.’ Unnecessary male circumcision is harmful, so non-therapeutic circumcision violates the principle of *non-maleficence*.

Justice demands ‘treating patients fairly.’ Non-therapeutic circumcision inflicts needless injury on a healthy patient and violates his legal and right to *bodily integrity* and *security of person*. This is not fair treatment; thus non-therapeutic circumcision violates the principle of *justice*.

Autonomy concerns letting the patient control his/her own body. Consent for the circumcision of children must of necessity be provided by surrogates. In this case, the patient is not accorded a voice in a non-therapeutic intervention that could easily wait for his assent years later. Thus non-therapeutic circumcision violates the principle of *autonomy*.

Proportionality demands that the procedure be justified by the benefit to the patient, (only), one which substantially overbalances the losses sustained by the patient. Circumcision of a healthy child, who can easily prevent the social, behavioral, diseases of adulthood by himself, is grossly disproportional to the risk, loss, pain, and harm he is asked to endure in advance –before he has an opportunity to choose.

RIGHT TO AN OPEN FUTURE.

Although infant boys are not competent at birth, they will, in the vast majority of instances, be competent later. The principle of *autonomy* requires that parents, to whom the care of the child is *entrusted*, preserve as many of the child’s future options as possible. Philosopher Joel Feinberg writes:

“... if the violation of a child’s autonomy right-in-trust cannot always be established by checking the child’s present interests, *a fortiori* it cannot be established by checking the child’s present desires or preferences. It is the adult he is to become who must exercise the choice, more exactly, the adult he will become if his basic options are kept open and his growth ‘natural’ or unforced, In any case, that adult does not exist yet, and perhaps he never will. But the child is *potentially* that adult, and it is that adult who is the person whose autonomy must be protected, now (and in advance).¹²⁸

¹²⁷ Clark PA. To circumcise or not to circumcise?: a Catholic ethicist argues that the practice is not in the best interest of male infant. *Health Prog* 2006;87(5):30-9.

¹²⁸ Feinberg J. The right to an open future. In: *Whose Child? Children’s Right, Parental Authority and State Power*, Rowman and Littlefield, Totowa, New Jersey, 1980, p. 124 *et seq.*

Parents and doctors, therefore, have a duty to the child to preserve the child's options in adult life.

Every child will become an autonomous adult (just like us) –in time. Every infant boy is eventually a man with a partner, a family, entitled to the bodily integrity he was accorded by nature. A circumcision in childhood forecloses the child's right to opt for genital integrity as an adult, so a non-therapeutic circumcision unethically violates the child's right to an open future.

Non-therapeutic circumcision of children is a pre-historic religious ritual that was adopted into medical practice in February 1870 by Dr. Lewis Sayre for reasons we now know were delusional and superstitious.¹²⁹

Medical circumcision could not be introduced today as it grossly violates current legal and ethical standards. It is at present a highly injurious antique surgical operation that should have no place in contemporary, evidence-based, medical practice, a fact that our European colleagues recognize.

DISCUSSION

The CDC draft recommendation and its supporting documents show very strong evidence of having been drafted by *American* medical doctors with a strong cultural (as opposed to scientific) bias in favor of male circumcision. Such doctors have seized control of the levers of government in this instance and are using it to their personal advantage. In the U.S. medical marketplace where so many of the *actual* needs of children go unmet for millions, the CDC draft proposal is unconscionable. It would be intolerable in any other developed, First-World, country. The suggestion of preventing adult STI's by circumcising infants, at the expense of other, more pressing medical needs, would be risible in all of Western Europe (where children have actual medical care from infancy).

- 1.) The CDC recommendations ignore the numerous natural and physiological functions of the body part amputated by circumcision.
- 2.) There is a brief, but woefully inadequate discussion of the loss of sexual sensation, one using older obsolete papers as references.
- 3.) Some of the papers cited are written by those with well-known cultural and religious biases toward cutting infant genitalia.
- 4.) The most recent, conclusive studies on the harm to male and female sexual function are not discussed in the slightest.
- 5.) The child is treated as a mere chattel (property) of the parents with no rights of his own.
- 6.) The rights of the child under domestic and international law to bodily integrity and security of the person are not mentioned. Although the human rights problems of child circumcision are

¹²⁹ Gollaher DL. From ritual to science: the medical transformation of circumcision in America. *J Soc Hist* 1994;28(1):5–36.

well known both in Europe¹³⁰ ¹³¹ and even in America;¹³² the CDC seems unaware of these concerns. Under the spell and sway of doctors attending their own financial needs, the CDC has turned a blind eye to human rights' issues.

For ethical considerations, the draft guidance background paper claims to rely on the Public Health Ethics Committee, however that committee actually said:

“In the interest of pursuing the public’s health, one must avoid the deliberate infliction of harm to others.”¹³³

Deliberate infliction of harm on others is exactly what the CDC draft recommendation proposes to do in violation of its own ethics guidance.

The known complications, disadvantages, and drawbacks of male circumcision are minimized.

There is strong evidence that circumcised male doctors are in control of circumcision policy at the CDC. This is due to an impulse toward historical cultural or religious circumcision which, in the USA, has overwhelmed the requirement for evidence-based, sound science.

CONCLUSION

One solution: solicit the advice and counsel of honest brokers from overseas. For instance, physicians could be retained from countries where male circumcision is neither a cultural tradition nor an entrenched and reliable source of income, (perhaps from Europe) to advise the CDC.

The CDC has a duty to protect human rights at the same time it engages in the laudable and demanding task of disease interdiction.

Consequently the CDC should rescind the draft CDC guidance on male circumcision in its entirety.

The CDC should adopt a policy consistent with the ICCPR¹³⁴ and Executive Order 13107¹³⁵ in

¹³⁰ Jacqueline Smith. Male Circumcision and the Rights of the Child. In: Mielle Bulterman, Aart Hendriks and Jacqueline Smith (Eds.), *To Baehr in Our Minds: Essays in Human Rights from the Heart of the Netherlands* (SIM Special No. 21). Netherlands Institute of Human Rights (SIM), University of Utrecht, Utrecht, Netherlands, 1998: pp. 465-498.

¹³¹ Parliamentary Assembly, Council of Europe. *Children's Right to Physical Integrity, Resolution 1952.*, Adopted Tuesday, 1 October 2013. Available at: <http://assembly.coe.int/nw/xml/XRef/X2H-Xref-ViewPDF.asp?FileID=20174&lang=en> Accessed December 31, 2014.

¹³² Chapter 9, *Genital Integrity Policy Statement*. Seattle: Doctors Opposing Circumcision, 2008. Available at: <http://www.doctorsopposingcircumcision.org/DOC/statement09.html> Accessed December 31, 2014.

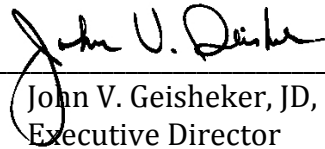
¹³³ Joint Meeting of the Ethics Subcommittee of the Advisory Committee to The Director, CDC and the Public Health Ethics Committee, April 7, 2009. Available at: http://www.cdc.gov/maso/FACM/pdfs/ACDCDC/20090407_ACDCDC_ES.pdf. Accessed December 30, 2014.

¹³⁴ International Covenant on Civil and Political Rights. General Assembly resolution 2200A (XXI) of 16 December 1966. Available at <http://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx> Accessed December 17, 2014.

which the physical integrity of children is respected foremost, and the merely cultural genital cutting of children, male or female –for imaginary or superstitious reasons– is discouraged.

Respectfully yours,

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President



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¹³⁵ William Jefferson Clinton. Executive Order 13107, December 10, 1998 Available at <http://www.gpo.gov/fdsys/pkg/WCPD-1998-12-14/pdf/WCPD-1998-12-14-Pg2459.pdf> Accessed December 17, 2014.