

Canadian Paediatric Society
2305 St. Laurent Blvd.
Ottawa, ON K1G 4J8
Attn: Fetus and Newborn Committee

12 February 2013

Re: Updating the CPS Neonatal Circumcision Policy Statement

Dear Members of the Fetus and Newborn Committee:

I'm writing to you in advance of your forthcoming review of your policy on infant male circumcision to share an often overlooked aspect of this medicalized social custom. As you well know, there have been no prospective or retrospective studies of long-term outcomes or satisfaction levels among men who were subjected to this form of genital modification surgery.

As someone who has twice created surveys for men to document the long-term adverse physical, sexual, psychological and emotional harm from their non-medically indicated circumcision as an infant or child, I believe it will be helpful to share the results of these surveys with you.

Since most patients seen by CPS members are not yet sexually active and/or are still unaware of the damage done to them by circumcision – or even how to identify it – this harm will rarely be brought to the attention of paediatricians.

This holds doubly true for the OB/GYNs who perform most of the infant circumcisions in North America. Because these specialists in treating the reproductive organs of *females* will likely never again encounter the newborn *males* they circumcise, and those males commonly don't become aware of their harm until adolescence or adulthood, **OB/GYNs are never made aware of the damage they've done to their male patients.**

I enclose these surveys with the hope that as you update your policy on infant male circumcision you will at least acknowledge that there is a subset of circumcised men for whom this genital surgery is a profoundly troubling emotional issue, while for others it has caused serious physical and sexual consequences.

Results from the enclosed **Preliminary Poll of Men Circumcised in Infancy or Childhood** were published in *BJU International* in 1999. In 2011, I created an expanded version of the original poll for use online, allowing respondents to upload photographic evidence and video testimony about the types of damage they suffer from circumcision.

The **Global Survey of Circumcision Harm** spanned a 14-month period from June 2011 to September 2012. A total of 1,008 men from around the world responded to the survey. For your edification, I enclose a copy of the questionnaire along with a report of the total results and a filtered report of Canadian responses. While most respondents were from the U.S., Canadians were the second most represented in the survey, totaling 85 men.

The original poll, as well as the current survey reports that I'm sending you, may also be downloaded in PDF format from www.CircumcisionHarm.org.

The website also features five galleries of photographic evidence (more than 100 photos) that reveal the damage these men live with on a daily basis. I enclose printouts of Photo Galleries 1 and 2. Another section of the website contains six pages of video testimonies (more than 40 videos) from men documenting their harm or their feelings about what was done to this most intimate part of their bodies without their consent.

I want to draw your attention to a salient finding of this survey. Although 28% of respondents became aware of their harm before age 13, most males circumcised as infants or children did not become aware of their harm until their teens years (32% between ages 13-19) or early adulthood (19% between ages 20-29).

Over the years, many concerns have been raised about the unstudied harm of this genital modification surgery to which the child-patient cannot consent, refuse, resist or escape.

The exact incidence of postoperative complications is unknown.

Report of the AAP Task Force on Circumcision. *Pediatrics*,
August 1989; vol. 84, no. 4: 388-391

***We categorically state that circumcision has unrecognized victims.
We support any further studies which involve identification of the
effects of circumcision.***

Declaration of the 1st International Symposium on Circumcision 1989

***Often a poor surgical result is not recognized until years after the event.
Adverse long-term consequences of infant circumcision on the sexual health
of American men must be recognized by physicians, parents and legislators.***

Snyder JL. The problem of circumcision in America.
The Truth Seeker 1989; July/Aug: 39-42

***Factors affecting satisfaction with circumcision status are currently not
known and need to be examined. Since the desire to be similar to peers
typically fades into later adolescence and adulthood, the effect of increasing
age on satisfaction also need to be examined.***

Schlossberger NM, Turner RA, Irwin CE Jr. Early Adolescent knowledge
and attitudes about circumcision: methods and implications for research.
J Adolescent Health 1991; 12:293-297

Men who answered the surveys do not represent a fringe element but rather a vanguard, and are a reflection of the increasing awareness among men about the functions and benefits of the foreskin, as well as the physical and sexual damage inflicted by infant/childhood circumcision.

The majority of men who responded to the Global Survey of Circumcision Harm documented adverse outcomes from circumcisions that met the ‘standard of care.’

Since the mid-1980s, men circumcised as children have been raising their voices on this issue, but to date, the medical community has failed to acknowledge or examine the problem. Instead, some misinterpret the lack of any scientific study of such damage to mean that there is no problem. This is evidenced by such uninformed statements such as:

Male circumcision does not appear to adversely affect penile sexual function/sensitivity or sexual satisfaction.

2012 Technical Report on Circumcision by the American Academy of Pediatrics (supported by the American College of Obstetricians and Gynecologists)

However, studies are emerging about the impact of circumcision on not only men’s sexuality but that of their female partners.

Male circumcision decreases penile sensitivity as measured in a large cohort. BJU Int. 2013 Feb 4. doi: 10.1111/j.1464-410X.2012.11761.X. [Epub ahead of print]

➤ www.ncbi.nlm.nih.gov/pubmed/23374102?dopt=Abstract

Male circumcision and sexual function in men and women: a survey-based, cross-sectional study in Denmark.

Int J Epidemiol. 2011 Oct;40(5):1367-81. doi: 10.1093/ije/dyr104. Epub 2011 Jun 14.

➤ www.ncbi.nlm.nih.gov/pubmed/21672947

In stark contrast to the 2012 American Academy of Pediatrics policy on circumcision, other national paediatric societies around the world have taken strong positions to discourage infant circumcision and in favour of protecting the genital integrity and human rights of male newborns and children.

➤ www.circinfo.org/doctors.html

➤ www.cirp.org/library/statements/

Most of these policies, rather than merely referring to ‘risks’ associated with the circumcision surgery, clearly acknowledge the inherent harm of ablating the prepuce and many address the relevant ethical and human right issues.

Because long-term circumcision outcomes are unstudied, the current knowledge base on circumcision is so insufficient that any medical body claiming that 'benefits outweigh risks' is being both intellectually and morally dishonest and does a disservice to parents who are pressured by family or society to make this entirely unnecessary decision.

In fact, the sexual harm reported by survey respondents is exactly that which parents and physicians deliberately sought to inflict when the practice first appeared among English-speaking nations of the Victorian-era. In well-meaning but misguided attempts to protect their children's health, parents of that era who worried about the 'known' and 'proven' dangers of masturbation, relied on like-minded physicians to impose circumcision as a means to control their children's sexuality. The gliding action of the nerve-laden foreskin was known at the time to be integral to male sexual pleasure and it was naïvely thought that cutting off the foreskin would reduce pleasure and prevent masturbation.

While some men might say "*I'm circumcised and I'm fine*", these same words are uttered by many circumcised women, as expressed in these interviews on Egyptian television:

➤ Circumcision is 'OK' say women & men [youtube.com/watch?v=wcJNAtn-c6I](https://www.youtube.com/watch?v=wcJNAtn-c6I)

Indeed, scores of personal accounts reported in **Hanny Lightfoot Klein's 1989 book 'Prisoners of Ritual'** reveal that many circumcised women still enjoy residual or alternative means of sexual stimulation. This can be explained as either denial, or as the result of the body and brain forming new neural pathways to compensate for the damage. If this is true for females it's likely true for males.

I urge the CPS to not be tempted to trivialize or dismiss this growing awareness among men or to try to shift responsibility to 'parental decision-making'. Let's be honest, parents' wishes to circumcise are rarely executed without the assistance of a professional circumciser. In most cases this means a physician entrusted with the child's care.

It's time for the Canadian Paediatric Society to acknowledge this harm and to stress the need for further study and documentation of adverse long-term outcomes.

This information is sent with the hope that the forthcoming CPS policy will acknowledge that the long-term outcomes and satisfaction levels among men circumcised as infants have never been studied. An intellectually honest policy update by CPS must also acknowledge that there is/are:

- a growing awareness among circumcised men about the functions and benefits of the foreskin, and the harm and damage that they live with as a result of its ablation.
- increasing openness of genitally intact men who proclaim there is nothing inherently shameful, unpleasant, or unhealthy about the foreskin and for many it's a source of pride. One example is Canada's own Foreskin Awareness Project (www.can-fap.net).

- increasingly sophisticated opportunities for men to document circumcision harm;
- an expansion of North American and international chapters of NORM, the National Organization of Restoring Men (www.norm.org)
- a proliferation of websites and blogs created by circumcised men to document their foreskin restoration efforts and inspire others seeking to repair circumcision damage:
 - foreskin-restoration.net/forum/
 - pages.suddenlink.net/manual_methods/
 - dileinsert.com/melsproject06.html
 - altobino.free.fr/ruban.htm [French]

To truly understand the adverse impact of infant circumcision on later male health, one must look beyond endless controversies about ‘benefits’ and ask the following questions.

- It is understood that trauma to the brain and CNS can alter brain growth/function. How does neonatal brain/CNS integrity compare before and after circumcision?
- Are some brain/behavioural deficits related to neonatal circumcision trauma?
- Does brain activity during sexual arousal differ between circumcised and intact men?
- How does circumcision and/or restoration affect adult sexual response or self-esteem?
- How does the duration/modality/quality of foreplay and intercourse differ between circumcised and intact men?
- Many circumcised men in the survey expressed low levels of satisfaction after orgasm. Does sexual compulsivity differ between circumcised and intact males?
- Research by Dr. Morten Frisch of Denmark has shed light on female dissatisfaction with circumcised male partners. How does male circumcision affect female sexuality?
- Which conscious and unconscious motivations among parents must be addressed to break the intergenerational cycle of male genital abuse?

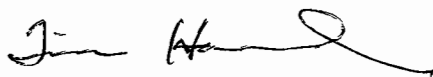
Even without further research into adverse outcomes, steps can still be taken to respect the rights of all newborn children in Canada.

- National and international medical associations and human rights organizations must adopt and implement gender-neutral policies protecting the inherent rights of all children to bodily integrity and genital autonomy

- International monetary and technical support must be given to human rights advocates educating their societies about genital autonomy and children's rights.
- Physicians must refrain from performing or facilitating genital cutting customs. All medical schools must address ethics and human rights of children's genital autonomy.
- Medical schools and continuing education programs must teach the anatomy, physiology, development and proper care of intact genitals as well as emphasize non-surgical alternatives to preventing and treating genital diseases.
- In what appears to be either inverted thinking – or a deliberate attempt to shift attention from core issues – or both – the 2012 AAP circumcision policy states: *“It is important that clinicians routinely inform parents of the health benefits and risks of male newborn circumcision.”* **A more prudent policy applicable to all children, regardless of gender, would be to urge clinicians to routinely inform parents about the important functions of natural genitalia, to dispel medical disinformation and to allay parents' social fears and myths about intact genitalia.**
- Hospitals, physicians and independent clinics must cease soliciting parents for non-therapeutic circumcision of their newborns. There must be stricter regulation of physicians who advertise and promote – both in hospitals and in private clinics – the non-therapeutic circumcision of otherwise healthy children.
- Peer support models must be developed to assist physicians in resisting parental requests for non-therapeutic circumcision and to address physician fears of losing respect or income if they choose not to offer circumcision.

This survey is a uniquely Canadian contribution to the international discussion of male circumcision customs. I thank you for your attention to this letter and I hope you find this information useful in formulating a revised CPS policy on infant male circumcision.

Sincerely,



Tim Hammond
Survey Programmer

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Enclosures: (1) binder containing:

- Preliminary Poll of Men Circumcised in Infancy or Childhood
- Global Survey of Circumcision Harm
 - Questionnaire
 - Total Results
 - Canadian Results
 - Photo Galleries 1 and 2