

Evaluating the Evaluators: An Analysis of Bailis, Moreton and Morris’ “Critical Evaluation of a Survey Claiming Long-Term Adverse Outcomes from Neonatal Circumcision”

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Bailis, Moreton and Morris[1] recently critiqued Hammond and Carmack’s survey of long-term adverse outcomes to men from neonatal circumcision, perhaps inadvertently giving the survey a larger audience beyond what it received in its initial publication[2]. Although the obsessive criticisms are too numerous to refute all of them herein, some of the critique’s most egregious inaccuracies and falsehoods deserve further analysis.

As reported in Hammond’s earlier published poll[3], it was Schlossberger[4] who recognized as early as 1991 that ‘Generally, men circumcised in childhood remain uninformed of its effects’ and urged that ‘Factors affecting satisfaction with circumcision status are currently not known and need to be examined.’ Hammond’s preliminary poll and the more recent survey by Hammond and Carmack stand as pioneering attempts to undertake Schlossberger’s recommendation through examination of a sub-group of dissatisfied circumcised men, the existence of which was empirically acknowledged in 2017 by Bossio.[5]

Among Bossio’s findings:

- ‘[T]his study was among the first to empirically document a sample of men who experience distress over their circumcision status.’
- ‘One possible explanation for the high levels of distress among some circumcised men, and the relative importance of one’s self-reported unhappiness with their circumcision status, is the role of choice in their circumcised status.’
- ‘[M]en who were not neonatally circumcised were able to rectify dissatisfaction with their circumcision status by undergoing circumcision. On the other hand, circumcised men have far fewer options to reverse their circumcision status, and the options that are available to them (e.g., foreskin “restoration”) are timely, labor-intensive and never truly “restorative” (because the nerve fibers lost to circumcision cannot be re-grown).’

As stated upfront in its published findings, the Hammond and Carmack survey was meant to query only this specific sub-group of circumcision sufferers and not the general population of circumcised men.

In 2018, subsequent to the publication of Hammond and Carmack’s survey, another well-regarded survey[6] also embraced the suggestion to examine ‘factors affecting satisfaction’ that Schlossberger had urged 27 years earlier. The survey of 999 U.S. men found that ‘the lack of harm reported by many circumcised men, like the lack of harm reported by their female counterparts in societies that practice FGC (female genital cutting), may be related to holding inaccurate beliefs concerning unaltered genitalia and the consequences of childhood genital modification.’ After such false beliefs are challenged and superseded with facts, it is reasonably credible to expect that dissatisfaction and awareness of harm become more obvious to the affected individuals.

As is perhaps already apparent, critics of the Hammond and Carmack survey seem to hold the notion that the male foreskin is functionless, only problematic, and has no value, therefore its removal cannot be considered a true loss or a harm. This notion that non-therapeutic neonatal circumcision is harmless was succinctly challenged in a 2017 address by ethicist Brian D. Earp[7] in which he revealed that the most recent American Academy of Pediatrics policy statement on male circumcision (2012) failed to describe the anatomy and functions of the foreskin[8], while its Technical Report admitted that ‘The true incidence of complications after newborn circumcision is unknown.’[9]

Importantly, Earp noted that another contributing factor to such widespread ignorance of natural male genital anatomy comes from a 2004 survey of ninety U.S. medical textbooks[10] that found ‘in 67%...depictions of the human penis are anatomically incorrect’ (i.e., ‘The penis is routinely defined and depicted in a partially amputated condition, as if this were its natural state, without explanation or caveat.’). The survey concluded that ‘American medical students are being misinformed about fundamental anatomy.’ In the aforementioned address by Earp, he re-confirmed this claim by employing the latest electronic tool used by medical students for their anatomy exams (Reproductive and Urinary Anatomy Atlas by Visual Body). That tool was found to contain no visual depiction of the male foreskin, while a keyword search for ‘foreskin’ found no results, and a similar search for ‘prepuce’ found information only about the female prepuce (clitoral hood).

It is noteworthy that one critic of Hammond and Carmack’s survey is well known for prolific advocacy of medicalized childhood genital cutting of boys. Brian J. Morris stubbornly ignores the growing trend in 21st century medicine toward non-surgical tissue-sparing alternatives that preserve bodily integrity, as well as the increasing recognition that non-therapeutic circumcision of boys is a socio-medical intervention that is needlessly radical as well as anachronistic and increasingly obsolete[11].

Morris and co-authors also resist the exponentially increasing awareness concerning ‘The principle of the child’s right to an open future ...that children possess a unique class of rights called *rights in trust*, rights they cannot yet exercise, but which they will be able to exercise when they reach maturity. ...Every child is a potential adult, and it is precisely that future adult whose autonomy and capacity for later choice must be protected now.’[12][13-17].

Indeed, the problem of childhood genital cutting is cogently crystallized as follows: ‘Sooner or later, ...societies need to respond to the following questions, which, in reality, are one and the same question formulated from different perspectives: Why should girls not enjoy the same opportunities as boys to be incorporated into cultural and religious communities through a ritual involving minor cutting of their genitals? Why should boys not have the same legal protection as girls against non-medically motivated alterations of their genitals?’[18] Where to draw the line with regard to genital cutting is increasingly problematic from a legal perspective.[19]

Further, Morris—an outspoken opponent of children’s genital autonomy—and his co-authors allege that Hammond and Carmack’s respondents were unduly influenced by intactivists, but the facts tell a different story. A careful reading of the complete findings from Hammond and Carmack’s survey[20] shows that a majority of respondents (60%) realized prior to the age of 19 that something was wrong with their circumcised penis, including 25% who realized this before the age of 13. Since 50% of respondents were born between 1972 and 1991, such self-awareness likely pre-dated the founding of organizations like NOCIRC (1985) or widespread public accessibility to the internet (mid-1990s).

It is also notable that ‘Circumcision debates have appeared in men’s magazines since at least the 1960s, if not earlier, and in gay men’s magazines since at least the 1980s.’[21,22]

Regardless of how Hammond and Carmack’s respondents came to the awareness of their harm, they represent the metaphorical ‘canary in the coal mine’ of circumcision. Further research into this sub-group is warranted. Additionally, other circumcision sufferers demonstrate perhaps the most stunning rebuke of non-therapeutic childhood genital cutting: men who undertake self-managed and time consuming skin-expansion techniques to regain bodily integrity through foreskin restoration.

In a newly published study of men seeking foreskin reconstruction[23], Özer and Timmerman reveal:

- ‘Among the most prominent motivations to pursue reconstruction were experiencing impairment of bodily integrity, feeling mutilated, increasing glans sensitivity and having issues with an imposed cultural or religious identity.’
- ‘One of the recurring complaints shared by these men was feeling misunderstood by both society and medical professionals.’
- ‘Regardless of the healthcare professionals’ personal stance in the ethical debate on circumcision, we strongly encourage an open attitude towards these patients. Their wish for foreskin reconstruction is a persistent one and is rooted in a sense of loss and should therefore not be taken lightly.’

Perhaps hoping to diminish Hammond’s reputation in the eyes of some readers, the critical co-authors refer to him as a ‘gay campaigner’. Such advocacy is not irrelevant, as it informs many scholars and human rights campaigners about the intersectionality between the right to love whom you wish, a woman’s right to reproductive freedom, the right of transgender people to manifest their true gender identity, and a male, female or intersex child’s right to grow up and decide for him/herself how much of their genitals they get to keep. The nexus of these issues is choice and autonomy over one’s body and sexuality.

In conclusion, it should be remembered that empirical science alone may be insufficient to fully understand a problem, making it essential that researchers engage with and listen to those most aware of being adversely affected by childhood circumcision and thereby give them a voice.

We live in a long overdue era in which genitally-altered male, female and intersex adults are becoming increasingly aware of and vocal about the value of the intact genitals with which they were born and which were violated in childhood by parents, tribal/religious leaders, and medical professionals. Their voices demand open ears and compassionate hearts, not calculated science-based dismissals.

The critique of Hammond and Carmack’s survey is a problematic attempt to discredit the messengers, fault methodology, dismiss findings, and disparage the survey respondents. Despite this, male circumcision sufferers will continue to step forward to share their lived experiences. Those respondents represent not a ‘fringe’ but a growing vanguard of men around the world who dare to question the status quo.[24-33]

As a necessary step toward healing, we must acknowledge these individuals and investigate long-term adverse outcomes from childhood circumcision in order to show us whom and how to help and to prevent further suffering.

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