



INFORMANT

Spring 2013

www.NOCIRCoMI.org

Pediatricians Plea to Protect Payments for Circumcision

The American Academy of Pediatrics' new 361-word opinion on circumcision overstated the hypothetical benefits, understated the risks and complications, and ignored the obvious physical damage visible in this radical change of the penis.

by Norm Cohen

On the other hand, the AAP's 32-page technical report that accompanied the policy statement can actually be read as an argument *against* circumcision, given that it acknowledged the effects of circumcision are limited, inconsistent, and risky.

Here is my own brief summary of the technical report that accompanied the *Circumcision Policy Statement* released in August 2012 by the AAP Task Force on Circumcision:

Someday, a boy may or may not get a disease if he is not circumcised, and someday he may or may not get a disease if he is circumcised, and the difference due to circumcising him is so small that we can't even recommend that all parents should have it done, even after spending five years looking for the research findings that agreed with our preference, unless parents, for whatever reason, also have the same preference, in which case the government or insurance companies should pay us doctors to do it.

Oh, and by the way, we don't know the purpose of the foreskin that we're cutting off, and we're not sure how often the surgery goes bad.

Underwhelming Benefits

Over five years after the publication of studies that claimed circumcision prevented AIDS, the AAP finally issued a revised policy statement. This hardly makes circumcision a compelling means of AIDS prevention. The related technical report is a weak case for performing this surgery on newborns using benefits that are all speculative rather than actual. The evidence for these benefits was underwhelming enough that the Task Force did not recommend circumcision for universal adoption, even after reviewing over 1,000 journal articles on the subject and finding what it already agreed with.

We read in the full report that surgical complications are not tracked, that the functions of the foreskin are not well studied and poorly understood, and that the hypothetical benefits are remote both in time and in the possibility of achieving them in any given individual.

continued on page 2

For a better policy statement, see the *NOCIRC of Michigan Policy Statement* at NOCIRCoMI.org/Policy



Nicole Lennox, Norm Cohen, and Mary Taylor staff the **NOCIRC** information table at *Dally in the Alley 2012*, Detroit, Michigan.

The **INFORMANT** (ISSN 1092-020X) represents **NOCIRC of Michigan's** commitment to provide educational information in this state and to intactivists everywhere.

www.NOCIRCoMI.org
www.RestoreYourself.com

PO Box 333
 Birmingham, MI 48012 USA
 248.642.5703

Norm Cohen, Director
NormCohen@NOCIRCoMI.org

Nicole Lennox, Assistant
NicoleLennox@NOCIRCoMI.org

Mission Statement

NOCIRC of Michigan

is a nonprofit, consumer rights advocacy group that educates people about circumcision and about the benefits of intact genitals.

We inform parents and healthcare providers in Michigan about the impact of circumcision and about the proper care of intact genitals. We protect consumers from fraudulent medical claims. We promote the benefits of normal genitals and foreskin restoration.

continued from page 1

The AAP Task Force failed to explain why having a foreskin is the direct and unavoidable cause of any disease. The cost-effectiveness of the procedure was not demonstrated due to the large number who must be circumcised, the inconsistent results, and the complications that are certain to occur. Not a single benefit of having a foreskin was mentioned. Normal foreskin anatomy, development and functions were skipped or cited as abnormal and a risk factor.

The Task Force admitted that “the medical benefits alone may not outweigh other considerations for individual families,” but that “the benefits of newborn male circumcision justify access to this procedure for those families who choose it.”

The new AAP policy is an *insurance reimbursement* policy, not a circumcision policy. Because the AAP does not make a clear recommendation for routine circumcision, its statement reads like an appeal to get insurance payments for parents who, for whatever reason, have already chosen the procedure for their child.

Conflicts of Interest? Yes, Yes, and Yes

What were the motivations that allowed the AAP Task Force to claim that the procedure has net benefits when, by their own admission, the potential benefits are unreliable and the complication rate is not actually known? Here are the known conflicts of interest of the members on the AAP Task Force:

Religion: The chairperson and one other member of the Task Force have a religious mandate to circumcise their children. One member circumcised his son on a kitchen table.

Culture: Most, if not all, members of the Task Force have performed circumcisions. As a result of the culture in which they were born, they are probably circumcised or married to circumcised men. They cite “penile wetness” as a marker for poor hygiene and disease risk. Apparently, they still believe that a boy’s ‘naughty bits’ are dirty and dangerous.

“This AAP statement has been graded by almost all other pediatric societies and associations worldwide as being scientifically untenable . . . cultural bias reflecting the normality of non-therapeutic male circumcision in the US seems obvious, and the report’s conclusions are different from those reached by doctors in other parts of the Western world, including Europe, Canada, and Australia.”

*Dr. Wolfram Hartmann
President of the German Association of Pediatricians*

Financial: Pediatricians and obstetricians make money from circumcising babies and from treating the complications of this surgery. If there are no benefits claimed for circumcision, then there can be no insurance claims for it either. All members of the Task Force have a financial interest in promoting insurance coverage for this procedure.

The AAP Task Force members spent over five years cherry-picking research studies that supported their training, prac-

tice and biases while ignoring or minimizing quality studies, both older and newer, that did not support them. Data that supports their position is described first in the report, while other data (sometimes from the same studies) that failed to support their position or showed harm is described last or simply ignored.

A Consistent Lack of Consistency

This is the sixth policy statement from the AAP in the last 40 years. It has never favored the removal of any other normal tissue to prevent disease.

The AAP contradicted its own bioethics committee, which has stated, “The pediatrician’s responsibilities to his or her patient exist independent of parental desires or proxy consent.” It admits that the African circumcision trials to reduce AIDS may not be applicable to the US, but then makes them central to the argument for benefits.

The AAP Task Force claims that parents should weigh the scientific evidence, without providing them with guidelines on how they are to do this. It admitted the risks of circumcision are unknown because no one is monitoring and keeping track of them. However, this didn’t prevent it from claiming that the benefits exceeded these risks.

What was the quantitative system used to “weigh” the benefits of circumcision against the risks? We are never told. How could this even be possible when “the true incidence of complications after newborn circumcision is unknown”?

The AAP Task Force mistakenly claims that foreskin retractibility occurs in most boys by 4 months, contradicting AAP publications that correctly state the age to be adolescence.

We know the removal of normal, healthy tissue from a child's genitals—in the name of medicine, religion or social custom—results in a loss of sexual function and is a violation of human rights.

We are a group of dedicated consumer activists and healthcare professionals. We are committed to effective education, advocacy and activism on behalf of children to protect them from harm. We are part of a worldwide movement to end all forms of male and female genital mutilation.

Circumcision Does Not Prevent AIDS

The three African studies that support male circumcision to prevent AIDS are not credible in the face of statistics that continue to show higher rates of infection in many circumcised populations. 10 of 18 African countries have a prevalence of HIV infection that is *greater* in circumcised men.

The three studies have been criticized worldwide for a lack of quality in their design and analysis, for the flaws in their conclusions, and for the high costs of their recommendations. The often repeated “60% reduction” in HIV is a *relative* risk reduction found only over 21 months, not over a lifetime. The absolute risk reduction was only 1.3% of men and easily explainable by other factors.

The intact men of Europe have far less prevalence of AIDS than circumcised men anywhere in the world. They enjoy better sexual health and satisfaction than American men.

The policy favors spending more money on men than on women to protect them from AIDS and other STDs. Circumcision was not shown to protect women. Furthermore, it is likely that circumcision serves to *increase* the transmission of HIV from men to women due to increased friction on the vagina during intercourse.

Condoms are much more effective and proven in preventing HIV infection and are much less expensive. Condoms make circumcision unnecessary, but, unlike circumcision, they don't make money for doctors. More money could be spent on safe sex education, testing, and condoms if it weren't being spent on circumcisions.

Fortunately, no AIDS prevention organizations in the U.S. are taking the AAP seriously and recommending that males

get circumcised. They know this recommendation would result in a decline in condom use and cause *more* people to get infected. Unfortunately, the new policy will convince some circumcised men that they can now engage in high risk behavior.

The U.S. Centers for Disease Control has so far failed to endorse the AAP's statement. Perhaps that is because promoting circumcision for HIV protection is like telling men to play Russian roulette with one bullet instead of two. Partial protection is really no protection at all over the long-term.

Logical Fallacies

The AAP policy statement rests on a foundation of logical fallacies. One logical fallacy is that altering the structure of the penis does not alter its function. This is inherently untrue.

However, the most fundamental fallacy is that the claimed benefits are *actual* and not speculative. In fact, all of the supposed benefits

of circumcision are hypothetical and speculative, which mean they only *maybe* will be obtained in the future. It is far more likely that circumcision will *never* provide any actual benefit for any given individual. Why? Because in real life boys and men who are circumcised still get the same diseases as those who are not, in absolute percentages that are similar, when they are accurate. Most of the time, neither group gets the diseases at all.

This important distinction is never pointed out, leading one to conclude that circumcision is a treatment that is active at all times for all circumcised boys. It is not. The hypothetical benefits are never guaranteed to be realized in a given individual.

Using circumcision to prevent disease has an enormously high failure rate.

continued on page 4



Mary Taylor, Jim Taylor, Norm Cohen, and Glen Powell demonstrating on the lawn of the U.S. Capitol and representing **NOCIRC of Michigan** at the 19th annual *Genital Integrity Awareness Week* held in Washington DC, March 2012.

Please **donate online** to help us educate parents and healthcare providers.

A **tax-deductible membership fee** of \$35 will make you a **NOCIRC Informant**.

Your support is vital to spreading our message in Michigan.



www.NOCIRCoFMI.org/Donate



continued from page 3

Circumcision fails to prevent the diseases studied because most boys and men will never get them anyway, and some who do get them are already circumcised.

Circumcising a child is like buying a lottery ticket because it's "beneficial". At best, it's a wild guess. Nevertheless, performing 322,000 circumcisions to prevent one case of penile cancer in an old man is reason enough for the AAP Task Force to claim that circumcision prevents penile cancer.

A Parent's Best Prescription: Ignore the AAP Policy Statement

The 2012 policy statement from the AAP is a shameless, self-serving rationalization. The statement is not an argument in favor of circumcision; it is an argument in favor of circumcision *reimbursements*. The AAP seeks to enshrine and institutionalize the declining practice of circumcision permanently into our healthcare system. It is easy to see why the AAP would be so concerned with insurance coverage when the cost-effectiveness of the procedure is in so much doubt.

Profit is always a motive in healthcare. The AAP reversed itself in 2012 and came out against banning thimerosal, a vaccine preservative that contains mercury, because it will save money for the manufacturers and distributors of the vaccines injected into children around the world.

Pediatricians are not qualified to evaluate sexual behavior, the function of the adult penis, or the psychological impact of circumcision. No studies on the anatomy and functions of the foreskin were seriously considered.

The AAP claims of partial protection by removing tissue are dwarfed by the large risks circumcised men and their partners face from sexually transmitted diseases. There are less expensive and less risky alternatives to disease prevention and treatment. Parents have no interest in circumcising their sons to inspire risky sexual behavior.

The American Academy of Pediatrics seeks to provide a medical cover for an ancient religious practice and a modern cultural one. The conspiracy theory it concocted against the foreskin is symptomatic of a greater cultural and religious fear of the penis. The genital cutting of children is an ancient obsession in need of a rational basis. To this end, parents have been misled by a long history of false health claims. The AAP continues this tradition of erroneous, illogical and irrational health claims.

For the welfare of their children, all parents everywhere should ignore these claims.

Norm Cohen

NormCohen@NOCIRCoFMI.org



Come visit our new website at www.NOCIRCoFMI.org

Volunteers Needed
Educate a New Generation
Help us staff our information table at one of 20 conferences, health fairs, and public events over the next year. Please join us and enjoy sharing our message with others!
Training is provided.

For the
NOCIRC
of Michigan
Calendar of Events
Please visit
NOCIRCoFMI.org/Events

Free pamphlets and newsletters are available in bulk to anyone in Michigan wishing to distribute them to parents and care providers.

contact
NicoleLennox@NOCIRCoFMI.org
or call 248.642.5703