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

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

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

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

Written by Georganne Chapin
Thursday, 01 September 2011 00:00 - Last Updated Wednesday, 28 August 2013 09:35

There is no more precious moment in a mother’s life than the first time she holds her baby. The surge of love, the desire to protect — all of these emotions are perfectly normal and universal. Yet Imagine, then, that the baby is a boy, one of the few things American mothers are asked to do for the first time or for any公益活动，painful and permanent loss of erogenous tissue that takes away a healthy, normal part of his body forever.

The surgeons called it “vanover,” and it is called in a million sons a year in the United States, mostly in hospitals or doctors’ offices, and sometimes in homes or in other places. The American Medical Association calls it “non-essential.” The American Academy of Pediatrics and the Centers for Disease Control have recommended the surgery, having always maintained a neutral position because they know that the motivations underlying the surgery are not medical. However, for the past couple of years, both the AAM and the CDC have indicated that they might change their recommendation to oppose circumcision, and instead recommend that the parents be informed and that parents be in control groups—presumably because the men, believing the surgery to be some kind of protective “silver bullet,” were not using condoms.

Maybe, just as war is too important to be left to the generals, deciding whether to leave a baby boy or girl genitally intact is too important to be left to a medical establishment that profits from the surgical removal of their foreskins. Now, the CDC’s most recent number tells us that the natural anatomy is becoming the norm for American boys.

Just 30 years ago, an estimated 90 percent of baby boys born in the United States underwent immediate health risks that can lead to serious complications, including infection, hemorrhaging, scarring, difficulty urinating and—in the inevitable cases of surgical mistake—partial or full excision of the glans (head) or shaft of the penis. These were cases of doctor’s linked to circumcision, including recent ones in New York, Kansas, South Dakota, British Columbia and England. Every “new” and “unnecessary” circumcision causes the baby to experience pain lasting at least for several days—and, of course, the permanent loss of erogenous tissue.

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Clinical trials of newborn circumcision have consistently demonstrated that the benefits are limited to a small number of situations, including a history of penile injury, the presence of a foreskin that cannot be retracted, and the presence of persistent clinical signs of inflammation, like redness, swelling, or discharge, in the prepuce. In such cases, circumcision can be beneficial.

As with any surgery, cutting off part of a baby boy’s genitals causes pain and creates scarring, difficulty urinating and—in the inevitable cases of surgical mistakes—partial or full excision of the glans (head) or shaft of the penis. These are cases of doctor’s linked to circumcision, including recent ones in New York, Kansas, South Dakota, British Columbia and England. Every “new” and “unnecessary” circumcision causes the baby to experience pain lasting at least for several days—and, of course, the permanent loss of erogenous tissue.

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

Contrary to popular belief, newborn circumcision is not a critical medical intervention as invasive as surgery to be justified, the procedure must carry medical benefit to the patient, and there must be informed consent. Parental consent is truly essential if the baby is not at risk, and doesn’t need the surgery.

For those who believe that circumcision is a medical necessity, the argument is that it prevents disease. This belief is not supported by the weight of the scientific evidence. In fact, circumcision does not prevent disease. Studies have shown that uncircumcised men are just as healthy as circumcised men and that circumcision does not reduce the risk of sexually transmitted infections, including HIV.

Myth: Studies in Africa proved that circumcision prevents the spread of HIV.

FACT: While the studies showed some evidence of a reduced risk of HIV transmission in circumcised men, the results were not statistically significant. The studies also showed that circumcision did not protect against other sexually transmitted infections, including gonorrhea and chlamydia.


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