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## **Statement from Georganne Chapin, Executive Director, Intact America**

August 25, 2009, Atlanta – The Centers for Disease Control too often operates under a veil of obscurity when making decisions that affect the life and health of Americans. That is the case as well with its consideration of whether or not to issue a recommendation for the first time in favor of circumcising new born baby boys.

It is imperative that the CDC undertake extensive and transparent investigations into all aspects of male circumcision before moving towards issuing any recommendation in favor of unnecessary, irreversible and risky surgery on newborn baby boys. Those investigations must take into account the dramatically underreported instances of injuries and even deaths that newborns suffer because of the surgery, and not merely serve the interests of the “circumcision lobby” that stands to profit from increasing the number of operations performed.

In March of this year, a boy in Atlanta was awarded a \$2.3 million settlement because part of his penis was permanently cut off during a routine newborn circumcision, disfiguring him for life. In April, another lawsuit was filed in Chicago for a partial penile amputation. There have been a number of MRSA infection outbreaks linked to newborn circumcision. In addition, circumcision, like all surgeries, carries inherent risks such as pain, infection, and hemorrhaging. However, the CDC has failed to conduct any investigation of how common complications such as penile amputation, life threatening infections and other serious complications are from newborn circumcision.

That investigation must take a careful and honest look at the ethical questions surrounding the infliction of this unnecessary surgery on newborn babies who cannot give informed consent. Medical ethics requires a benefit to the patient or informed consent when it comes to justifying such radical surgery as the removal of healthy functioning tissue from the genitals of baby boys. Neither of those conditions can ever be present in neonatal male circumcision.

The CDC cannot rationally extrapolate from studies of the role circumcision might play in mitigating female to male HIV transmission, especially when the CDC’s own paper published in May pointed out that the modalities of HIV transmission in this country differ so radically from Africa that the purported benefits cannot be expected here.

Several of the most recent of those same African studies also revealed higher levels of HIV transmission from men to women, causing those studies to be ended prematurely. The men were not taking the only universally recognized precautionary steps to mitigate HIV transmission – using a condom.

The message to the CDC is clear and it is simple: circumcising babies does not prevent HIV.

Respect medical ethics. Respect Americans’ rights to make decisions about the integrity of their own bodies. Do not recommend in favor of male circumcision unless and until you hold a wide ranging series of public hearings and listen to all of the medical and ethical questions.

An honest debate is what Americans deserve. We are confident it will yield the right decision and the CDC will not recommend in favor of neonatal male circumcision.