100+ circumcision deaths each year in United States

circinfo.org/USA deaths.html

Just a harmless snip?

Each year in the United States more than 100 newborn baby boys die as a result of circumcision and circumcision complications. This is the alarming conclusion of a study, published in the <u>Journal of Boyhood Studies</u> which examined hospital discharge and mortality statistics in order to answer two questions: (1) How many baby boys dies as a result of circumcision in the neonatal period (within 28 days of birth)? (2) Why are so few of these deaths officially recorded as due to circumcision?

The study, by researcher Dan Bollinger, concluded that approximately 117 neonatal deaths due directly or indirectly to circumcision occur annually in the United States, or one out of every 77 male neonatal deaths. This compares with 44 neonatal deaths from suffocation, 8 in automobile accidents and 115 from Sudden Infant Death Syndrome, all of which losses have aroused deep concern among child health authorities and stimulated special programs to reduce mortality. (Remember those red noses?) Why, the study asks, has the even greater number of deaths from circumcision not aroused the same response?

Part of the answer lies in the fact that most circumcision-related deaths are not officially as recorded as due to circumcision at all, but to the immediate cause, most commonly stroke, bleeding, infection or reactions to anaesthesia. Medical statistics are thus at fault in that they do not give the true cause of death at all. Previous studies have given wildly varying estimates the death toll from circumcision. In 1949 paediatrician Douglas Gairdner found that sixteen British boys died each year, while more recent estimates range from a low of two boys per year to a high of as many as 230. Some textbooks and most circumcision promoters claim that there have never been any deaths from circumcision in a modern clinical context (whatever may happen in the insanitary conditions of the Third World). For his study Bollinger collected data from hospital records and government sources to attempt to provide a more accurate estimate of the magnitude of the problem.

But another part of the answer lies in the unique place that circumcision occupies in American medical culture, as an entrenched cosmetic ritual that many parents feel they have to submit their baby boys to, and as a lucrative sideline that doctors are reluctant to abandon. American obstetricians can't seem to rid themselves of the notion that circumcision of boys is somehow an integral part of childbirth. The study points out that "These boys died because physicians have been either complicit or duplicitous, and because parents ignorantly said 'Yes,' or lacked the courage to say 'No.'" It further points out that

because circumcision is a completely unnecessary operation, all these deaths are easily avoidable, and thus characterises the annual loss as neither a beneficial surgery nor a beneficent rite of passage, but as "an unrecognized sacrifice of innocents."

Because circumcision is unnecessary surgery (there being no pathology to treat in a normal male baby), the old calculus of surgical risk vs benefit is not nearly enough. "Risk assessment for an unnecessary surgery must be held to a higher standard than that for a life-saving surgery. We accept that a heart transplant carries with it a substantial risk of death, but without it there is a certainty of death. On the other hand, the risk from circumcision, which has no therapeutic value, needs to be zero for the infant's sake, all the moreso because he is never consulted about whether he wishes to take his chances."

Bollinger argues that the scale of the problem remains unrecognised because of the inadequacies of the death-certificate system and unwillingness on the part of the doctors who performed the surgery or the hospitals where it took place to admit responsibility, or even to acknowledge that circumcision is a surgical operation which, like all surgery, carries real risks. Too often they have tried to blame incorrect care on the part of parents, or even the peculiarities of the boy himself. As well as analysing the figures, the study runs through some of the few prominent instances where circumcision was recognised as the true cause of death, including the Ryleigh McWillis case in Canada, and several United States deaths that somehow made it into the news.

Some of these make chilling reading, as these excerpts from the article show:

The first known reported circumcision-related deaths were in New York City, where circumcision was introduced. The first was Julius Katzenstein in 1856 and the second was one-week-old Myer Jacob Levy in 1858. Both boys were circumcised by a Dr. Abrahams, and the same coroner reviewed both deaths. The coroner found that Abrahams had performed the surgeries properly, and that the boys died from blood loss as a result of parental neglect. Neither boy had received a follow-up examination.

Allen Ervin, born 1985, was in a coma for more than six years before he died. He had been on life support after his brain was damaged from oxygen deprivation during his circumcision. Demetrius Manker was born in 1993 and died soon thereafter from blood loss. The coroner's examination found a large, gaping wound on the underside of the boy's penis extending almost to the scrotum. The coroner listed cause of death as blood loss due to penile circumcision; however, there is no mention of further action being taken. A West Virginia child, whose name was withheld, was born in 1996 without incident and circumcised prior to hospital release. A few days later, the parents rushed him to the emergency room because he was having seizures and his penis had turned green in color. He died the next day from septicemia.

Because the penis is highly vascularized, blood-loss is a risk even for boys circumcised past the neonatal period. In 2008, a 6-week-old Native American, Eric Keefe, died from massive blood loss. Hospital officials claimed that his circumcision was not to blame, but instead faulted the parents because they had administered over-the-counter pain medication that, they also claimed, thinned his blood.

Death sometimes occurs following repair of a circumcision complication. Dustin Evans Jr., was circumcised soon after being born in 1998. The surgeon took so much shaft skin that the scar healed as a tight "collar" around his penis, preventing him from urinating. When he was later given an anesthetic in order to repair the damage, he immediately died of cardiopulmonary arrest. His father lamented, "You think, 'What could go wrong with a circumcision?' The next thing I know, he's dead."

To stop killing boys, stop circumcising them

The solution to the problem, Bollinger suggests, does not lie in improving surgical techniques or giving operator better training. "The problem is this: circumcision is a killer of baby boys. No one, except for some human-rights activists, is trying to save them. It is unlikely that improving circumcision techniques would eliminate these deaths. No matter how skilled the physician is, some deaths will always occur." The only effective way to eliminate this death toll and save these boys is to admit that circumcision is unnecessary and potentially harmful surgery and stop performing it on neonates and minors. This would give all boys the chance to decide for themselves whether they wish to be circumcised, and (if they do) would allow them to choose it for themselves as adults, when the surgical risks are so much less severe.

Source: Dan Bollinger, <u>Lost boys: An estimate of U.S. circumcision-related infant deaths</u>, THYMOS: Journal of Boyhood Studies, Vol. 4, No. 1, Spring 2010, 78-90.