



Genital Autonomy  
Legal Defense and Education Fund  
*Affirming rights. Protecting choice. Redressing harm.*  
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**Testimony on Bills HB 1683 and HB 1706  
before the New Hampshire State Legislature – January 25, 2024**

My name is Tim Hammond, Founder and President of the Genital Autonomy Legal Defense and Education Fund.

I SUPPORT HB1683 to end Medicaid coverage for newborn circumcision and HB1706 requiring rigorous parental information for newborn circumcision consent. I base this on my 35 years of research about long-term harmful effects on older children, adolescents and adults from this permanent, irreversible, and medically unnecessary genital alteration.

I've published three large surveys of circumcision sufferers in the British Journal of Urology International, International Journal of Human Rights, and the International Journal of Impotence Research.

The most recent survey consisted of 50 qualitative and 10 demographic questions and drew 1,790 respondents from 60 nations. It was hailed by ethicist Brian D. Earp of Oxford University as a "landmark" study.

Today I will share with you those findings about long-term adverse physical, sexual, emotional, psychological and self-esteem consequences of this uniquely American medical enigma that Edward Wallerstein, in his 1980 book "Circumcision: An American Health Fallacy", called "a solution in search of a problem."

Since then, research into anatomy and functions of the prepuce, or foreskin, has been published but is largely ignored by the American medical community.

America's 150 year history of medicalized infant circumcision is an overuse of what most world physicians consider to be a surgery of last resort. It's long-term harm was overlooked and remained largely unstudied, and even in its expired 2012 circumcision policy statement, the American Academy of Pediatrics (AAP) admits ***"The exact incidence of complications after newborn circumcision is unknown."***

Why?

Pediatricians, and OB-GYNs who perform most infant circumcisions, never researched – retroactively or prospectively – their child patients' circumcision outcomes. As legislators, you need to know that these statements are an admission that research into newborn circumcision's long-term impact is severely lacking and that U.S. medical associations are "flying blind" when they assure the public that newborn circumcision is safe and harmless.

However, since the AAP's 2012 circumcision statement, additional research was conducted into important anatomy and functions of the foreskin and circumcision-related harms.

Alfonso Cepeda-Emiliani revealed that *"the penile prepuce has a highly organized, dense afferent innervation pattern early in fetal development."* Afferent neurons bring sensory information from the outside world to the brain. He confirmed the importance of the frenular delta, located on the underside of the penile shaft near the head, where erogenous tissues of the foreskin, frenulum and ridged bands converge. I coined this the "Male F-Spot", which is almost always entirely ablated during newborn circumcision but can be wholly or partially preserved in adult circumcision.

Tye and Sardi recently published a critical overview of literature about psychological, psychosocial, and psychosexual implications of penile circumcision, arguing for *"more attention to the potential long-term effects that may not be properly considered when the patient is an infant or child."*

In my most recent survey, some of the more salient findings included:

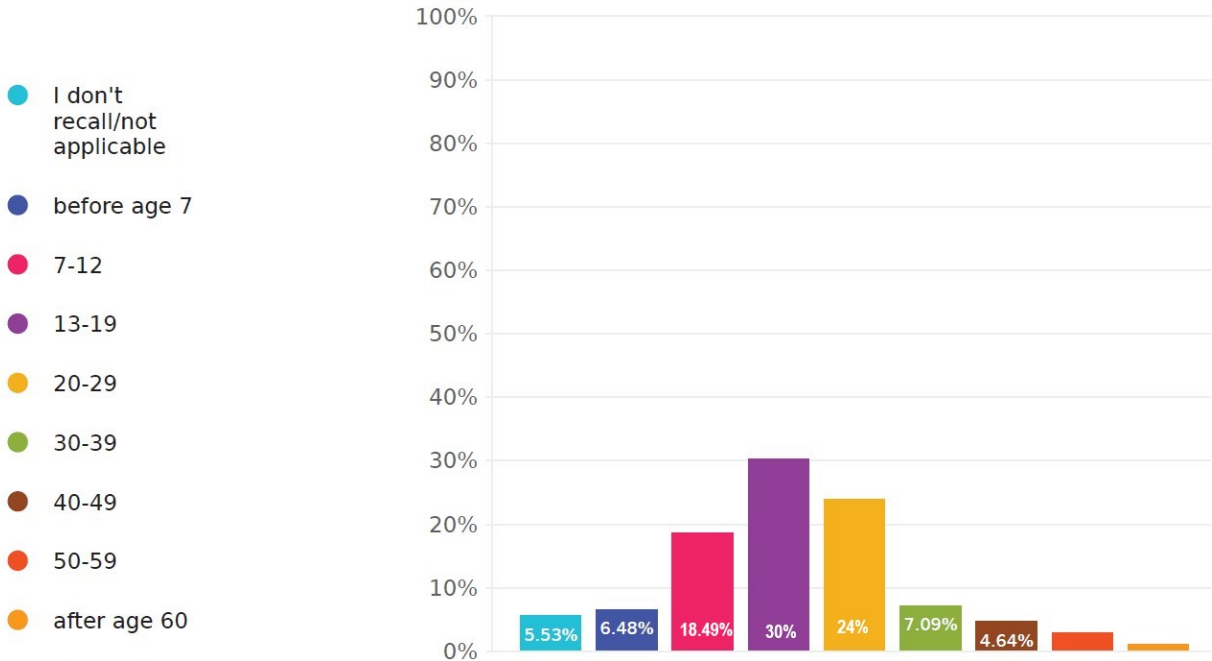
- 73% were U.S. residents (1% from New Hampshire)
- 85% were circumcised from birth to age 1.
- Respondents' ages ranged from 18 to 65+.
- **And most notably, 55% of respondents became aware of their circumcision harm well before age 19 (some younger than age 7),** most likely from private comparisons among young boys,

with the circumcised ones learning from intact peers that part of their genitals was cut off, leaving a scar on their penis.

EXHIBIT 1

At what age do you recall first being aware of and/or feeling harmed by your circumcision? [select one]

Answered: 1790 Skipped: 0



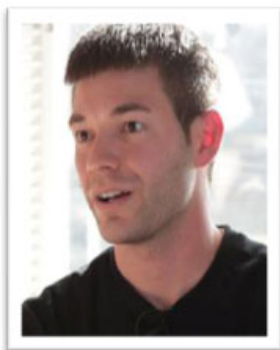
Age at First Awareness of Circumcision Harm (Q14) (e.g., part of genitals missing, scarring, etc.)					
Don't Recall	Before Age 7	Age 8 to 12	Age 13 to 19	Age 20 to 29	Beyond Age 30
5.5%	↔ 6.5%	↔ 18.5%	↔ 30%	24%	15.5%

Some people claim they've never heard any man complain about his circumcision, despite the fact that in the last 35 years the popular press has often spotlighted such voices. Most circumcised men don't discuss this publicly, or even privately with doctors, out of shame or fear of ridicule. Even when our own respondents expressed concerns to doctors (Q44), 37% found them unsympathetic, dismissive, ridiculing or unhelpful.

Most men find discussing circumcision to be awkward, requiring a great deal of strength of character, so not every man will admit that something could be wrong with his circumcised penis. When

they do share experiences, here are some circumcision harms, many overlapping, that our respondents experienced (Q10-Q13).

- 73% Had a dry, keratinized glans leading to increasing sensitivity loss
- 59% Felt less whole
- 55% Felt inferior to intact men
- 50% Felt mutilated
- 46% Considered their human right to bodily integrity was violated
- 45% Had prominent scarring, including painful or hypersensitive scars
- 41% Experienced tight painful erections
- 38% Felt betrayed by doctors
- 37% (and 34% respectively) felt betrayed by mother (or father)
- 28% Had orgasm difficulties
- 18% Continue to suffer meatal stenosis (narrowing of urinary opening, unique to infant circumcision, with estimates approaching 20%)
- 13% Experienced premature orgasm
- 9% Had erectile dysfunction
- 6% Suffered painful skin bridges (tethering of the coronal ridge of the glans to the shaft)



**Jonathan Conte**

14.06.1981 – 09.05.2016

Emotions from unwanted circumcision included (Q25):

- 65% Dissatisfaction/Distress
- 31% Helplessness to change the situation
- 31% Hopelessness to regain bodily integrity
- 33% Depression
- 13% Homicidal ideations of harming one's circumciser
- 13% Suicidal ideations or attempts

Actual suicides over circumcision distress are not as rare as one might think. These generally occur among young men in their 20s.

Respected San Francisco intactivist Jonathan Conte took his life in 2016.

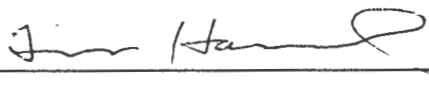
To cope with distress over unwanted circumcision, many respondents resorted to smoking or abuse of alcohol or prescription/illicit drugs. The most common coping behavior was sexual compulsivity, where 22% of respondents resorted to increased frequency of sexual acts to compensate for poor quality sexual experiences.

Circumcision harm not only affects men, but often their relationships with family and intimate partners.

Finally, Uberoi's team published their findings after surveying online forums devoted to circumcision grief. They concluded:

*"We identified three major categories of complications: physical such as pain during erections and lost sensitivity, psychological such as anxiety and violation of autonomy, and sexual such as feeling that the sexual experience was negatively altered or being unable to complete a sexual experience. We also identified a "discovery process" where some men described coming into awareness of their circumcision status. Findings suggest that neonatal circumcision can have significant adverse consequences for adult men. Removal of normal foreskin tissue should be limited to adult men who choose the procedure for cosmetic reasons or when medically indicated."*

Because of growing awareness about long-term adverse outcomes from newborn circumcision on the sexual health and emotional well-being of children, I SUPPORT HB1683's end to Medicaid coverage for this medically unnecessary and harmful surgery, and HB1706's requirement for more rigorous information to parents.



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Tim Hammond, Founder/President

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January 25, 2024

Date

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