

Statement by Leif Thompson, MD, ABFM certified

At the filing of the equal protection challenge to Oregon statute Section 163.207 prohibiting genital mutilation of only female minors (FGM)
Pioneer Courthouse Square, Portland, Oregon– March 31, 2025

First, I would like to thank Eric Clopper and Intact Global for this opportunity to speak on the momentous occasion. My name is Leif Thompson, and I am a Board Certified Family Medicine physician. Today I am speaking on behalf of Doctor's Opposing Circumcision, for myself as a Jewish man, but also on behalf of the countless infants and children who have suffered from the lifelong consequences of a genital excision and genital alterations to which they did not consent.

Unfortunately, in this year of 2025, only those born with phenotypical female genitals are protected from unnecessary genital excisions and alterations, while those born along the spectrum of intersex genitalia and male genitalia are not. Today we are focusing on those born with penis with a foreskin, but would like to remind everyone that circumcision can also affect intersex persons, transgender women and those on the gender spectrum as well, this is not only a problem for boys and men.

29 years ago, just a mile from here up on Pill-Hill, I began my training to be a doctor at Oregon Health Sciences University. Our first subject was anatomy. I was surprised when the male foreskin wasn't even mentioned in our course materials or lectures. Meanwhile, the analogous structure on the female, the clitoral hood, was mentioned not once, but several times, along with its functions. The texts we studied from were typical for most textbooks across the United States, either depicting an unrealistically diminished foreskin, or failed to represent it at all. It was as though it was unimportant, or did not exist. It seemed odd to me that nothing at all was said about this body structure, particularly when it was the site of the most common surgical procedure in United States, a surgery that amputates and permanently ablates the foreskin?

To overcome this neglect by OHSU, I, as a medical student, presented what my professors would not; the anatomy of the natural, normal unedited and undeleted penis. I have come to understand that this minimization and erasure of the foreskin is not accidental. We are taught as students and residents how to amputate this normal erogenous tissue away from the bodies of infants; we are told that this skin is insignificant, that it's "extra skin", "redundant", or even worse a pathology, but we aren't taught what it is, and we are taught neither it's physiology or function, nothing. No, this ignorance is not accidental but is programmed and intentional. We were being preemptively trained to believe that there is no loss, there is no harm, in cutting away something that is essentially erased from our consciousness.

Some of you listening might think my use of the term "amputation" is not appropriate. You may think, it's just "extra skin" what is the big deal?" But this view is based on a lack of understanding of this unique structure, and its functions. When we say "circumcision" we are describing a euphemism, very unlike other surgical terminology. Circumcision means "to cut around" but unlike any other surgical term, it intentionally avoids naming the part being cut

away. The more accurate term is “posthectomy” which literally means the “amputation of the foreskin,” but is rarely used. Oddly enough we also use this surgical term “circumcision” to describe the natural and unaltered penis. We call the normal natural state of the penis “uncircumcised.” This would be like describing that normal breast as “unmastectomized.” Oddly enough, the normal penis is described in terms of an amputation, all while using the terms of a surgery that intentionally won’t name the part that is being amputated. How messed up is that! Folks, this is just plain nuts!

(Well actually, it’s just a little above the nuts, but you get the point. Sorry, I couldn’t resist)

This may seem like I’m being pedantic, but I want you to know how warped our medical thinking is at its baseline on this topic. The state of our medical system is such that it makes a profit off a non-consensual amputation on a vulnerable population, all while gaslighting us into believing that those parts that were permanently taken away never truly existed or had no value in the first place. This delusion is intentional and leads to unethical practice and really, really bad medicine.

Now I really am going to be pedantic and repeat myself:

First, we have a body part we won’t even name or illustrate in medical school or in the text books

Then, we have an amputation that won’t name the part being cut away,

And finally to top it all off, we define the state of the unaltered penis in terms of a lack of an amputation, using a surgical term that refuses to name the part that would have been amputated if it had been performed.

Like I said, this is not only not only a crazy approach to anatomy, it actually a deliberate attempt at preemptive gaslighting. When the victims of this unchosen genital amputation go to later investigate and learn of what was taken from them, and later still to build up the courage to speak out over what they have lost, my profession defensively and arrogantly exclaims, with full conviction; “you have lost nothing, you have nothing to complain of!” They vehemently maintain their own ignorance while dismissing these victims any claim to their loss, often suggesting that these persons have some other psychological problem to be attended to. Unfortunately, many psychologists and sex therapists have bought into this delusion as well, rejecting these victims, as does our legal system.

We are here today to change that. The foreskin is a genital structure, it is important, and cutting it off, particularly without consent, is a big issue. Many, including myself, experience this non-consensual amputation of our pleasure parts, as sexual violence. We have reached a time where we will not stop speaking out, and we will be heard.

Now I’m going to take a moment to describe what the foreskin is. [Use pink 3X5 note card to demonstrate] The foreskin is not a penile optional accessory, it is actually part of the penis (I know hard to believe, right!). It is a double layer of skin folded back on itself. For an adult who was circumcised as an infant, the estimated amount of skin lost from his penis is roughly 12 and

15 square inches (about the size of this 3x5 note card). The inner layer is designed to be moist, like the inside of the cheek or the inner folds of a female's genitals. The inner foreskin also has no hair. The outer fold of the foreskin is much like the other outer shaft skin on the penis. This double layer of skin creates a sliding sheath over the penile shaft, preventing abrasion during sexual penetration. But that is not the foreskin's primary function. Its primary function is sensation. The foreskin has a high density of specialized nerve endings that sense fine touch (just like the tips of our fingers and our lips), but it also has specialized endings that specifically sense vibration, and stretch. By contrast the head of the penis, the glans, does not have the capacity to generate these sensations. It has crude nerve endings called free nerve endings, that sense pain, pressure and extremes in temperature. In terms of sex the head of the penis is dumb, the foreskin is smart. Those who have been circumcised are missing an important part of their sexual sensation. This does not mean that they are not able to reach orgasm, but it does mean that their experience is reduced, whether they are aware of this reduction or not.

There are two particular structures of the foreskin that are worth mentioning. At the point where the outer and inner foreskin meet there is a structure called the ridged band, and on the under-side of the foreskin is frenulum, what is now becoming known as the male "F-spot". Of course, all areas of the genitals can generate sexual feelings of sexual sensation, but the ridged band and the delta of the frenulum are the center of these sensations. What is lost to circumcision is not only 12-15 square inches of skin but the very center of sexual sensation.

This anatomical knowledge is not new. In fact, circumcision was first introduced as a medical procedure over a century ago precisely because doctors hoped that by removing the center of male sexual sensation they could stop the unhealthy and sinful practice of masturbation. Its purpose was explicitly to reduce and inhibit sexual pleasure, and this rationale persisted into the 1960's when I was circumcised.

Now you know more than 99% of doctors who amputate this important structure. I should be handing out certificates! Yes, the foreskin exists, it is part of the penis, and it is important. Very important. Yet these amputations continue, without medical need and without consent.

I will need to wrap this up. To summarize, it is essential for us to start from the place of understanding the anatomy. If we are going to have a societal discussion over non-voluntary amputations, we need start from the place of understanding what is lost. Our anatomy and its functions are not just knowledge, it is our birthright. What we are claiming here today is that birthright. What we are claiming today is the right to our own bodies.

There is so much more to discuss; the lack of informed consent, the sinister motivations of profit by physicians and hospitals, the fraud of coding for pathology when none exists, surgery without a justifying diagnosis of disease, the trafficking of body parts for the profit of hospitals and industry, and even the paradigm "parent's choice" being applied to a cosmetic surgery when in fact the physician and parents should be acting in the child's best interest, and not the physician's financial interests, or the parent's cosmetic preferences. There is also the current paradigm of risk vs benefit which entirely misses the inherent harm of the loss of a body part

and its function. There is so much more to talk about. This is only the beginning societal reckoning that will be long and uncomfortable.

Some of my colleagues might think that because I speak out against this practice that I am in the reactionary anti-vaccine camp, who would like to undermine our legacy of evidence-based medicine. In fact I spent my time during the COVID pandemic promoting vaccines. I, along with a great team, led patients and our organization of the more than 1000 employees to a greater than 90% vaccination rate, without a mandate. I am a strong believer in evidence-based medicine and I oppose circumcision on healthy children precisely because it lacks evidence and the evidence of harm is increasing. No circumcision is not evidence-based medicine. Circumcision is not healthcare, it is social custom masquerading as healthcare. Instead of irrational custom (and profit), I choose evidence and ethics. I invite my colleagues to join us in bringing an end to this irrational and unethical practice, and hopefully to salvage some part of our damaged reputation.

Now I would like to leave you with this: Anatomy is our birthright. Amputation of any part of our anatomy without our consent and without medical necessity constitutes a grievous harm, regardless of the cutter's intentions. We are here today because we believe that all children, not just those born with phenotypical female genitals, deserve protection from genital mutilation. We believe that laws that unjustly protect only half the population based on sex cannot stand under Oregon's constitutional equal rights amendment and must be reformed. Our vision is for a world where all children— females, males, intersex persons and the gender diverse—are all protected from the violence of non-consensual genital cutting, and that the scourge of surgically enforced genital conformity will be only known in the history books. The battle may be long, but we will win! Our vision is a world where not only females, but everyone, has the right to choose what is done to their genitals themselves. Who gets to choose what is done to our genitals? We do! Genital Autonomy is not only a female right, it is a human right!

Thank you.