

**IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF MULTNOMAH**

DANE HADACHEK, an individual,
NATHANIEL HELLEWELL, an individual,
LANDON MOODY, an individual

Plaintiffs,

v.

THE STATE OF OREGON

Defendant.

No. 25CV18224

DECLARATION OF MATHIAS A.
MASEM, M.D., IN SUPPORT OF
PLAINTIFFS' OPPOSITION TO
DEFENDANT'S MOTION FOR
SUMMARY JUDGMENT

I, Mathias A. Masem, M.D., declare as follows:

1. I am a board-certified orthopedic surgeon specializing in surgery of the hand and upper extremity, including peripheral-nerve and microsurgical procedures. I have practiced surgery for more than twenty years.

2. **Education and Training:** I received my medical degree from the University of Minnesota. I completed general-surgery training and an orthopedic-surgery residency at the University of California, San Francisco (UCSF), followed by advanced training in hand surgery. I then worked as an orthopedic research physician at the University of Bern and its Laboratory for Experimental Surgery in Switzerland and completed further clinical and research fellowship training in hand and upper-extremity surgery and microsurgery at Massachusetts General Hospital and Harvard Medical School.

3. **Professional Practice:** I practice in the hand and upper-extremity division of the UCSF Department of Orthopaedic Surgery and in private practice in Oakland, California. I was formerly Chief of Orthopedic surgery and Chairman of the Division of Hand Surgery at Alta Bates Summit Medical Center. I still teach orthopedic residents and fellows at UCSF. My

work regularly requires decisions about whether surgery is indicated, whether tissue should be excised or preserved, and whether the expected therapeutic benefit of an operation justifies its unavoidable injury and risks.

4. **Specialized Study of Circumcision:** Although I am primarily a hand surgeon, I became interested in neonatal circumcision when my first son was born. During my medical education and pediatric rotation, circumcision was generally treated as routine and it was a culturally accepted norm. Moreover, the foreskin was commonly described as merely redundant skin. It is fair to say also that circumcision was widely considered in the United States to be the harmless snip of a useless piece of skin. I began to question all of those assumptions and undertook a sustained review of the anatomy, function, risks, ethics, and purported medical justification of non-therapeutic circumcision.

5. My study led me to oppose routine, non-therapeutic circumcision of infants and children. I later published a letter responding to claims made in a medical-journal article promoting circumcision, and became involved with Doctors Opposing Circumcision, an organization of physicians and other professionals devoted to public and professional education concerning the foreskin, circumcision, and the bodily rights of children. The organization opposes non-therapeutic circumcision. I am a member of that organization and have been selected to serve as its incoming president.

6. **Scope of Opinion:** I was asked by the attorneys for the Plaintiffs to address and give my opinion as to whether, from a medical and surgical perspective, biological differences among male, female, and intersex children justify categorically different treatment of medically unnecessary genital surgery, including excision of preputial tissue. My opinions are

based on my education, training, surgical experience, focused study, and review of the medical and anatomical literature identified below.

7. Every surgical operation necessarily causes physical injury and thus is harmful in the ordinary medical sense. An incision or excision disrupts tissue and creates a wound. Surgery also necessarily entails pain and the need to control pain, bleeding, inflammation, healing, and scar formation, and it carries risks of infection, anesthetic complications, unintended injury, and an unsatisfactory functional and/or cosmetic result.

8. Of course, surgery is warranted when it is medically necessary and justified after the diagnosis of a medical condition requiring it. Therapeutic surgery is justified when there is a sufficient medical indication and the reasonably expected benefit outweighs the certain physical burdens and reasonably foreseeable risks, taking account of less invasive alternatives and the consequences of doing nothing.

9. Several established principles of medical ethics require a sufficient medical justification before surgery is performed on a healthy child. The American Medical Association's Code of Medical Ethics requires physicians to place the welfare of the patient first, avoid causing unnecessary harm, and obtain informed consent for medical interventions. AMA Code of Medical Ethics, Principles I, II, and VIII. Likewise, the foundational principles of biomedical ethics—beneficence, nonmaleficence, respect for autonomy, and justice—require physicians to refrain from removing normal, healthy, functional tissue absent a sufficient medical indication. Tom L. Beauchamp & James F. Childress, *Principles of Biomedical Ethics* (8th ed. 2019).

10. In my opinion, routine circumcision of a healthy infant or child is inconsistent with Principle I of the AMA Principles of Medical Ethics, which provides: “A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights”; with Principle VIII, which provides: “A physician shall, while caring for a patient, regard responsibility to the patient as paramount.”; with the AMA Patient-Physician Relationships Opinion, which provides that physicians have an ethical responsibility to place the patient's welfare above the physician's own self-interest or obligations to others; with AMA Opinion 2.1.1, which provides that “[i]nformed consent to medical treatment is fundamental in both ethics and law” and requires disclosure of the diagnosis, the nature and purpose of proposed interventions, and the risks, benefits, and alternatives, including forgoing treatment. In the case of routine circumcision of a healthy infant or child, there is no present disease, injury, or diagnosed pathology requiring treatment. In my opinion, removal of healthy preputial tissue under those circumstances lacks a sufficient therapeutic indication and is inconsistent with the ethical principles discussed above.

11. Because infants and young children cannot provide informed consent, non-therapeutic surgery on healthy genital tissue is ethically proscribed unless justified by a present disease, injury, deformity, or other sufficient therapeutic indication. These medical and ethical principles do not change with the patient's sex.

12. These principles are especially important when the patient is a healthy infant or child who cannot provide informed consent. Where surgery is not needed to treat a present disease, injury, malformation causing dysfunction, or other diagnosed condition, asserted future or prophylactic benefits must be weighed against the immediate and certain removal of

tissue, the permanent anatomical change, the operative burdens and risks, and the child's future interest in deciding what happens to the child's own body.

13. Routine circumcision of a healthy male infant is an excisional operation. It creates a wound and permanently removes the penile prepuce, commonly called the foreskin. In a healthy infant without a diagnosed foreskin pathology, the operation is not treatment of an existing disease or injury. Whatever prophylactic benefits may be asserted, removal of tissue and alteration of anatomy are immediate and irreversible.

14. The penile prepuce is normal anatomical tissue. It includes skin, mucosal tissue, blood vessels, smooth-muscle elements, and sensory nerves. It covers and protects the glans, contributes mobile tissue to the penis, and participates in tactile and sexual sensation. Circumcision necessarily eliminates the removed tissue and any protective, mechanical, and sensory functions performed by that tissue.

15. The penis and clitoris arise from the same undifferentiated embryonic genital structures and develop into corresponding, or homologous, components. Modern developmental research describes the human penis and clitoris as developing from the ambisexual genital tubercle and documents corresponding structures, including the glans, erectile bodies, and preputial tissues. See Gerald R. Cunha et al., *Development of the Human Penis and Clitoris*, 103 *Differentiation* 74-85 (2018), doi:10.1016/j.diff.2018.08.001.

16. The penile prepuce and clitoral prepuce, also called the clitoral hood, are not identical in size, configuration, or relationship to surrounding structures. Both, however, are normal preputial tissues that cover and protect a glans and contain vascularized and innervated

tissue. Their differences do not make one structure normal and functional while making the other dispensable.

17. Comparative anatomical literature has identified specialized corpuscular sensory receptors at both the penile prepuce-glans interface and the clitoral prepuce-glans interface. Christopher J. Cold & Kenneth A. McGrath, *Anatomy and Histology of the Penile and Clitoral Prepuce in Primates*, in *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice* 19-29 (1999). Earlier work led by Spanish anatomist Nieves Martin-Alguacil also reported, in a murine model, that the distribution pattern of general and peptidergic innervation in the clitoris was similar to that of the penis. Nieves Martin-Alguacil et al., *Clitoral Sexual Arousal: An Immunocytochemical and Innervation Study of the Clitoris*, 101 *BJU Int'l* 1407-13 (2008), doi:10.1111/j.1464-410X.2008.07625.x.

18. More recent human anatomical work confirms the dense and surgically important innervation of the clitoris and its prepuce. A 2024 cadaveric study traced dorsal clitoral nerve bundles supplying the glans and prepuce and documented extensive sensory innervation of both structures. Elcin Tunckol et al., *Innervation Pattern and Fiber Counts of the Human Dorsal Nerve of Clitoris*, 14 *Sci. Rep.* 23060 (2024), doi:10.1038/s41598-024-72898-8. Surgical anatomists likewise emphasize preserving the nerves supplying the clitoris to avoid pain, decreased sensation, and sexual dysfunction. Erryn Tappy & Marlene Corton, *Surgical Anatomy of the Clitoris and Surrounding Vulvar Structures*, 229 *Am. J. Obstet. Gynecol.* 460-62 (2023), doi:10.1016/j.ajog.2023.07.004.

19. A 2026 gross-anatomical study further describes the clitoral prepuce as a distinct and surgically important structure whose anatomy must be understood when performing genital surgery.

20. Removal of the clitoral prepuce and removal of the penile prepuce are therefore comparable at the level most relevant to surgical judgment: each procedure excises normal, vascularized, innervated genital tissue; creates a wound and scar; permanently alters the child's anatomy; eliminates the removed tissue's functions; and exposes the child to operative and postoperative risks. Michael J. Zdilla, *Anatomy of the Prepuce of the Clitoris: Introducing the Collar of the Clitoris, a Novel Anatomical Subdivision of the Clitoral Prepuce*, JPRAS Open (2026), doi:10.1016/j.jprra.2026.01.016.

21. The procedures need not be identical in every anatomical detail, remove the same quantity of tissue, or produce precisely the same consequences to implicate the same foundational medical principle. A surgeon needs a sufficient medical indication before irreversibly removing healthy tissue from a child.

22. In my professional opinion, I know of no specific biological difference between the male and female prepuces that eliminates the physical injury, permanent anatomical alteration, loss of normal tissue, or need for a sufficient medical justification when preputial tissue is removed from a male child. Biological differences may be relevant to the diagnosis and treatment of an individual patient, but they do not medically justify a categorical rule that healthy preputial tissue requires protection in female children but not in male children.

23. The same surgical principles apply to an intersex child. Intersex anatomy varies, and any proposed operation must be evaluated on the child's individual anatomy, diagnosis,

present medical needs, alternatives, functional consequences, and ability to participate in the decision. Intersex status does not itself supply a medical indication for removing healthy genital tissue.

24. In my professional opinion after researching these matters in depth, I conclude that absent proper medical justification, the cutting of the genitals of a minor, regardless of sex, including the cutting of the prepuce, is medically unnecessary, non-consensual, irreversible, risks a wide array of short-term and long-term complications, some serious, can be fatal, can cause lasting psychological injury, and causes harm in every case even when properly performed.

25. Male circumcision removes all or part of the foreskin of the penis, which has several important functions. It is a highly vascularized and innervated moist mucous membrane that folds and unfolds, which facilitates comfortable sexual intercourse. Research has reported that some of the most sensitive regions of the penis are located in preputial tissues routinely removed by circumcision. Sorrells et al., Fine-touch Pressure Thresholds in the Adult Penis, 99 BJU Int. 864–869 (2007).

26. Attached as Exhibit 1 is a true and correct copy of a comparative diagram of male and female external genital anatomy that I reviewed. The diagram is substantially accurate for illustrating the homologous relationship of the shaft, prepuce, glans, erectile bodies, bulbs, and crura, although a simplified diagram cannot depict all anatomical variation or microscopic detail.

27. Attached as Exhibit 2 is a true and correct copy of a comparative photograph of the clitoral and penile prepuces that I reviewed. The photograph is substantially accurate for

illustrating that each prepuce forms a movable covering over its respective glans. The photograph is illustrative and is not offered as a complete depiction of internal anatomy.

28. **Summary of Opinions:** From a surgical perspective, medically unnecessary excision of healthy preputial tissue is a real and irreversible physical harm, regardless of whether the child is male, female, or intersex. Surgery can be justified only by a sufficient medical indication and a favorable risk-benefit assessment. I know of no biological difference that makes those requirements applicable to one sex but inapplicable to another.

29. I am providing this declaration without compensation. I am willing and able to testify at deposition, trial, or an evidentiary hearing concerning the opinions stated above, and I will correct or supplement those opinions if additional reliable information warrants doing so.

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury. This Declaration was executed by me on August 4, 2026, at San Francisco, California.

Dated: August 4, 2026

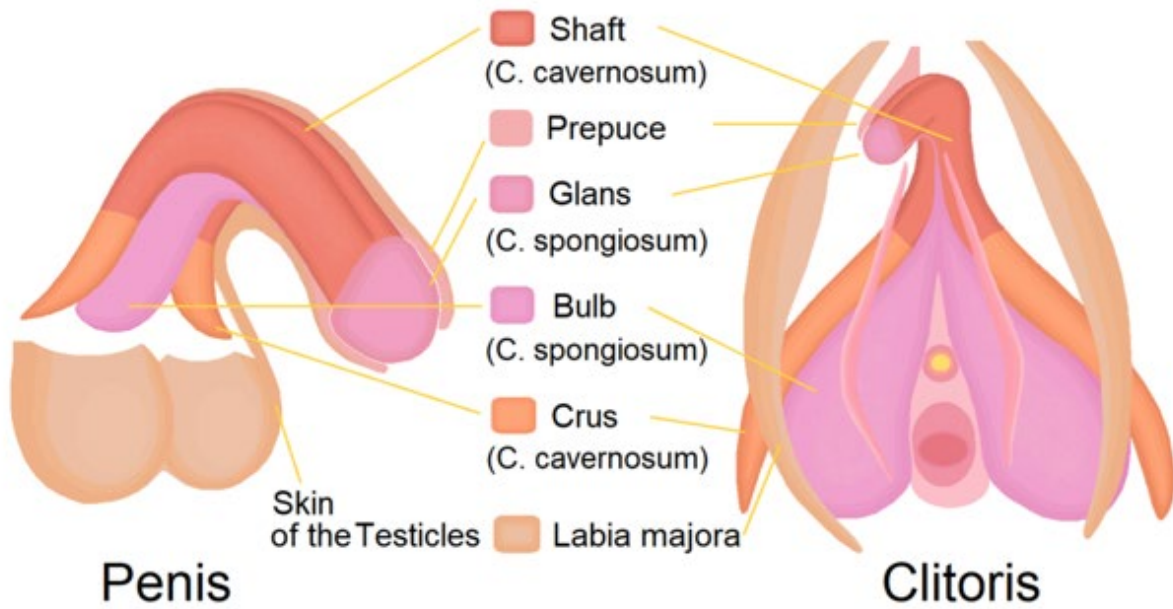
Respectfully submitted,

/s/ Mathias Masem

Mathias A. Masem, M.D.

EXHIBIT 1

Comparative Diagram of Male and Female External Genital Anatomy



Reviewed by Dr. Mathias A. Masem; substantially accurate for the limited illustrative purposes stated in paragraph 27.

EXHIBIT 2

Comparative Photograph of the Clitoral and Penile Prepuces



Reviewed by Dr. Mathias A. Masem; substantially accurate for the limited illustrative purposes stated in paragraph 28.