

Male Circumcision in the USA: A Human Rights Primer

Rich Winkel rich@math.missouri.edu

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”Despite the obviously irrational cruelty of circumcision, the profit incentive in American medical practice is unlikely to allow science or human rights principles to interrupt the highly lucrative American circumcision industry. It is now time for European medical associations loudly to condemn the North American medical community for participating in and profiting from what is by any standard a senseless and barbaric sexual mutilation of innocent children.”

Fleiss PM. MD, MPH. Circumcision. Lancet 1995;345:927[1]

”Custom will reconcile people to any atrocity.”

George Bernard Shaw

”What is done to children, they will do to society.”

Karl Menninger, MD

The American medical establishment has promoted male circumcision as a preventative measure for an astonishing array of pathologies, ranging from masturbatory insanity, moral laxity, aesthetics and hygiene, to headache, tuberculosis, rheumatism, hydrocephalus, epilepsy, paralysis, alcoholism, near-sightedness, rectal prolapse, hernia, gout, clubfoot, urinary tract infections, phimosis, cancer of the penis, cancer of the cervix, syphilis and AIDS.[2, 3, 4, 5, 6, 7] But the only rationale which has clear, well established scientific support is the one originally and openly used by the medical establishment when medical circumcision was introduced as a ”public health” measure in the Victorian era. That is, to punish and control the sexuality of male children. Victorian doctors knew something that modern medicine has chosen to ignore: the foreskin is at the heart of male sexuality.

A typical western medical circumcision results in the loss of approximately 1/2 of the total surface area of the penis and between 50 and 80% or more of its erogenous sexual nerves,[8, 9, 10] including:

- The Taylor "ridged band"* , *the primary erogenous zone of the male body*. This unique, highly specialized and exquisitely sensitive structure is equipped with soft ridges designed by nature to stimulate the female's inner labia and G-spot during intercourse.
- The frenulum, the highly erogenous V-shaped tethering structure on the underside of the head of the penis.
- Between 10,000 and 20,000 specialized erotogenic nerve endings of several types, which can feel slight variations in pressure and stretching, subtle changes in temperature, and fine gradations in texture.
- Thousands of coiled fine-touch receptors called Meissner's corpuscles, which are also found in the fingertips.

Also lost are:

- The foreskin's gliding action, the non-abrasive gliding of the shaft of the penis within its own sheath, which facilitates smooth, comfortable and pleasurable intercourse for both partners.
- The immunological defense system of the foreskin, which produces immunoglobulin antibodies and antibacterial and antiviral proteins such as the pathogen-killing enzyme lysozyme, a potent HIV killer which is also found in tears and mothers' milk.
- Estrogen receptors, the purpose of which is not fully understood.
- The foreskin's apocrine glands, which produce pheromones.
- The protection and lubrication of the erogenous surface of the penis, which is designed by nature to be an internal organ like the vagina. Natural sex involves contact between two internal organs.[11]

In essence, medical male genital mutilation (MGM) is the pathologization and treatment of the "disease" of male sexuality.[12]

"Ken McGrath, senior lecturer of pathology at Auckland University of Technology...an internationally recognised researcher on the effects of circumcision...recently simulated circumcision by anaesthetising his foreskin. He describes it as a disturbing experience, going from full sensitivity to almost none." "Foreskin's Lament" Sunday Star-Times (New Zealand) July 29,2001 [13]

*Sometimes called the "frenar band"

"I was quite happy (delirious, in fact) with what pleasure I could experience beginning with foreplay and continuing as an intact male. After my circumcision, that pleasure was utterly gone. Let me put it this way: On a scale of 10, the uncircumcised penis experiences pleasure that is at least 11 or 12; the circumcised penis is lucky to get to 3..." (From a letter to Marilyn Milos, RN, Founder/Director of NOCIRC)[14]

"[Like] wearing a condom or wearing a glove ... sight without color would be a good analogy ... only being able to see in black and white ... rather than seeing in full color would be like experiencing an orgasm with a foreskin and without. There are feelings you'll just never have without the foreskin." (Paul Tardiff, circumcised at age 30)[14]

"The 1999 British Journal of Urology Supplement has a study of American women who have experienced sex with both intact and circumcised partners. The results of the survey are truly astonishing. Among other things, the vast majority of surveyed women indicated that they overwhelmingly prefer intercourse with a man with a natural penis (approximately 90%) and that they were significantly more likely to achieve a 'vagina' orgasm during 'natural' intercourse. More astonishing is the fact that many women actually rated circumcised intercourse a negative experience when compared to the natural intercourse." -Kristen O'Hara, Author of "Sex As Nature Intended"[15, 16]

"I swore that I would never have sex with an un-circumcised man. The thought of it made me turn up my nose. When I first met my partner, we tended to have sex in the dark. [...] The sex was the best I had ever had. With the unique 'vaginal' orgasms along with the standard clitoris orgasms. A few months into our relationship, I realized that he was actually un-circumcised. [...] My point in short is, sex is incredibly better with an un-circ'ed man. I never would have thought it, but now, with first hand experience, I know it is. I never had a 'vaginal' orgasm, until him." (private correspondence to Stan Emerson, circumcision awareness educator, nocirc47@yahoo.com)

In 1888, Dr. John Harvey Kellogg, a well respected physician and founder of the Kellogg cereal company, spoke for mainstream Victorian medicine when he wrote: "A remedy for masturbation which is almost always successful in small boys is circumcision. The operation should be performed by a surgeon without administering an anesthetic as the brief pain [sic, see below] attending the operation will have a salutary effect upon the mind, especially if it be connected with the idea of punishment." [17]

Whatever the current rationales for circumcision, the procedure outlined by Kellogg in 1888 is essentially how MGM is practiced today: without anesthesia, without patient consent, without the presence of disease or the statistical likelihood of future disease, and without regard for the human rights of an innocent boy or the man he will become.

Incidentally, Victorian medicine was equally rapacious in its claims on female genitalia. The fact that FGM didn't follow MGM in becoming nearly universal in this country may be largely

an accident of anatomy: the surgical risks are likely higher. Yet American medical journal articles proclaiming the benefits of clitorectomies persisted until at least the 1950's,[18, 19, 17] and clitorectomies of minors were covered by Blue Cross-Blue Shield until 1974. (Surprisingly, the continuing western practice of episiotomy during childbirth, in the face of its iatrogenic "indications" and consequences, is not generally recognized as a form of FGM.[20])

In any case, MGM is not without risk either. Even today, partial or total penile amputation or deformity, sepsis, gangrene and even coma and death are well established immediate risks of MGM. While American medicine keeps no systematic record, estimates of US deaths rates range to over 200 per year.[21, 22, 23, 24, 25, 26, 27, 28, 29, 30]

Medical Rationales

Setting aside for a moment the human rights implications of forcibly cutting healthy erogenous flesh from the bodies of screaming infants, and the older, more obviously bogus rationalizations for it, one would hope that an examination of medicine's more recent justifications for MGM will reveal a valid scientific rationale for its continuation.

Incredibly, the opposite is true: decades of pre-emptive censorship of male sexuality have resulted in a corresponding censorship of natural male sexual anatomy and function in American medical schools. Even today, intact foreskins are routinely omitted from anatomical medical textbooks, or mentioned solely in the context of circumcision.[31] As a result, many American doctors and nurses are woefully ignorant of the routine care of natural male genitalia, and frequently perform unnecessary circumcisions as a direct consequence of their ignorance.[32, 33, 34, 9, 2] Perhaps nowhere is this phenomenon more evident than in the medical establishment's approach to urinary tract infections and phimosis.

According to the retrospective study of urinary tract infections (UTIs) in US military hospitals which is usually quoted in support of MGM, it requires at least 50 to 100 circumcisions to prevent a single UTI infection.[35] But even this figure is likely unreliable because ignorant US doctors have frequently induced UTIs in intact children by advising parents to forcibly retract the child's normally-attached foreskin and scrub underneath[35] (the foreskin often remains attached to the head of the penis for years after birth, with no ill effect if simply left alone). This excruciatingly painful procedure, which is done repeatedly as the raw tissues reattach, would be hygienically comparable to breaking a girl's hymen in order to scrub her vagina: it's an invitation to infection. The study is further confounded by the fact that MGM was so routine at one time that hospitals frequently did it "automatically" without recording it on their charts, and sickly children were more likely to be spared the stress of circumcision, thus selecting for illness in the intact group. These and other systematic flaws bring the reliability of the study into question.[36, 33]

"The intact baby has a slightly increased chance of developing a urinary tract infection in infancy but a lower incidence of UTI (urinary tract infection) the rest of his life. UTI's in females are found at rates of up to 50 times that of males (Understanding Urinary

Tract Infection, *Infect Urol* 8 (4), 111,114-120, 1995) and we do not alter their genitalia as a preventative measure. Most UTI's in the intact male are iatrogenic (doctor caused) by inspecting, probing and even retracting the fused foreskin and introducing bacteria the foreskin is designed to keep out." -Eileen Wayne, M.D.[15]

"Toronto researchers studied almost 60,000 boys. The study suggests 195 circumcisions would need to be performed to prevent one hospital admission for urinary tract infection in the first year of life. Since a conservative estimate of the number of significant complications of circumcision is 2-3%, this would mean that circumcising nearly 200 boys to prevent one urinary tract infection would result in at least 4 boys suffering a major complication to prevent one easily treatable urinary tract infection." -The Lancet 1998; 352:1813-16[15, 37]

In fact, breastfeeding and physical contact with the mother have been shown to be far more effective at preventing UTI's than even proponents of circumcision claim for MGM. If given a chance, nature elegantly protects infants from infection by immunizing, via breast milk, against the very organisms which the child's skin, in the company of his mother, would be colonized by.[38] Recent research in Japan, a non-circumcising country, has found a much lower rate of UTI's among intact children than the earlier American studies.[39] Of course, for any other bodily tissue the standard of care for infection would be antibiotics, not amputation. Thankfully, the fact that UTIs are far more common in girls is not used to push FGM in this country.[40, 41, 42]

MGM has also been routinely prescribed for "phimosis," a condition in which the foreskin of the penis is abnormally non-retractable. But phimosis in intact boys is greatly exaggerated in the USA because ignorant doctors confuse it with normal attachment, and also because they frequently cause an iatrogenic version of it, again by advising parents to forcibly retract, leading to infections and scar tissue. In any case, the American Academy of Pediatrics recently admitted that true, non-iatrogenic phimosis, which occurs in less than 2% of intact males, can be successfully treated in 85-95% of cases by the simple application of a steroid cream.[43] This miraculous medical breakthrough, coming decades after the introduction of steroid cream, is illustrative of the cavalier contempt medicine has demonstrated for male sexual integrity.

Between iatrogenic UTI's and phimosis, many boys who survive the high-tech birthing industry whole and intact later succumb to the knife in early childhood. Around 75% of US-born males have been circumcised.[44, 45]

On the issue of sexually transmitted diseases (STD's), one obvious point should be stressed: children are not sexually active, thus infant MGM cannot reasonably be promoted based on STD prevention arguments. The child can and should be given the opportunity to judge the facts for himself when he is old enough to give informed consent for this very important decision with the full knowledge of the value of his intact organ. The miniscule rate of adult circumcision provides strong evidence of what this decision would be.[46]

With that said, the jury is still out: the body of medical literature gives no clear indication of whether circumcision protects against STDs.[47] Many studies have reached contradictory or null

conclusions, such as a well controlled study of 1400 American men published in the April 1997 issue of the Journal of the American Medical Association which found that "Circumcised men were slightly more likely to have had both a bacterial and a viral STD in their lifetime. While these differences are not statistically significant, they do not lend support to the thesis that circumcision helps prevent the contraction of STDs. Indeed, for chlamydia, the difference between circumcised men and uncircumcised men is quite large. While 26 of 1033 circumcised men had contracted chlamydia in their lifetime, none of the 353 uncircumcised men reported having had it." [44]

For decades MGM has been endorsed for the prevention of penile and cervical cancer. But in a letter to the American Academy of Pediatrics in 1996, physicians at the American Cancer Society wrote: "As representatives of the American Cancer Society, we would like to discourage the American Academy of Pediatrics from promoting routine circumcision as a preventative measure for penile or cervical cancer. The American Cancer Society does not consider routine circumcision to be a valid or effective measure to prevent such cancers. Research suggesting a pattern in the circumcision status of partners of women with cervical cancer is methodologically flawed, outdated and has not been taken seriously in the medical community for decades. [...] Fatalities caused by circumcision accidents may approximate the mortality rate from penile cancer." [48, 49] More recently, another medical study widely trumpeted in the media as proof of an increased cervical cancer risk among partners of intact men, has been found to suffer from numerous methodological flaws and exceedingly unstable statistics. [50, 51]

Regarding AIDS, it should be noted that among the industrialized nations, AIDS is *positively* correlated with circumcision. [52, 53] Indeed, of the industrialized countries, the USA has by far the highest AIDS rate *and* the second highest circumcision rate, the latter second only to Israel. [53] This flies in the face of recent, widely reported but deeply flawed surveys of AIDS and circumcision in Africa, which did not control for the strong correlation between the circumcision status and the socioeconomic status of African men. Muslim men, for instance, tend to be both circumcised and non-promiscuous. In circumcising tribes, intact men are more likely to be shunned by women and to frequent prostitutes. In more secular African cultures, circumcised men tend to have access to the western model of medical care, and so are less likely to have easily treatable STDs such as gonorrhoea, the presence of which causes genital lesions which promote the passage of the AIDS virus. [54]

Remarkably, a strong case has been made that medicine itself drives most HIV transmission in Africa, through the use of dirty hypodermic needles. [55, 56] The WHO's admission of a 30% worldwide rate of dirty needle usage does not instill confidence that iatrogenic HIV infection isn't a major public health menace in poverty- and AIDS-stricken Africa as well as the rest of the developing world, where every year an estimated 10 million people are infected, and 1.8 million die, of lethal diseases transmitted by unsafe healthcare. [57] The widespread ignorance of this iatrogenic holocaust is a testament to the power, prestige and impunity of the holy church of medicine.

Other recent medical research has resorted to comparing the density of HIV receptors in the foreskin and cervix, concluding that the higher density of receptors in the foreskin is a rationale for circumcision. But a similar comparison between the inner labia and glans penis (don't hold your

breath) would probably argue for the practice of FGM. In any case, a causal link between intact male genitals and HIV transmission has never been demonstrated, and confounding factors, such as the pathogen-killing secretions of the foreskin, may well result in a net loss of biological defenses from MGM, even before the behavioral and structural anatomical consequences are considered.

For instance, the dried out internal organ which is the end of a circumcised penis provides less lubrication and so increases abrasion during intercourse, creating possible infection sites in both partners. This may account for the nearly 5-fold difference in US vs European male-to-female HIV transmission rates.[58] Abrasion is further exacerbated by the tightness of the penile skin, which can no longer slide freely on the shaft. Some circumcisions are cut so tightly that erection produces tearing in the penile skin, creating further sites for the passage of pathogens. Condoms are more likely to fall off of a circumcised penis, and American men are less likely to USE condoms[52] (the most effective line of defense against STD's) probably because of the lack of sensitivity most of them already endure. Circumcised men are also significantly more likely to engage in risky sexual behavior such as anal intercourse, possibly in an effort to compensate for desensitization.[44, 59] Furthermore, a small amount of inner foreskin is usually left on the penis, and it's well known that mucous membrane is more vulnerable to infection when it is dried out.[47] Finally, MGM's adverse impact on sexual satisfaction for both partners may increase sexual promiscuity.

Finally we reach the last ditch and most deeply embedded cultural phobia which may be the real driving force behind medical MGM in the USA, the same irrational fear that drives FGM in Africa: that intact genitalia are somehow "dirty," that expert human intervention is needed to remedy unmentionable defects in the design of the most critical developmental objective of millions of years of evolution, the reproductive organs. But about 80% of the men in this world are intact.[2, 60] If male foreskin is such a pathologically disease-ridden piece of anatomical garbage, why aren't men all over the world lining up at clinics to be cut? The fact is that in terms of the difficulty of maintenance, an intact penis is somewhere between the eyes and the mouth, in other words between low and medium maintenance. If doctors applied the same hygienic standards to the mouth as they do the penis, they'd cut off our lips and pull all our teeth. We spend far more time brushing our teeth than the second that it takes for an adult man to retract and rinse under his foreskin. Intact male genitals likely require less maintenance than that of females. But of course the assumption is that men are incapable of keeping themselves clean. If there's a grain of truth buried in that social edifice, could it be related to the shame and stigma attached to male sexuality, of which medical MGM is only a manifestation?

On the basis of over a century of similarly ambiguous, sloppy, value-laden and selectively publicized research, the high priests of American medicine have successfully promoted and defended their idiosyncratic practice of genital surgery on six generations of normal, healthy, non-consenting boys, repeatedly indicting, but never managing to convict the foreskin for one malady after another. HIV is only the most recent example of this pattern. Even the US taxpayer has been drafted into the crusade, donating more than \$35 million in medicaid payments per year for involuntary circumcisions, many of which would likely not have occurred without government subsidy.[61] But despite medicine's most strenuous efforts, MGM, the USA's most common surgical procedure, remains in

search of a disease. But in any case, even the most enthusiastic claims of circumcision proponents must be weighed against its scientifically demonstrable drawbacks. Indeed, routine circumcision can only be defended by ignoring the crucial erogenous value of the male prepuce, to both men and women.

When all the pseudo-medical diversions are disposed of, one is left with a number of useful observations regarding medical genital mutilation:

- No one volunteers to be tied down to a table to have parts of their genitals crushed and cut off without anesthesia. Therefore, it should be obvious even to those who haven't seen a screaming baby boy being brutalized in a soundproofed hospital room, that "routine" infant circumcision would not be so routine if children could defend themselves from doctors. Unburdened of the medical and social rationalizations for MGM, and facing the immediacy of his anguish, the child likely sees circumcision for what it is: a particularly brutal sexual assault and forcible amputation.
- The only operative "indications" for routine infant circumcision are the phobias and ignorance of the parents and the powerlessness of the infant.
- The central issue of MGM is obviously human rights, specifically every human being's right to a natural, complete, fully functional and ecstatic sexuality, free of forcibly imposed handicaps. Despite the medical establishment's obsession with the purported pathologies of male genitals, doctors have no more right to enforce Victorian sexual mores on struggling, screaming children now than they did a century ago.
- The most virulent, chronic and debilitating pathology associated with male foreskin appears to be the compulsion to cut it off. As we'll see below, the medicalization of this compulsion results in a particularly perverse and destructive form of child abuse.

Mechanics of Brutality

Now let's examine how a typical medical circumcision is performed. First the child, after 9 months in the fetal position, is tied down spreadeagled and straight-backed in a circumstraint, a plastic board molded to the outline of an infant's body, which is equipped with velcro straps. Next he is covered with a sheet which has a hole through which his penis is threaded. Then his penis is thoroughly swabbed with sterilizing solution. Naturally, this frequently provokes an erection. Some physicians deliberately provoke erections in order to judge the "cutoff line" and to aid in the surgery itself. In any case, in the infant's brand new, wide-open, pre-verbal consciousness, this is his first sexual experience: a torturous nightmare.[62, 63, 64, 65]

Because the foreskin of an infant is attached to the head of the penis by the same tissue that bonds a fingernail to a finger, it must be skinned away before it can be cut off. So the doctor forces a metal probe between the foreskin and the head and tears apart this flesh (called synechia)

which bonds them together. Next, the doctor has several options for the actual amputation. One commonly used device for this step is called a gomco clamp. This essentially functions as a thumbscrew for the foreskin. I am not making this up. Surgical scissors are used to cut a slit along the length of the foreskin in order to insert the metal "bell" which serves as one jaw of the clamp. The foreskin is pulled over the bell and the other jaw of the clamp is attached. Then, by tightening a screw, the foreskin, one of the most densely innervated tissues of the body, is simultaneously crushed along two lines (inner and outer foreskin) around its circumference.* The clamp is left on for a few minutes to promote blood clotting, then the foreskin is cut off at the crush line.[66, 67, 68] Afterwards, the raw, bleeding, formerly internal organ is wrapped in bandages and a diaper, and then repeatedly burned with urine and its breakdown product, ammonia, and exposed to infectious fecal matter while healing.

For many years the mainstream medical orthodoxy, put forth after it was no longer acceptable to torture children in the name of "moral hygiene," was that babies don't feel pain. It wasn't until 1978 that researchers even suggested using anesthetic during circumcision, and even today, most medical circumcisions are performed without anesthesia, according to the AMA.[69] This is in stark contrast to what is known about infant pain perception and its profound and lasting effects on the victim, as well as the plainly obvious reaction of the infant boy, who forcefully communicates his torment to anyone who will look and listen. Choking and breathing problems arise due to the continuous screaming. Surges in adrenaline and cortisol and large increases in heart rate, all established physiological indicators of torture, have been measured.[70] Some babies appear to go into shock.[71] Later, problems with sleep, mother-child bonding and breastfeeding, and increased sensitivity to stress and pain are all commonly seen after MGM.[72, 73, 74] To all appearances, the infant is left in a state of post-traumatic stress. Sometimes older boys have recurring flashbacks of their circumcision, a classic sign of PTS. Impaired bonding at this critical stage is well correlated with social dysfunction and even criminality later in life, while breast feeding is known to have many health and psychological benefits for both the mother and the baby,[75, 76, 77, 63, 78] contrary to American medical doctrine of only a few years ago.

In a definitive study of neonatal pain perception published in the New England Journal of Medicine in 1987, the authors wrote: "Numerous lines of evidence suggest that even in the human fetus, pain pathways as well as cortical and subcortical centers necessary for pain perception are well developed late in gestation, and the neurochemical systems now known to be associated with pain transmission are intact and functional." [79] Research for a study on the efficacy of various types of pain relief during circumcision, published in the Journal of the American Medical Association in 1997, was halted early because researchers began to question the ethics of subjecting their placebo group to MGM without anesthesia. Of 11 infants in the placebo group, two experienced prolonged periods of apnea, and one infant had an episode of projectile vomiting and a sudden "lack of tone in limbs".[80] Other immediate pain-related complications of infant MGM include heart injury,

*Since all the nerves of the foreskin pass through this crush line, the pain perception may be similar to that of putting virtually the entire erogenous surface of the penis in a vise.

pneumothorax (a stress-caused life-threatening condition involving the introduction of air into the chest cavity), and gastric rupture.[70]

”I have assisted with about 200 [circumcisions] [...] Babies scream so hard that they end up with their faces red and mouths wide open with no sound coming out. I had to hold their heads to the side because some vomit from the pain. I always had to get close to their faces and stroke their cheeks because they would stop breathing. [...] Consoling is impossible. They shake and their eyes are wide open with panic. [...] Many of my consults are a result of trauma from the circs. The babies’ state of homeostasis is so messed up from the stress that they are no longer able to suck. Every IBCLC (lactation consultant) that I know will tell you how circumcision is a major source of feeding problems in the days following.” [81]

Federal law provides more protection from suffering to laboratory animals than to male infants. Lab researchers must adhere to an elaborate set of humanitarian guidelines when experimenting on animals, or risk fines and license forfeiture. Needless suffering is to be avoided, and anesthesia is an absolute necessity for surgical procedures, except when the animal is to be promptly euthanized.[82] A veterinarian would probably go to jail for circumcising a dog without cause, with or without anesthesia.

”Performing this extremely painful procedure without anesthetic has allowed researchers to study the parameters of extreme pain in experiments that would not have been allowed on laboratory animals. Using routine, unanesthetized circumcision as a model of stress, Porter et al. were able to examine the relation between cry acoustics and vagal tone in 49 (32 experimental; 17 control) 1 to 2-day-old, full-term normal, healthy newborns during the preoperative, surgical, and postoperative periods. Vagal tone was significantly reduced during the severe stress of circumcision. These reductions were paralleled by significant increases in the pitch of the infants’ cries.” Male Circumcision: A Legal Affront. Christopher Price 1996[83, 84, 85]

The immediate psychological consequences of MGM are more readily discernable in older boys than in infants. The older child perceives the (usually anesthetized) operation as a sexual assault, and grief, rage, aggression, ”castration anxiety,” altered sexual identification, emotional withdrawal, reduction in intelligence test scores and regression to ”more primitive modes of expression” [86] are all commonly seen in recently GM’d boys.[87, 71]

The long term psychological impact of birth-related trauma is also relevant to the issue of MGM. Recent studies have found striking connections between birth trauma and adult post traumatic stress and suicide,[88, 89, 90, 71, 63, 74, 91] and adult victims of infant MGM often exhibit a spectrum of symptoms including:

- a sense of personal powerlessness

- lack of trust in others and life
- a sense of vulnerability to violent attack by others
- irrational rage reactions
- addictions and dependencies
- difficulties in establishing intimate relationships
- decreased ability to communicate
- emotional numbing
- reluctance to be in relationships with women
- anger and violence toward women[92]

Neurologically speaking, the life-long sexual sensory deprivation which results from circumcision has a profound effect on the neural organization of the brain, similar to that found in any amputee: corresponding neurons associated with states of sexual and emotional ecstasy die, and adjacent neural regions grow chaotically into the dead zone.[93] Furthermore, childhood victims of traumatic abuse tend to have a variety of brain abnormalities, reflecting a generalized rewiring of the brain to adapt to a hostile environment.[94] The psychological impact of such brain damage is likely to be far reaching.

”The phenomenon of circumcision [...] serves a practical function of lowering excitability and distractibility quotients—sexual arousal—of pubescent males, i.e. biasing young males toward increased tractability which would enhance group efforts and less toward individual goals of amorous exchanges. Neurological data suggest that early lesions of the prepuce/foreskin tissues would generate a reorganization/atrophy of the brain circuitry. This re-organization/atrophy, in turn, is suggested to lower sexual excitability. [...] Inferential data support the hypothesis that a practical consequence of circumcision, complementary to any religious-symbolic function, is to make a circumcised male less excitable and distractible, and, hence, more amenable to his group’s authority figures.”
 Abstract: A Biocultural Analysis of Circumcision. Ronald Immerman, Department of Psychiatry, MetroHealth Medical Centre, Case Western Reserve University, and W.C Mackey. SOCIAL BIOLOGY 1998, Volume 44, Pages 265-275.[95]

Aside from endorsing the sexual lobotomization of children for the purpose of social control, psychiatrists have also helped to perpetuate circumcision by branding anti-MGM activists as ”mentally ill,”[96] but these orwellian enforcers of ”behavioral health” have managed to overlook two likely and obvious psychological consequences of MGM:

- The early imprinting of excruciating pain on the pleasure networks of the brain likely encodes for sado-masochistic behavior in the adult.[63, 97]
- Sexual ecstasy isn't localized to a particular part of the brain, it's a global state of powerful low frequency waves of neural firing involving the entire brain. There's every reason to believe that the sex drive is also a generalized property, or at least not localized to the neurons that the foreskin maps to. As a result, MGM neurologically blocks the fulfillment of the sex drive without affecting the drive itself. This is likely a recipe for what psychiatry calls "obsessive-compulsive disorder."

Is this the kind of men we need in this world? Amenable to authority figures? Forever longing for possibly unattainable sexual fulfillment? Imprinted with a tortured, dissociative, objectified and utterly disempowered model of their own bodies and sexuality? Unable to lose themselves in the uniquely healing and self-transcending joy of the most fundamental communication of human intimacy?

Clearly, there is something other than medicine going on here.

From the Third International Symposium on Circumcision University of Maryland, May 22-25, 1994:

"Look at these hands.

These hands have taken a newborn baby from his mother's safe warm breast and his father's sheltering arms, and these hands have tied this baby to a cold hard platter and served him up to the circumciser.

These hands have readied the scalpel, even as they caressed the brow of the terrified baby as he struggled for freedom and searched my eyes for compassion he did not find.

A tortured being has sucked frantically on this finger in a hopeless effort to end the agony as his flesh – his birthright – is ripped from him and thrown in the garbage.

These hands have removed the diaper painfully adhered to the feces-covered wound between his chubby legs.

These hands have shielded my ears from his screams.

Nurses of America, I did not become a nurse to hurt babies, and neither did you.

In 1992, with over 20 other nurses at St. Vincent Hospital in Santa Fe, New Mexico, I gave notice to my employers and declared I would no longer be an accomplice in the atrocity that is infant circumcision.

I have reclaimed my tattered soul and begun the process of becoming whole again.

I am a conscientious objector in the war against our infant brothers and sons, and it feels wonderful.

Nurses of America, wipe the blood from your hands and join me!"

Mary Conant, RN

[Mary Conant is one of the 24 heroic Conscientious Objectors to Circumcision nurses at St. Vincent's Hospital, Santa Fe, New Mexico, and co-founder of Nurses for the Rights of the Child][98]

The 1999 report of the American Academy of Pediatrics task force on circumcision said: "Existing scientific evidence demonstrates potential medical benefits of newborn male circumcision; however these data are not sufficient to recommend [it]." [99] The word "potential" in this context means "proposed but unproven." But this is the state of affairs that has existed for decades, ever since medicine began trying to find a plausible and socially acceptable rationale for what it has been doing all along.* Common sense dictates that the known, certain and major drawbacks of MGM outweigh the unknown, potential and slight benefits its advocates could conceivably claim. But at least the AAP has finally joined every other major medical organization in the world by no longer actively promoting MGM. Unfortunately, it's doubtful such cautious backpedaling will do much to counter the pervasive culture of circumcision in American hospitals, which often necessitates extraordinary measures to protect the child.[100]

The AAP goes on to say "to make an informed choice, parents of all infants should be given unbiased information." But the report itself is biased in its disregard of the crucial moral, ethical and legal question of whether parents have the right to irreversibly alter their child's sexuality in the absence of clear and compelling medical justification. Doctors are ethically bound to refuse such requests from parents in any case. Furthermore, the profound ignorance of male sexuality which pervades both American medicine[13] and society at large (a telling measure of the strictly utilitarian value placed on male lives in this post-modern Victorian empire) makes a mockery of informed consent.

Legal Issues

The practice of MGM in this country violates numerous laws and international treaties, including the Universal Declaration of Human Rights,[101] the Convention on the Rights of the Child[102] and the UN Convention Against Torture,[103] not to mention the prime dictum of medicine: "first, do no harm." Furthermore, proxy consent of the parents is likely not legally applicable to an irreversible procedure which has no known medical purpose.[104, 105, 23, 106, 107]

The current state of federal law with respect to genital mutilation is in clear violation of the 14th Amendment to the US Constitution, which guarantees equal protection for both girls AND boys under the law.[108] The fact that this unsustainable legal state of affairs has never been reviewed in a court of law should be of small comfort to physicians, as more men become aware of what has been taken from them in the name of medicine, and pursue legal actions against their mutilators.[109] The first suit for proxy "consented" infant circumcision was recently settled for an undisclosed sum.

*Indeed, it seems medicine itself is a confounding factor which must be controlled for in any study of circumcision.

Conflict of Interest

Aside from American medicine's apparently pathological hatred of male sexuality and contempt for children's human rights, the medical establishment has a huge conflict of interest with regard to MGM. It has painted itself into a corner, first by profiting from the brutal enforcement of Victorian sexual oppression, and later by refusing to abolish this flagrant violation of human rights for fear of provoking public suspicion and legal liability. When the facts about the anti-sexual origins of this practice, and its explicitly targeted injury to male sexuality become widely known, the legal consequences will be devastating for the medical establishment. But in the process of protecting its institutional self interest, medicine has systematically undermined the basic social unit of society, the family, by cutting away much of the physiological basis for the emotional bonding that parents feel for each other. The consequences of this massive experiment in infant sexual molestation, torture, brain damage, sensory and ecstasy deprivation and sexual and emotional oppression can hardly be overestimated. Plausible connections with impotence, divorce, domestic violence, male criminality, drug addiction, post-traumatic stress and suicide, and the general state of inter-gender alienation are all promising topics for future research.

MGM is also a lucrative practice for medicine,[78] which charges, first, for the amputation and clinical facilities, and then profits from the sale of the baby's purloined sexuality to biotechnology and cosmetics companies. This provides an economic incentive for the withholding of anesthetic: the MGM aftermarket requires a pristine product for tissue culture and research.[110, 111]

In short, parents would be ill-advised to rely solely on medical advice in reaching a decision on circumcision. Don't expect to be reading about this impending social explosion in an AMA press release, there's far too much money involved. As in politics, if you are not armed with the facts, you will become an instrument of other people's interests.

Human Rights Context

Human rights is not a zero-sum game. The recognition of the harm of MGM in no way trivializes FGM. It is clear that most forms of FGM practiced in the world today (with the possible exception of some forms of sunni FGM) are more brutalizing, invasive and dangerous than the sterile, technologically sophisticated and surgically simpler practice of western medical circumcision. But the cultural and power dynamic, the disregard for the rights of the victim, and the senseless barbarity are the same, as is the unconscious social objective: the control and forcible diminution of young people's sexuality. FGM is committed by older women against younger women, MGM is committed by older men against younger men. Genital mutilation is an equal opportunity, self-perpetuating, intergenerational form of sexual abuse.[112, 113, 114, 115, 116]

Human rights groups which claim to speak for the rights of children have a responsibility to research this issue carefully, apply the same principles of self-determination, bodily integrity and freedom from violence to boys as they have to girls, and add their voices to the campaign to put

an end to this profoundly destructive hidden atrocity.

It is clearly not in the human rights interests of women for men to be sexually molested, traumatized and handicapped at a pre-verbal age and on a wholesale basis.

The Challenge

”Persons who have lost body parts must grieve their loss. The first stage of grief is denial of the loss. Fitzgerald and Parkes state that ‘Anything that seriously impairs sensory or cognitive function is bound to have profound psychological effects’ [...] Circumcision causes the loss of a body part and all of its functions including a drastic loss of erogenous sensory function, so denial of loss is not uncommon in circumcised males. [...] This frequently results in circumcised fathers adamantly insisting that a son be circumcised. [...] Goldman states that some circumcised male medical doctors misuse the medical literature to support, rationalize, and justify their own loss; and to defend the practice of circumcision. Denniston reports that doctors ‘who have been cut themselves may be unable to stop cutting others.’ ”[74]

The emotional, cultural and economic forces marshaled against the human rights of male children and their future lovers are enormous. Clearly, the medical institutions which have led us down this garden path are unlikely to remedy their own pathologies in the foreseeable future. The sexual rights of future generations will be won by a small but rapidly growing movement of human rights activists who brave ignorance, ridicule, a century of conventional wisdom and their own instinctive need for denial to respond to a human being’s highest calling:

the defense of the powerless.

Please join us.

(See ”intact-1” below)

Social Theory and Biocomplexity

Thoughts on the social and human relational implications of MGM

Culturally speaking, male genital mutilation does not happen at random. It is highly correlated with authoritarian, monotheistic, patrilineal and militaristic cultures, where children, women and minorities are devalued, class stratification is high, and in some cases FGM is practiced as well.[117, 118, 60, 119, 120] (MGM world-wide is about 7 times more widespread than — and appears to be a precursor for — FGM) It’s not difficult to see how genital mutilation could arise not only as a consequence, but also function as a reinforcer of such dystopian and hierarchical cultures.

GM is fundamentally different from other kinds of bodily modifications such as body piercing or foot binding. It is directed specifically at a highly emotionally-charged sensory organ, as unique and irreplaceable as the eyes, as critical to human community and emotional connectedness as the

ability to see and be seen, to speak and to hear speech, to hold and to be held. It is a mutilation and truncation of one seventh of the dimensionality of one's perceptual space (sexual and spiritual perception being sixth and seventh senses, respectively), and the potential to experience and share love and ego-transcendent, joyful consciousness and its numerous psychological benefits. MGM is thus an assault not only on the individual, but on that individual's future family and friends and, where widely practiced, on the community's capacity for mutual goodwill, trust, self organization and local empowerment. A kind of "social fragmentation grenade." Perhaps this is why MGM was often inflicted on slaves and conquered peoples in biblical times.

Men and women who are denied emotional fulfillment in human relationships must seek it elsewhere, and frequently channel their energies into the abstracted and manipulable meanings and rewards of state-sanctioned institutions such as workaholism/consumerism, professional sports (a surrogate for nationalism), socially disengaged religion and the ultimate form of state servitude, soldiering. Interfering with the sexual compatibility and satisfaction of men and women likely strongly affects mass social organization. Thus MGM's social utility goes far beyond mere fertility control, into the realm of generalized social control.

Social control motivations for MGM are implied and explicit in authoritative religious texts:

According to [certain Islamic texts], [...] there are 72 wives for every believer who is admitted to Heaven, and not only for a martyr. The proof is a hadith which is collected by at-Tirmidhi in "Sunan" (volume IV, chapters on "The Features of Heaven as described by the Messenger of Allah," Chapter 21: "About the Smallest Reward for the People of Heaven," hadith 2687).

It is also quoted by Ibn Kathir in his Tafsir (Koranic Commentary) of Surah ar-Rahman (55), ayah (verse) 72: "It was mentioned by Daraj Ibn Abi Hatim, that Abu al-Haytham Abdullah Ibn Wahb narrated from Abu Sa'id al-Khudhri, who heard the Prophet Muhammad (Allah's blessings and peace be upon him) saying: 'The smallest reward for the people of Heaven is an abode where there are 80,000 servants and 72 wives, over which stands a dome decorated with pearls, aquamarine and ruby, as wide as the distance from al-Jabiyyah to San'a.' Ibn Kathir explained in 'al-Bidayah wa an-Nihayah' that al-Jabiyyah is the name of a suburb of Damascus. "That those 72 wives are virgin is proved by the ayah 74 of the same Surah: "No man or jinn has ever touched them before." Naomi Ragen, Jerusalem Post Sept 6, 2001[121]

Combining such religious teachings with the sexual frustration likely experienced by traditionally circumcised and sexually repressed Muslim men has obvious utility for mass social control and manipulation.

In Judaism, MGM has been endorsed as a wedge between married couples, where the socializing influences of "civilization" can be brought to bear on people's most private and sacred lives:

"[...] Moses Maimonides (1135-1204), better known as the "Rambam", was a medieval Jewish rabbi, physician and philosopher. He wrote:

"[...] man should not be hard and rough, but responsive, obedient, acquiescent, and docile. You know already His commandment... "Circumcise therefore the foreskin of your heart, and be no more stiffnecked. Be silent, and hearken, O Israel. If ye be willing and obedient."

"[...] one of the reasons for it is, in my opinion, the wish to bring about a decrease in sexual intercourse and a weakening of the organ in question, so that this activity be diminished and the organ be in as quiet a state as possible."

"[...] The bodily pain caused to that member is the real purpose of circumcision. None of the activities necessary for the preservation of the individual is harmed thereby, nor is procreation rendered impossible, but violent concupiscence and lust that goes beyond what is needed are diminished. The fact that circumcision weakens the faculty of sexual excitement and sometimes perhaps diminishes the pleasure is indubitable. For if at birth this member has been made to bleed and has had its covering taken away from it, it must indubitably be weakened. The Sages, may their memory be blessed, have explicitly stated: It is hard for a woman with whom an uncircumcised man has had sexual intercourse to separate from him. In my opinion this is the strongest of the reasons for circumcision." [122]

In the sex-obsessed and -repressed USA, we find beautiful, often scantily-clad models used to market everything from cars to army careers, to circumcised men. No doubt a central pillar of our own state religion, corporate capitalism.

These tendencies to social fragmentation and alienation, deference to authority figures and compulsive economic production and consumption accrue many benefits to the state, while simultaneously impoverishing and disrupting community and family structures, contributing to a social context in which, for instance, authority figures in white coats, often compulsively reenacting their own trauma,[97] routinely bypass the most primordial, protective parental instincts in order to cut into the genitals of healthy newborn boys, a remarkable feat of mass indoctrination and social regimentation.

The disruption of social cohesion and solidarity, combined with sex-driven religious fervor, MGM-imposed sexual ignorance, denial, trauma reenactment, sexual sadism and medical self-interest, help to make MGM a powerful promoter of its own perpetuation. It is a node in a complex network of self-perpetuating causality which comprises a causality loop in the social plane. In the chemical plane, analogous structures are often called metabolic cycles.

In short, MGM is an important component of one of many spontaneously arising, mutually reinforcing and collectively "self"-selecting social processes which facilitate the disempowerment, dissociation, reorganization and absorption (i.e. digestion) of the human community into the body of the state. George Orwell could not have devised a more cost-effective instrument of social control. Such is the natural genius of self-organizing complex adaptive systems, when left to their own devices.

The emerging science of biocomplexity is a recognition of the universality of self-organizing, life-like processes in the chemical, multicellular, neural-net, social and economic spheres. Understanding the profound implications of spontaneous self-organization — and its role in human relations, gender-specific oppression, the creation of social and economic hierarchies and the origins of consciousness and life itself — is of vital importance if we are to retrieve the reins of power from our own accidental creations, and ensure that society serves human needs, rather than the reverse. [123, 124, 125]

Epilog

Society reaps what it sows in the way it nurtures its children. Stress sculpts the brain to exhibit various antisocial, though adaptive, behaviors. Whether it comes in the form of physical, emotional or sexual trauma or through exposure to warfare, famine or pestilence, stress can set off a ripple of hormonal changes that permanently wire a child's brain to cope with a malevolent world. Through this chain of events, violence and abuse pass from generation to generation as well as from one society to the next. Our stark conclusion is that we see the need to do much more to ensure that child abuse does not happen in the first place, because once these key brain alterations occur, there may be no going back.

Martin Teicher, Scars That Won't Heal: The Neurobiology of Child Abuse.
Scientific American; March 2002[126]

[...] Building upon the insights from these experimental animal studies, I conducted cross-cultural studies on 49 primitive cultures distributed throughout the world and was able to predict with 100% accuracy the peaceful and violent nature of these 49 primitive cultures from two predictor variables: a) the degree of physical affectional bonding in the maternal-infant relationship; and b) whether premarital adolescent sex was permitted or punished. There were 29 peaceful and 20 violent cultures in this study sample. There is no other theory or data base that I am aware of that can provide such a prediction of peaceful or violent behaviors and that can relate such findings to specific sensory processes and brain mechanisms of the individual.

It is the neuronal systems of the brain which mediate pleasure that regulate and control depression, violence and drug/alcohol abuse and addiction. This control and regulation is provided through the mechanisms of reciprocal inhibition. When the neuronal pleasure circuits of the brain are damaged by SAD-DNS (Somatosensory Affectional Deprivation/Denervation Supersensitivity) then they cannot perform their normative role of regulation and inhibition of those neuronal circuits that mediate depression and violent behaviors.

Dr. James Prescott, presentation to NIH panel on Anti-Social, Aggressive and Violence-Related Behaviors and Their Consequences. Center for Science Policy Studies, National Institutes of Health, Bethesda, MD, 9/93 [127]

[...] These findings overwhelmingly support the thesis that deprivation of body pleasure throughout life – but particularly during the formative periods of infancy, childhood, and adolescence – are very closely related to the amount of warfare and interpersonal violence [in a given society].

James W. Prescott, Body Pleasure and the Origins of Violence. The Bulletin of The Atomic Scientists, November 1975, pp. 10-20. [120, 76]

If you really want to change the world, you have to change men. Male socialization is the key to the entire unsustainable system of global ecological destruction, oppression and murder which markets itself as civilization.[128] But you can't change men if you don't recognize their oppression. Being conditioned by our ancient, unconsciously self-organized social system as its instruments and conduits of social/structural power, males are subjected to a different set of carrots and sticks than females, but they are no more in charge of their own socialization than women are. Men's oppression is in some ways more subtle and psychological than women's, and in other ways more brutalizing, but in any case no less pervasive or destructive of the capacity for self-determination or self-fulfillment.

Society's systematic oppression and trivialization of men's rights and emotional lives is crucial to the alienation and diversion of their energy and creativity from family and community into prefabricated establishment-sanctioned masculine roles. Indeed, authoritarian cultures have a vested interest in the routine brutalization and emotional circumcision of males for the purpose of producing the next generation's "collectively autocatalytic" hierarchy of authority figures.* The colonization and recruitment of men's bodies and minds begins with MGM.

If you want to change men, help them come to terms with their own victimization.

Three Experiments for the Reader

The first is a thought experiment. Suppose an adult man was kidnapped off the street, tied down kicking and screaming to a table and forcibly sexually mutilated. Would this be a crime? If so, why is it not a crime when inflicted on an infant boy? At what age do males graduate from testosterone-tainted meat sculptures to sentient human beings?

*Emotions are inherently self-referential. They provide our primary self-perception of our own well being. What is the social/structural purpose of the systematic suppression of men's awareness of their own well being?

The second is a social experiment. Try discussing this issue with others. You may find a great resistance, even among human rights activists of both genders, to the notion that males have rights which are being violated in this country. Whos (or rather, what) interest continues to be served by trivializing the human rights of one half of the population? From the standpoint of biocomplexity, division is the first step towards reorganization and assimilation. The tiresome reenactment of the divide-and-conquer strategy will continue until conscious people transcend it.

The last experiment can only be carried out by a circumcised man. Get yourself hard by whatever means. Run your fingers lightly along the length of your penis. Where does it feel best? Right behind the head? Guess what: that's all that's left of your foreskin, and it's not even the best part. Think about it: if sexual ecstasy is nature's inducement to reproduce, where is the sensible place to put the most erogenous nerves? On the bottom of the feet? Behind the ears? At the back end of the penis? No, it would be at the front end of the penis, the part that would go inside the vagina.

Thankfully, mutilated men *can* greatly improve their sexual lives via "foreskin restoration", a non-surgical skin-stretching process which is widely practiced in the USA. See the links below.

For More Information

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National Organization to Halt the Abuse and Routine Mutilation of Males (NOHARMM)
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National Organization of Circumcision Information Resource Centers (NOCIRC)
<http://www.nocirc.org>
D.O.C. (Doctors Opposing Circumcision)
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National Organization of Restoring Men (NORM)
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National Organization of Restoring Men (South California branch)
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Nurses for the Rights of the Child
<http://nurses.cirp.org/>
Attorneys for the Rights of the Child
<http://www.arclaw.org>
Organizing Resources
<http://www.nocirc.org/resources/>
Videos from Nurses for the Rights of the Child:
"Facing Circumcision—Eight Physicians Tell Their Stories" and
"Nurses of St. Vincent—Saying No to Circumcision"
Cost: \$25 each, order from: Nurses for the Rights of the Child
369 Montezuma #354, Santa Fe New Mexico 87501

Mailing Lists

restore-list@eskimo.com Foreskin restorer's support list
(to subscribe: email with subject line "subscribe" to restore-list-request@eskimo.com)
intact-1@cirp.org Intactivist's list
(to subscribe: email with body "subscribe intact-1 your name" to majordomo@cirp.org)

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for an idea of what I'm talking about. The disconnect between public
perception and independently verifiable reality borders on mind control.
For example, search m.a.p for the words "cia" and "torture" or "cia" and
"drugs", or "stockwell", or "mcgehee", or "ruppert", or "tailwind",
or "northwood", or "brzezinski", or "9/11". Also see:
http://www.fromthewilderness.com/free/ww3/02_11_02_lucy.html,
<http://www.math.missouri.edu/~rich/911/>
and <http://www.ratical.org/>. Welcome to the Matrix.

(Thanks to [Dave Ratcliffe](#) for htmlizing and giving this paper its first home on www.ratical.org,
the most visionary site on the web)

*In memory of John A. Erickson, a tireless child- and future-rights activist.
See his website at www.sexuallymutilatedchild.org*

This document is online at: <http://www.math.missouri.edu/~rich/MGM/primer.html>

Note: Due to the dynamic nature of the internet, some of the above referenced links may
become invalid over time. I will attempt to keep them updated, but you should be able to find
them archived (along with the rest of the web) at <http://www.archive.org/>