AWAKENINGS

A Preliminary Poll of Circumcised Men

Revealing the Long-Term Harm and Healing the Wounds of Infant Circumcision

The risks of newborn circumcision are an underreported and ignored factor in this argument. Most often a poor surgical result is not recognized until years after the event. The adverse long-term consequences of infant circumcision on the sexual health of American men must be recognized by physicians, parents and legislators.
James Snyder, M.D., Past President, Virginia Urologic Society

Society cannot hear what men do not say.
Men cannot say what we don't feel;
and we can't get in touch with our feelings
until we raise our awareness of an issue.
Warren Farrell, Ph.D., author of *The Myth of Male Power* and *Why Men Are The Way They Are*

Until now, most men have been asleep on this issue.
Betty Katz Sperlich, R.N., Maternity Nurse, St. Vincent Hospital, Santa Fe, NM

NOHARMM
National Organization to Halt the Abuse and Routine Mutilation of Males

AWAKENINGS *A Preliminary Poll of Circumcised Men*

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PREFACE

For reasons that are deeply unconscious - or mythic - the male elders of the tribe ordain that boys must bear a scar throughout life to remind them that they are required to sacrifice their bodies to the will of the tribe. The implicit message given to the male when he is circumcised, whether the ritual is performed when he is seven days old or at puberty, is that your body henceforth belongs to the tribe and not merely to yourself. We do not want to look at the cruelty that is systematically inflicted on men [sic, babies] or the wound that is deemed a necessary price of manhood. That men and women who supposedly love their sons refuse to examine and stop this barbaric practice strongly suggests that something powerfully strange is going on here that is obscured by a conspiracy of silence.[1]

Sam Keen, author of *Fire in the Belly*

Many Americans will not want to hear what this report has to say. Least among them will likely be a sub-group of circumcised males, parents who have submitted their sons to this surgery, and the circumcisers themselves. This is because the common understanding about infant male circumcision is either, "I'm circumcised and I'm fine," or "My baby didn't seem to mind being circumcised," or "I do circumcisions all the time and no one has come back to complain."

Others, primarily another sub-group of circumcised males, as well as those who care deeply about how we adults treat children, will rejoice that a long-held taboo is being shattered. Regardless of reactions however, the questions, responses and statistical findings contained in ***Awakenings*** have, to our knowledge, never before been explored in our culture. This preliminary poll of circumcised men, in spite of it small sample size, represents the actual experience of men who have awakened not only to an awareness of the inherent benefits of naturally intact male genitalia, but to the impact that circumcision ultimately has, at many different levels, on those subjected to this surgery in infancy. The have also awakened to an awareness of a right they never realized was theirs from birth, the right to body ownership, including whole, intact genitalia.

Marilyn Milos, RN, founder of the National Organization of Circumcision Information Resource Centers (NOCIRC) was one of the first persons to publicly identify that routine infant circumcision affected not only infants, but also had adverse long-term consequences for the adults these infants eventually became. After witnessing her first infant circumcision at Marin General Hospital outside of San Francisco and hearing a physician comment during the procedure, "There's no medical reason to do this," Ms. Milos began a campaign to educate parents about this unnecessary surgery. Her efforts caused her to be terminated from her job, after which she founded NOCIRC in 1985 along with Sheila Curran, RN. In 1988, the California Nurses' Association presented Ms. Milos with the Maureen Ricke Award "for her dedication and unwavering commitment to righting a wrong" and "for her work on behalf of children to raise public awareness about America's most unnecessary surgery." But it was not long thereafter that she commented, "***After I saw my first circumcision I began my work to stop the screams of babies, and then men began to scream.***" From the beginning, and to this day, the NOCIRC telephone line receives countless calls from men around the country who were circumcised as infants and who have complaints of harm from this surgery they did not choose.

As with almost every survivor of childhood genital mutilation, regardless of gender or severity, most males are rarely cognizant of such harm until something or someone triggers an awakening. Regardless of more dramatic examples of injury caused by surgical mishap during the infant circumcision surgery, there are four universal aspects of harm inflicted upon all males circumcised as infants.

- They are deprived of the prepuce (foreskin), a functional, beneficial and erogenous sexual organ inherent to the normal integrity of fully functional male genitalia;
- They bear the presence of a scar at the site of the circumcision wounding, evidence of having been subjected to an anachronistic and mutilative social custom;
- As a child lacking any constitutional protections, they were subjected to an amputative surgery they did not elect (in truth, struggled against), and have had their freedom of choice and their fundamental human right of body ownership violated;
- Because the surgery lacks any absolute medical indication, and without proven or demonstrable health benefit, the child was the unwilling subject of what many would consider medical fraud or malpractice.

Beyond this basic harm, this survey reports on other serious physical and psychological effects from neonatal circumcision, harm many men carry throughout their lives. The purpose of this survey and report is not to present only cases of surgical mishap as an argument for "improved" technique. Rather, this report documents the fact that increasing numbers of men, even those with none of the usual circumcision complications, are expressing dissatisfaction with what was done to them as children. Indeed, some respondents have even questioned how there can even be a complication-free circumcision of an unconsenting child's genitals, since the very destruction of the foreskin is in itself a mutilation. Because this surgery involves a sexual organ, social taboos prevent the long-term harm of circumcision from being widely acknowledged by the majority of those who carry its scars. To better understand how unacknowledged the harm of circumcision can be, especially from a sexual perspective, it is helpful to note the words of Hanny Lightfoot-Klein, author of the 1989 book *Prisoners of Ritual: An Odyssey into Female Genital Circumcision in Africa*. At the First International Conference on Orgasm in New Delhi, the author presented her paper entitled, *Orgasm in Ritually Circumcised African Women* in which she stated:

> *The findings of this study suggest that when women's primary erogenous zones are destroyed or damaged, remaining ones may be enhanced or new ones created. While for many women, orgasm may be more difficult to achieve under these circumstances, it certainly appears to remain within the realm of possibility. And not too surprisingly, mental and emotional factors appear to play a crucial role in making it possible.*[2]

There is every reason to believe that this same phenomenon may be at work in males whose primary erogenous zone is destroyed or damaged, which recent research has identified as being the foreskin. This may explain why sexual harm to circumcised males is generally unacknowledged by those whom it affects.

Our experience with this survey confronted us with new and profoundly disturbing questions concerning the negative impact of neonatal circumcision on the male throughout his lifetime. Is infant circumcision strictly a medical issue, or is it more an issue of ethics and human rights? If it does carry human rights implications, are improved techniques for a safer, painless and bloodless procedure simply rationalizations for making the violation seem more humane and acceptable? Does the experience itself, and the later awakening to harm, have connections to issues of self-esteem, sexual satisfaction levels, spiritual separation, development of misogynist attitudes, male rage (both conscious and unconscious), or later violent attitudes and behaviors? Absolutely none of this has heretofore been studied in relation to neonatal circumcision. A conspiracy of silence exists relative to the long-term impact of this surgery.

One circumcised respondent put it most eloquently when he wrote:

> *Awareness that this was done to you is something that a lot of circumcised guys more or less stumble upon. If he reads enough though, he eventually learns that his circumcision was not only unnecessary, but deprived him of fully functional genitalia. This widespread ignorance before such an awareness occurs is a kind of mental circumcision. Later, when he gets the message that people are uncomfortable talking about it, and he is treated like it's not important or that he shouldn't question it, a man becomes aware of being cut off from society, and then a deeper circumcision of the soul sets in.*
>
> **W.H., Age 44, Sunnyvale, CA**

It is clear from comments such as these that infant circumcision is not a rational, scientific issue, but a social problem. To a certain extent, science can assist in identifying harm from this surgery, but science has definite limitations when it comes to studying this issue under current cultural conditions. As such, we approached the problem of harm from a human and common sense perspective. It is also our belief that respondents would not have easily shared such intimate information in a face-to-face meeting. Rather, the anonymity of the survey allowed a measure of freedom and safety in self-expression. The observations, conclusions and trends contained in ***Awakenings*** are those, we believe, that the average person would arrive at after reading these most personal feelings of men toward their circumcision experience.

It is our profound hope that this report will be an educational tool for breaking down the doors of "the circumcision closet" and that it will be used widely and frequently by men's organizations, children's advocacy programs, and childbirth educators, as well as the media and medical professionals concerned with ethics and human rights.

ACKNOWLEDGMENT

This survey was made possible by the dedicated efforts and moral encouragement of those people who believed that the men's voices contained in ***Awakenings*** are important voices needing to be heard.

Despite his heavy work schedule and school commitments, Harm Documentation Analyst Jeff Hurley deserves special recognition for his long hours of statistical compilation and analysis, with data entry assistance from Lee Marcus. I am also endebted to *Prisoners of Ritual* author Hanny Lightfoot-Klein, whose field work in exploring the psychology of female survivors of genital mutilation was invaluable in helping to identify similar mechanisms at work among males who were subjected to genital mutilation as children. I would also like to thank Ron Goldman of the Circumcision Resource Center for his previous work on the psychology of circumcision, some of which appears in this report. Professional guidance and sage advice was also a unique contribution offered by Jim Bigelow, PhD of UNCIRC, and from whose book *The Joy of Uncircumcising!* many of the *Awakenings* graphics and charts were borrowed. Research of medical journal articles on the subject of the male prepuce and circumcision was made extremely easy by the comprehensive and well-organized collection of Frederick Hodges. Along with Jim and Frederick, Dr. George Denniston was invaluable in his editorial assistance with this report. My appreciation also extends to Betty Katz Sperlich, RN who, whether she knew it or not, provided timely spiritual support for this endeavor.

Early mentors on this subject from a men's perspective, Wayne Griffiths (co-founder of RECAP) and Billy Boyd (author of *Circumcision: What it Does*), deserve recognition for their role in raising my consciousness, as well as that of untold others, that genital mutilation of both sexes is neither trivial nor fringe, but a core issue that all circumcising cultures must address if we are to create a more loving, nurturing and peaceful environment in which to welcome and raise our children.

No work on this subject would be complete without acknowledging Marilyn Fayre Milos, RN, Executive Director of NOCIRC, and a person who has devoted her life to fostering greater understanding of natural male genital anatomy and the destructive effects of its unwarranted violation. Our daily phone conversations provided an added moral boost in making this survey and report a reality.

And most of all, I must thank Bernd, who throughout the many months I spent with telephone to the ear and eyes transfixed on the computer screen, always offered me love, understanding and patient support for this most important effort.

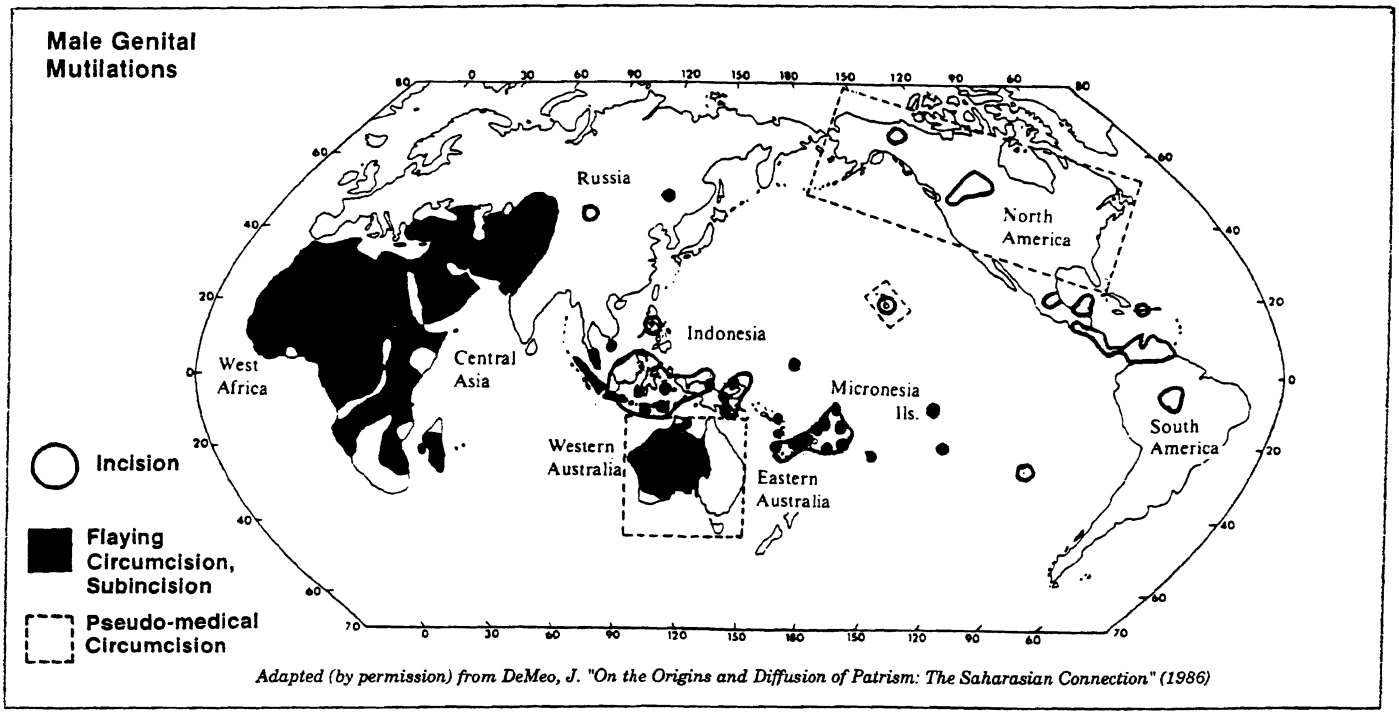
Tim Hammond
Coordinator of the *Awakenings* Survey
and Founder of NOHARMM

Genital Mutilation: The Rude Awakening

CULTURAL ANTHROPOLOGISTS frequently note that genital mutilation of unconsenting children runs the gamut from either sacred religious ceremonies to profane social rituals or to unquestioned medical procedures. Various cultures around the world have permitted or continue to permit circumcision, incision, subincision, splaying and castration of the male child, as well as circumcision, clitoridectomy, labiectomy and infibulation of the female child. According to James DeMeo, PhD, "The urge to mutilate the genitals of children stems from deeply ingrained cultural anxieties regarding sexual pleasure and happiness. Genital mutilations are often classified as 'cultural practices' but there is growing evidence that this benign-sounding label merely serves to dismiss or evade the painful effects the mutilations have on the psyche and soma of the child. People who do not engage in such practices view them almost always with horror and disbelief, while people who do them often have difficulty imagining life without the practice. Genital mutilations are among the most strongly defended, or defended against, of all cultural practices." [1]

DeMeo has further noted that while male genital mutilations frequently exist in isolation, female genital mutilations exist almost exclusively in cultures that also mutilate the genitals of male children. When being circumcised, male infants and children face the same feelings and consequences as females circumcised in infancy or childhood. Terror and fear are experiences common to all survivors of childhood genital mutilation.

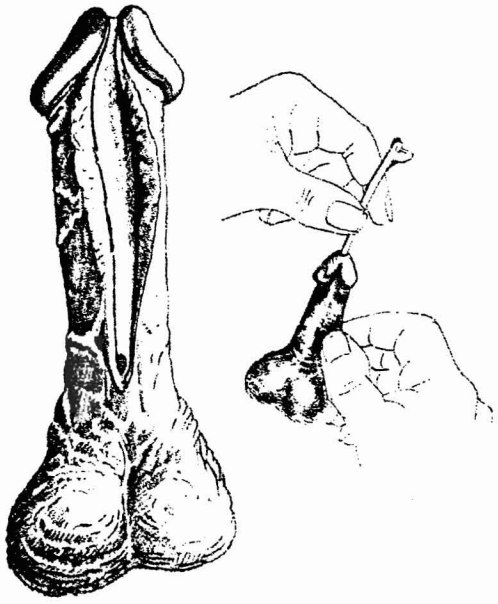
Over 80% of the world's males are genitally intact[2], leaving approximately 20% (500 million) of the world's males as survivors of childhood genital mutilation of one form or another. The full range of male genital mutilations, according to DeMeo, is as wide as that of female genital mutilations:



Adapted (by permission) from DeMeo, J. "On the Origins and Diffusion of Patrism: The Saharasian Connection" (1986)

Incision: The least harsh of male genital mutilations, incision consists of either a simple cut on the foreskin to draw blood, or a cutting through of the foreskin in a single place so as to partly expose the glans. Incision existed primarily among peoples of the East African coast, in Island Asia and Oceania, and among a few peoples of the New World.

Circumcision: This is a more severe mutilation where the foreskin of the penis is cut or torn away. Circumcision was and is practiced across much of the Old World desert belt, and in a number of Sub-Saharan, Central Asian and Pacific Ocean groups. Circumcision was only given the status of a "hygienic operation" in the English-speaking nations during recent decades. The most recent and best medical evidence has in fact shown that routine circumcision has neither short- nor long-term hygienic benefits; indeed, it has mild to severe negative psychological and physiological effects.



Subincised penis; technique
(courtesy FQ Issue 5, p.11, Spring 1986)

Subincision: Another harsh ritual was, and in some remote areas still is, practiced among Australian aborigines and on a few Pacific islands. Subincision consists of cutting open the urethra on the underside of the penis down to nearly as far as the scrotum. A fine, smooth bone with a blunt end is inserted into the urethra to separate the roof of the urethra from its underside, thus preventing further damage when the incision is made. The subincision ritual is usually preceded by a circumcision ritual.

Flaying: The most severe genital mutilation was practiced along the Red Sea coast in Arabia and Yemen, at least into the 1800s. In an endurance ritual performed on a potential marriage candidate, skin was flayed from the entire penile shaft as well as from a region of the pubis. This practice by some Bedouin Arabs, called *Salkh* (or *Selkh*), has been known to the Western world for over a century.[3]

Among other forms of male genital mutilation noted by Wallerstein and others were the following:

Infibulation: The sewing up of the foreskin (infibulation) had no medical precedent. When it was introduced in the United States, it was applied to both sexes to stop masturbation. No primitive society used infibulation for that purpose.[4] Psychiatrist Dr. René Spitz (1952) commenting on the use of surgery to prevent or cure masturbation, noted:

Infibulation of the (male) prepuce and (female) labia majora were equally recommended by the late Dr. Bernard Sachs in the different editions of his handbook up to 1905.[5]

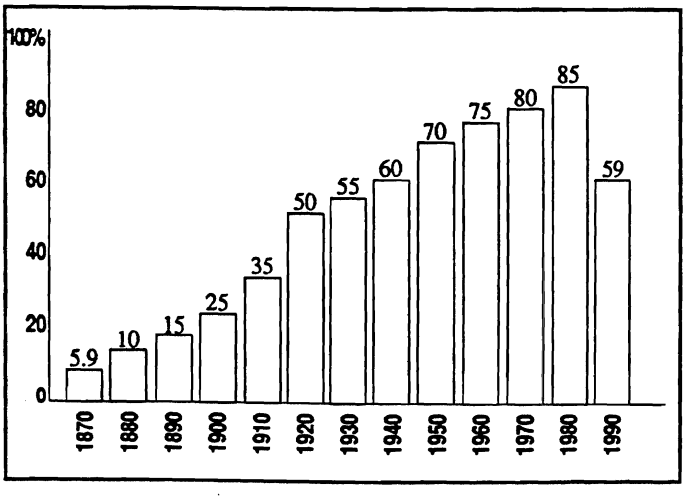
Castration: While not known to be practiced any longer, castration was popular for a variety of reasons, most notably in the very late 1800s in the United States and England, as a cure for masturbation.[6]

As stated earlier, only in recent times has the act of circumcision taken on a medical mystique. The adverse consequences of this particular form of male genital mutilation however, are not mitigated by its recently attained prophylactic medical intent, or by the fact that it occurs in a few otherwise civilized cultures.

Male genital mutilations are found present in a cultural complex where children, females, and weaker social ethnic groups are subordinated to elder, dominant males in rigid social hierarchies of one form or another. Many of the(se) factors...once were or are applicable to the United States, where male circumcision predominates.[7]

The small percentage of adult males around the world who voluntarily consent to circumcision surgery for valid therapeutic reasons do so for treatment of a clearly identifiable abnormality, disease or injury to the prepuce (foreskin). In the United States however, the normal, healthy and functional prepuce is forcibly amputated, ostensibly as medical prophylaxis, from unconsenting males within hours or days of their birth. Upon closer investigation, circumcision is discovered to be a covert social ritual, with specious scientific or anachronistic religious rationale.

The incidence of this practice in the United States surpassed 60% by 1940 and reached its zenith of 85% in 1980.[8] Based on the latest available information (1992) from the National Center for Health Statistics, circumcision is being performed in the United States on 60% of newborn males (national average), over 3,300 every day, more than 1.25 million infants annually. The rate varies widely from region to region; from 37% in the West to over 95% in the Midwest. Omitting the percentage of those Americans who are either Jewish or Moslem and presumably circumcise their sons for religious reasons, almost 98% of the total circumcisions in the U.S. were performed for non-religious reasons.



U.S. circumcision rate. Adapted from Wallerstein

One of the most remarkable medical journal articles to protest the widespread nature of this secular ritual, *The Rape of the Phallus,* appeared in 1965 in the Journal of the American Medical Association (JAMA). Written by William Keith C. Morgan, MD, the author stated:

> *(A)ny recently delivered mother who is eccentric enough to wish her child to retain his prepuce, would be well advised to maintain permanent guard over it until such time as they both leave the hospital. The nursery staff of most American hospitals have an insatiable urge to remove the foreskin and this instinct often causes great concern among European women who do not subscribe to this practice and who through force of circumstances have their baby in the United States.* [9]

The practice was again questioned four years later in the prestigious New England Journal of Medicine by Robert P. Bolande, MD, when he wrote in *Ritualistic Surgery: Circumcision and Tonsillectomy:*

> *A distinction can be made between socially ordained procedures in which the subject is a more or less willing participant and those in which he is clearly reluctant, or has no say in the matter. Infants and children cannot be considered willing participants in nontherapeutic procedures performed on their bodies, no matter what mystical or social goals may be involved. Many ritualistic procedures are performed on the very young. In our own civilization, two procedures are widely performed on a nonscientific basis. One is tonsillectomy, the other is circumcision.* [10]

Until very recently, it was not uncommon for physicians, at their own discretion, to circumcise an anesthetized boy undergoing routine tonsillectomy, now itself a discredited surgery. This medical ritual, wherein many previously intact boys awakened in their hospital bed to discover their genitals also were in pain, was known as a "T&C".

In 1978, long before the current media trend of publicizing African female genital mutilation, Karen Paige, PhD, cast a more critical eye on the United States, noting:

> *Westerners look askance at the ritual mutilations of the body performed in exotic tribes, but they justify their own ritual mutilations as medically appropriate. Americans are horrified at the Arunta practice of subincision (slitting the ventral side of the penis) or the Sudanese tradition of infibulation (excising much of the female genitals and sewing up the vagina), but they stand with few other modern nations clinging to a ritual that is no less "barbaric" and no more "hygienic" - routine infant circumcision.* [11]

Such criticism has not abated. Hanny Lightfoot-Klein, author of the 1989 account of female genital circumcision in Africa *Prisoners of Ritual,* notes:

> *The reasons given for female circumcision in Africa and for routine male circumcision in the United States are essentially the same. Both falsely tout the positive health benefits of the procedures. Both promise cleanliness*

and the absence of "bad" genital odors, as well as greater attractiveness and acceptability of the sex organs. The affected individuals in both cultures have come to view these procedures as something that was done for them and not to them. While the African rationalizes that women's pain threshold is higher than that of men, we Westerners also rationalize that a newborn infant does not feel the pain of unanesthetized surgery.[12]

Even Alice Walker, author of *Warrior Marks* and *Possessing the Secret of Joy*, in a November 9, 1993 interview on National Public Radio's *Talk of the Nation*, responded to a caller's observation that infant male circumcision also constitutes genital mutilation. Ms. Walker stated:

I agree with you, I think it IS a mutilation. We adults lose sight of the child's experience of the event.

LEGAL AND CONSTITUTIONAL SCHOLARS have added their voices to those in the anthropological and literary communities reflecting on this cultural blindness. As early as 1984, William Brigman wrote in the University of Louisville *Journal of Family Law*:

The maltreatment of children is as old as recorded history. Infanticide, ritual sacrifice, exposure, mutilation, abandonment, brutal discipline and the near slavery of child labor have existed in all cultures at different periods, and have been justified by disparate beliefs - that they were necessary to placate a god, to expel spirits, to maintain the stability of a race or simply to inculcate learning. Practices viewed today as victimizing children were accepted for long periods in civilized communities as "in the best interest" of society. The Spartans with their exposure of infants, the English and New England owners of factories partly "manned" by children of eight or ten, the Southern slave owners, were all convinced that their treatment was beneficial to the community and perhaps to the children themselves.

The same type of cultural astigmatism which prevented past generations from perceiving their actions as child abuse prevents contemporary Americans from perceiving or acknowledging the most widespread form of child abuse in society today: child mutilation through routine neonatal circumcision of males. From the perspective of the neutral outsider, neonatal circumcision is as barbarous as female circumcision, the removal of earlobes, the binding of infant female feet or other disfiguring practices around the world.[13]

Further legal and constitutional light was shed on this issue in 1989 when attorneys Charles A. Bonner and Michael J. Kinane wrote in the journal *The Truth Seeker*:

***Neonatal circumcision shares sufficient characteristics with sterilization of mental incompetents** to justify utilizing the same standards to approve third party consent. Both practices remove a natural, healthy part of the anatomy without therapeutic necessity, in an irreversible procedure. Both restrict the full and complete enjoyment of the reproductive organs. Both have a tradition of government supported abuse. Both force the acceptance of an involuntary risk of surgical complications and death. Both restrict the patient's individual constitutional rights to Privacy, Liberty, Safety, Happiness, Due Process and Equal Protection. The primary difference between third party consent in the cases of neonatal circumcision and involuntary sterilizations of incompetents is that infants will one day be competent to make their own choices.*[14]

In addressing the issue of infant circumcision as it relates to religious freedom, attorney Richard W. Morris clarified a usually difficult question:

> ***The issue is not the religious freedom of the parents, but the religious freedom of the child.*** *As far as the religious freedom of the parents is concerned, they could do a symbolic ritual of circumcision rather than actual circumcision (as they do for other ceremonies). This would leave the child free to choose which religion, if any, the child would like to choose when the child became of age to do so.*[15]

Although long-term harm from newborn circumcision has never been studied and wasn't specifically addressed by the following statement, the Committee on Bioethics of the American Academy of Pediatrics has taken a position on harm resulting from religious practices:

> *The constitutional guarantees of freedom of religion do not sanction harming another person in the practice of one's religion, and they do not allow religion to be a legal defense when one harms another.*[16]

As will be revealed later in this report, even *textbook perfect* circumcisions on unconsenting children constitute harm.

MEDICAL PROFESSIONALS who are honest with themselves and the public, will also admit that the potential medical worth of neonatal circumcision is so highly speculative that there is a strong sentiment against the practice. Physicians in the U.S. who approach the issue from a rational and ethical perspective take the position that neonatal circumcision is elective surgery with no absolute medical indication.[17] [18] [19] [20] Further, despite medical controversy over newborn circumcision dating back to the 1940s, the practice continues not only for the usually assumed reasons, (hygiene, prevention of infection, religious reasons, etc.), but also to satisfy the penile aesthetic preferences of the parents.[21] It is performed at the request of parents primarily for cosmetic reasons.[22] and is a social custom acknowledged by numerous recent studies.[23] [24] [25] [26] [27] [28] [29] Circumcision has become such a social phenomenon in Canada, Australia, and especially the United States, that information about its medical risks has little impact on parents of newborns.[30] In fact, providing this data may have a deleterious impact as some parents become angry with physicians who try to give them information, that challenges the parents' unreasonable motivations for circumcision.[31] The father's circumcision status[32] and other social concerns, such as perceived future ridicule by siblings and schoolmates, are more influential than knowledge of medical risks in parents' decision to submit their babies to circumcision. [33] [34]

These social factors are acknowledged in recent policies of the American Academy of Pediatrics (AAP). Since 1971 the AAP has discouraged the practice by pronouncing:

> ***There are no valid medical indications for circumcision in the neonatal period.***[35]

The policy of the AAP and other relevant medical associations is now to "let the parents decide," strongly indicating that neonatal circumcision is viewed more as a matter of "parental preference" than of true medical necessity. Yet the fact that hospitals routinely offer such neonatal surgery contributes to parental beliefs that it must be medically beneficial. ***According to some, the circumcision consent form itself becomes a subtle solicitation.*** It is obvious from these subtle pressures within the medical community that parents are not the sole agents perpetuating this social custom. This was confirmed in 1982 by Martin T. Stein, MD:

> ***The cultural, social, and historical imperatives surrounding routine neonatal circumcision seem to be in control for both physicians and parents.***[36]

From a medical perspective, the 1989 policy of the AAP, which is now long overdue for review, broadened its previous policy in order to allow for new findings regarding urinary tract infection (UTI). Contrary to erroneous media reports, the AAP did not reverse its position. ***"We have not reversed our position,"***[37] stated AAP president Donald W. Schiff, MD in one of the few news items to report the position correctly. Based on the Report of the Task Force on Circumcision, the AAP stated in a March 6, 1989 news release that **the procedure has *potential* benefits and advantages, as well as *inherent* disadvantages and risks**[38] [emphasis added]. Concerning surgical risks, the actual published report[39] suggested that the rate of such risk was approximately 0.2% to 0.6%. The report referred to a journal article by Kaplan,[40] which more truthfully admits that "***the exact incidence of postoperative complications is unknown.***" In an October, 1993 *British Journal of Surgery* article by Williams and Kapila concerning complications of infant circumcision[41], the extremes of such complications were reported to range from 0.6% to 55%, reflecting differing and varying diagnostic criteria. Williams indicates that a realistic figure is 2-10%. That the exact incidence of infant circumcision complications is not known was further acknowledged by James Snyder, MD, Past President of the Virginia Urologic Society:

> *The risks of newborn circumcision are an underreported and ignored factor in this argument. Most often a poor surgical result is not recognized until years after the event. The adverse long-term consequences of infant circumcision on the sexual health of American men must be recognized by physicians, parents and legislators.*[42]

For a sense of how underreported and ignored medical complications resulting from neonatal circumcision are in the United States, a table was prepared to reflect the period from 1940 to 1990, wherein conservative birth and circumcision figures were multiplied by conservative complication rates quoted by the AAP, as well as the more realistic figures noted by Williams and Kapila. **The table, *Estimated Incidence of Neonatal Circumcision Complications (Physical Only) Affecting Males Born in the U.S. Between 1940 and 1990*, located in the Appendix of this report, demonstrates that there are potentially at least 131,726 males [AAP rate], and more reasonably between 1.3 million and 6.6 million males [Williams rate], born during that period who likely exhibit some form of physical penile complication from the surgery. The table of course does not take into account sexual or psychological complications from infant circumcision that manifest later in life.**

The 1989 AAP news release also indicated there were *inherent* disadvantages of circumcision, but except for immediate pain and behavioral changes, these disadvantages were never detailed. This is not surprising, since no study of long-term negative consequences to men of infant circumcision has ever been undertaken.

The vast majority of the risks and disadvantages of routine neonatal circumcision, which will be discussed at greater length later in this report, are not just of a transitory nature, but are consequences that manifest themselves either physically, psychologically, or both, throughout the male's life. Physicians who favor the procedure often state that the procedure is rapid and safe when properly performed by an experienced operator. It is difficult to estimate how many penises have been damaged by interns and other operators who frequently perform this surgery without adequate experience. Obvious damage aside, even those with *textbook-perfect* circumcisions are expressing dissatisfaction that their right of choice over their body was violated and that they were deprived of a healthy and erogenous organ of their genitalia. Many circumcision advocates allege that the benefits of this procedure are lifelong; allegations which are, at best, the center of intense medical controversy. It will be easily proven in this report however, that the disadvantages of infant circumcision, at least for a segment of the circumcised male population that has awakened to the harm, are equally lifelong.

Recently, at a talk given by NOHARMM at a human sexuality institute, a woman remarked that she never met a man with concerns about his circumcision. As we gain insight into the phenomenon of female genital mutilation however, we learn that the most effective form of tyranny over the bodies of the masses is to inflict a harm to it early enough that the affected individuals see it as somehow normal, then reinforce the act with cultural indoctrination that the harm was somehow a benefit bestowed upon them. In cultures where female circumcision is the norm and Western ideas have not yet penetrated, it is almost unheard of that circumcised women would express any awareness of harm, deprivation of sexuality, or even dissatisfaction with the procedure. Similarly, the majority of circumcised men in America are unaware of the long-term physical, sexual, emotional and psychological effects of infant circumcision until their awareness has been raised about the benefits of intact genitalia, how to identify circumcision harm, and introduction to the concept of a human right to body ownership. Lacking even a rudimentary awareness of what circumcision is, it is not uncommon that a surprising number of American men do not even know whether or not they are circumcised[43] [44], some even going as far as to say "I was born this way," (i.e., circumcised). Ask a man to identify his circumcision scar and it will first have to register with him that the (sometimes dark brown) band around his penis is indeed a *scar*. It's also not uncommon for many circumcised men to be unaware that a restricted urinary opening, skin tags, skin bridges, painful erections, shaft bleeding during sexual activity and progressive glans insensitivity are often the result of their circumcision in infancy.

At this point it would make sense to acknowledge that there are undoubtedly some in our society who have a personal, cultural or economic interest in perpetuating genital mutilation of male children. These are the voices who may wish to ignore or refute this report by dismissing our findings as non-representative of the circumcised population as a whole, or that our methods are unscientific. We welcome criticism and remind everyone that random studies on this issue would be difficult under current cultural conditions where ignorance is widespread, both in the general public and even in the medical community, about the benefits of intact genitalia as well as the long-term harm of infant circumcision. We also remind such critics that this report is a

grassroots pioneering effort by men to document the harm that the medical establishment has either failed or refused to study based on their assumption that such harm is non-existent. Further, we encourage these critics to admit that the lived experience of a man who acknowledges harm from childhood genital mutilation is indeed harm. If infant circumcision is unnecessary, or even questionable, than even one case of harm is too many.

The scientific method is a unique system we have developed to prove things. Science, which both regulates and comforts us, has become one of the special religions of our culture. In the January/February 1994 issue of *Massage* magazine, guest editor Steve Eabry writes:

> ***While "modern" medicine parades under the religion of science, for the most part it is not scientific.*** *Dr. Richard Smith, editor of the British Medical Journal, recently published an article in the Journal of Medical Ethics*[45] *challenging the science of medicine. Dr. Smith says, "I want to argue here that the scientific base of medicine is weak and that it would be better for everyone if that fact were more widely recognized." He reviewed the medical literature, concluding that the scientific evidence in it is poor. He cites a Canadian study which evaluated 4,000 recent medical papers. The study applied 28 basic criteria that should be met in scientific studies to these papers. The authors of that study concluded that only one percent of the papers met all the criteria. They found that only one in 10 papers published on internal medicine were scientifically reliable, one in 20 for general medicine and only one in 25 in the specialty journals were scientifically reliable.* ***Dr. Smith cites other studies which find that only "about 15% of medical interventions are supported by solid scientific evidence...*** *(R)ecommendations were grossly oversimplified; and the rationale contained logical errors."* ***Dr. Smith concludes that "doctors want to believe that they know more than they do, both because it feels good and because knowledge is power. And the public likes the idea that doctors will cure them or even keep them from death."***

Unquestionably, there is more to medicine than just science. There are political, economic and social factors involved. The small but vocal minority of American medical professionals who support infant circumcision however, rarely view this issue in a holistic sense. This was pointed out by Dr. Robert Dozor in his 1990 article that appeared in American Family Physician entitled, *Routine Neonatal Circumcision: Boundary of Ritual and Science:*

> *Neonatal circumcision is not congruent with our efforts to facilitate a totally nurturing environment centered on maternal-child bonding. It should not be prescribed on the basis of an isolated look at data on urinary tract infections, penile cancer and sexually transmitted disease. Wiswell admits that "We would have to circumcise the many to protect the few.*[46]" ***Neonatal bonding affects every male infant, while penile pathology affects few.***[47]

Physicians who favor routine newborn circumcision often rely solely on "science" to bolster their arguments, completely ignoring logic, common sense and world standards of medical ethics. Such a reliance solely on science could easily justify female circumcision. Indeed, female circumcision was not only proposed in American medical journals, but actually practiced in the United States from the turn of the century to as late as 1959, as evidenced by these quotes:

1915: *The same category of diseases...caused by a pathological foreskin in the male, may be duplicated in the female, from practically the same cause, and in addition, other diseases peculiar to females.*[48]

1958: *If the male needs circumcision for cleanliness and hygiene, why not the female? The procedure is easy. The same reasons that apply for the circumcision of males are generally valid when considered for the female. I have operated on perhaps 40 patients who needed this attention.*[49]

1959: *Redundancy or phimosis of the female prepuce can prevent proper enjoyment of sexual relations; yet some modern physicians overlook indications for circumcision. Properly carried out, circumcision should bring improvement to 85-90% of cases - with resulting cure of psychosomatic illness and prevention of divorces.*[50]

This last journal article, entitled *Female Circumcision, Indications and a New Technique*, was a rather thorough work that included two photographs of the seven inch female circumcision device, as well as six photographs of the surgery from start to clean-cut, aesthetically pleasing finish.

Obviously, there exists a cadre of physicians who will always promote questionable surgery. In the case of infant male circumcision, such surgery is promoted for an alleged gain in preventing extremely rare cases of easily treatable infections or diseases which do not afflict the vast majority of intact males. In so doing, they ignore the bigger picture, leaving unexplored the lifelong impact on men of childhood genital mutilation. They base their actions on the rather unscientific and unethical concept that the poor hygiene practices and irresponsible sexual behaviors of a few somehow justifies amputating healthy, functional sexual tissue from the majority of newborn males. The physician's decision however, is likely based more on repressed emotion than reason. This is equally true for circumcisers of males and females. Most male and female circumcisers were themselves the unwilling recipient of the procedure at an early age. Those who weren't subjected to it, but who nevertheless perform or support the practice, have assimilated the cultural indoctrination of the dominant circumcised majority. As with the *barbaric* African physician or midwife who circumcises, the *civilized* American circumciser remains the victim of cultural blindness. Rather than exhibit medical leadership by removing these blinders, they reassure the public in their commonly held erroneous beliefs about the perils of intact genitalia and the benefits of genital alteration. In so doing, these health care providers foster their own economic interests and dubious prestige at the expense of the child.

The medical profession continues to dismiss any suggestions that infant circumcision carries any long-term harm to males, upon the basis that circumcised men have never complained to them or that there is no scientific evidence that such harm exists. One wonders how such scientific evidence can exist when the medical profession has never bothered to research it or to ask the appropriate questions.

This survey and subsequent report attempted to ask these questions for which there have heretofore been no defined answers:

- Why do men not become fully aware of circumcision harm?
- What is the quality and incidence of such harm once it is discovered?

- Which medical and social factors inhibit men from reporting circumcision harm?
- How does the man react who becomes aware he was genitally mutilated as a child?
- What are the reactions of the man who denies or represses knowledge of genital mutilation?
- What psychological factors permit adults to perpetuate the mutilation onto other generations?

Reinforcing this conspiracy of silence about harm is the fact that many men who have been harmed have likely never set foot inside a men's gym for fear someone might see their genital complications. Some have never married, so ashamed are they of their genitals. It is only now that we can begin to have answers to these questions because men are increasingly stepping forward to relate their harm. In this decade, survivors of childhood genital mutilation, whether in sub-Saharan Africa or middle America, are thankfully, but painfully, awakening to tell their stories.

To paraphrase Alice Walker from her film *Warrior Marks*, survivors of genital mutilation do heal. This does not excuse the initial wounding, but acknowledges that while the wound remains - physically, emotionally and spiritually - the survivors of childhood genital mutilation often learn to grow, to love, and even to thrive.

Alice Miller, in her book *Banished Knowledge*, also recognizes this global wounding of children and makes a forceful plea for change:

> *Society must be shaken out of its sleep and made to see that until now it has been sanctioning humanity's greatest crime. The practice of circumcision shows how in many cultures the cruel mutilation of children's sexual organs is taken for granted. The "reasons" vary from culture to culture, but common to all is the fictitious claim that circumcision is performed in the interests of the child, ...a cruelty that will later encourage the adult to indulge in similar, also denied, cruelties ...with the legitimacy of a clear conscience.*[51]

With the voice of a prophet, author Desmond Morris adds:

> *The commonest form of assault they (sexual organs) have suffered is male and female circumcision. Although it is a piece of deliberate wounding of children by adults, it has always been done with the best of intentions.* ***The continuance of such practices in the twentieth century against a background of modern enlightenment is clearly going to puzzle historians of the distant future.***[52]

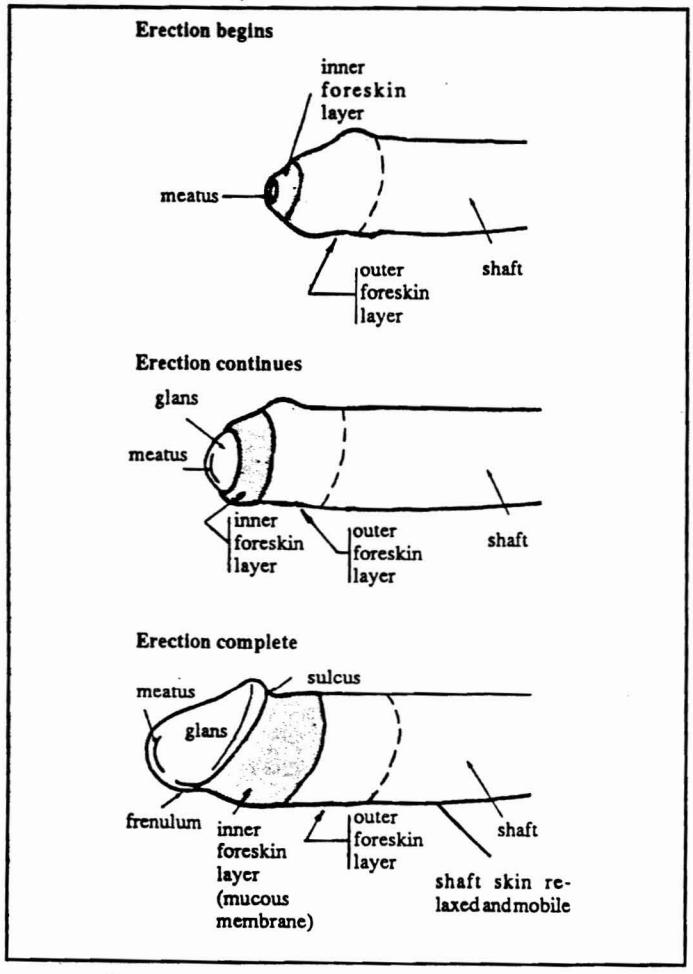
FIRST AWAKENING:
FORESKIN FACTS AND MEDICAL MISINFORMATION

The Prepuce Defined: Its Structure, Development, Function and Value

Most Americans, including medical professionals, are woefully ignorant about what the male prepuce is and its importance.[53] In medical schools and afterwards, American physicians are taught little or nothing about the anatomy, development, function, or care of the prepuce. One recent survey of physicians revealed that 60% of those polled did not know the purpose(s) of the prepuce. According to these findings by Stein:

> *Only 36 percent of all responding physicians were aware that the newborn's prepuce is characteristically not fully retractable.*[54] [see commentary on phimosis further in this report]

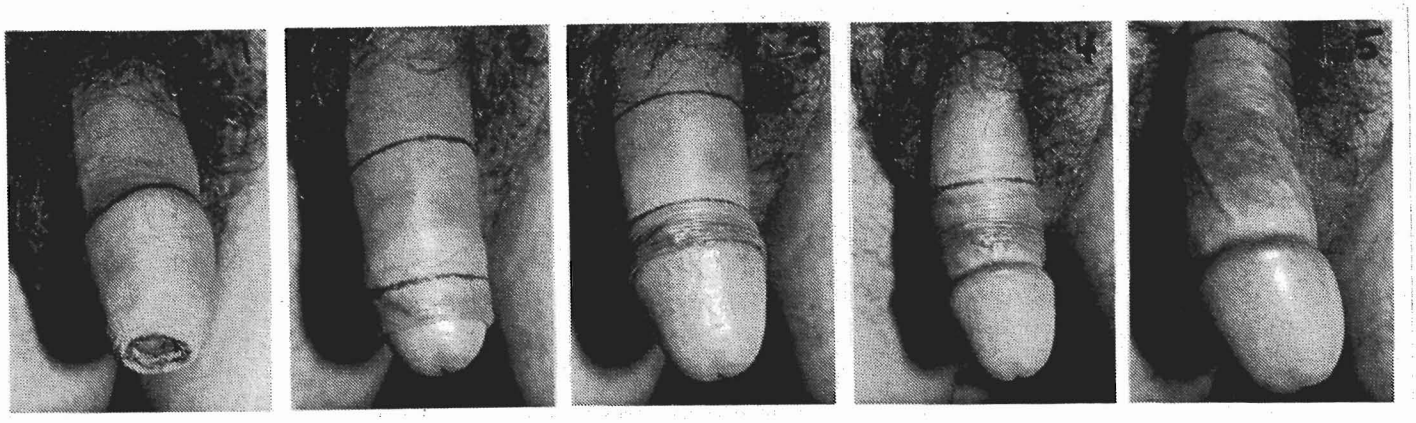
Every normal male is born with a prepuce. It is an important component of normal penile anatomy. **It is not vestigial or redundant tissue, but serves several very important and useful functions.**[55] In fact, if a male is born without a foreskin, it is considered a birth defect called *aposthia*.



Erection process of uncircumcised (natural) penis

The prepuce is a unique organ, similar in structure to the eyelids and the lips. According to recent research by Dr. John Taylor of the University of Manitoba at Winnipeg, the prepuce contains a high degree of nerves and nerve endings and consists of four basic structures; the outer prepuce, the inner prepuce, the frenulum, and the frenar bands.[56] The outer prepuce resembles the rest of the penile shaft skin. The inner prepuce is mucosal tissue similar to the inside of the eyelid. The frenulum is a band of tissue located on the underside of the glans (head of the penis) that holds the prepuce in place over the glans.[57] The frenar bands are concentric, minutely pleated folds, which give the prepuce its protective taper over the glans. Both the inner prepuce and the frenulum contain highly sensitive receptors able to perceive subtle pressures. The inner prepuce, and frequently the frenulum, are removed during neonatal circumcision. The glans is also sensitive, with skin much like the inner lip, but Taylor's recent studies show that it is less rich in erotogenic nerve receptors than the prepuce itself.[58]

How much tissue does the prepuce constitute in the adult penis? The circumference of the average man's erect penis is five inches, and the average male foreskin length is one and one half inches on the outer foreskin and another one and half inches on the inner foreskin. According to the work of Thomas J. Ritter, M.D., the total area of foreskin on the adult male is roughly equal to a 3x5 index card, or in other words, fifteen square inches.[59] This constitutes over one third of a man's penile shaft skin, clearly visualized in the photos below.



Manual Retraction of Prepuce to Reveal Total Surface Area

Photo 1: Area between the two lines is the outer foreskin. Outside foreskin is almost as long as the skin covering the rest of the shaft. Well over half the total penile skin is outer foreskin.

Photo 2: Foreskin retracted by hand approximately one half inch, then released.

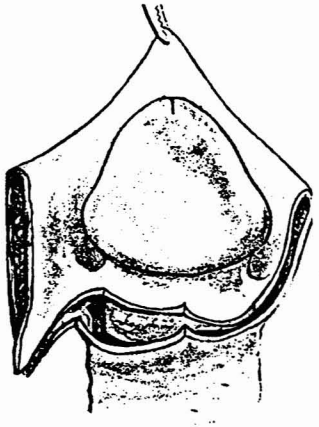
Photo 3: Foreskin retracted behind the coronal sulcus by hand, then released, and held without assistance behind the coronal sulcus.

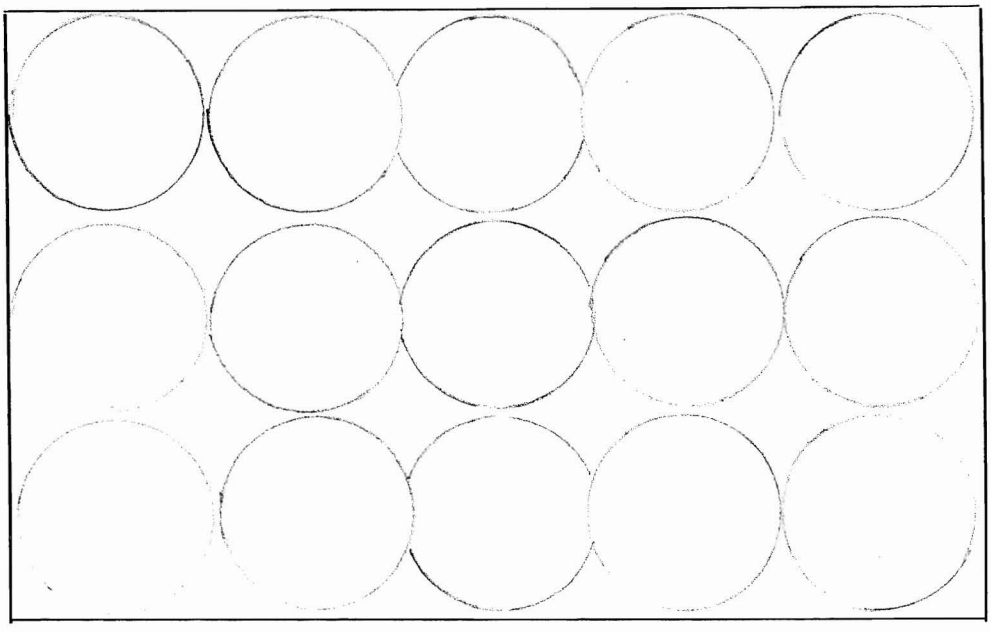
Photo 4: Foreskin retracted and held in place by hand. Most of the shaft is now covered by inner and outer foreskin.

Photo 5: Foreskin retracted and held back as far as possible. Area between the line and the glans is the fully retracted inner foreskin, now extended to roughly twice its relaxed length in Photo #1 [but which was not visible as it was both covering the glans and obscured by the outer foreskin]. Almost the entire penile shaft is now covered with foreskin and well over half the penile shaft is covered solely by the inner foreskin. Veins, arteries [capillaries in original photo], smooth texture of glans, and mucosal texture of the inner foreskin are all clearly visible.

It is still incorrectly assumed by many that this area of skin has little significance. Recent research by Dr. Taylor, together with the work of Ashley Montague, PhD in his book, *The Human Connection*[60] refutes this assumption. Dr. Montague states that an area of normal skin the size of a quarter contains more than 12 feet of nerves and over 50 nerve endings. A 3x5 card will easily hold fifteen quarters with room to spare (see diagram next page). Therefore, infant circumcision deprives the adult male of over 240 feet of nerves and over 1,000 nerve endings. Knowing as we do now that the prepuce is more than just normal skin, it can be said with confidence that the adult male loses to infant circumcision the most erogenous one-third of his penis.

Research by Taylor, together with the work of Ritter and Montague, confirm that the inner and outer foreskin of the average adult male comprise approximately 15 square inches of highly erogenous tissue.





Inner and outer prepuce opened to display total surface area of foreskin in average adult male.
According to Montague, a skin area of this size contains more than 240 feet of nerves and over 1,000 nerve endings.

Compounding this structural loss is the obliteration of several functions unique to the prepuce. Primary among these functions are protection, pleasure, and lubrication.

Protection: In nature's wisdom, the infant glans penis (penile head) is protected from urine, feces, and the abrasive effects of diapers by the prepuce. Throughout a male's life, the prepuce also protects the glans from the abrasive effect of clothing and environmental contaminants. Without the prepuce, the normally moist and sensitive glans is exposed to these harmful conditions. The glans becomes dry and keratinized (callused), forming many additional epithelial layers with which to protect itself. The resulting desensitization causes a diminution of both subtle and aggregate sensory response.[61] Like the female clitoris, the male glans is intended to be a protected internal sexual organ. In fact, the glans penis in the male corresponds directly to the glans clitoris in the female. Circumcising the male is equivalent to amputating the external female genitalia and permanently exposing the clitoris. **Nature did not intend the glans of the male to be constantly exposed to the effects of the outer environment.**

Pleasure: The prepuce is the penis' only moving part and the inner prepuce is richly supplied with erotogenic nerve endings.[62] Recent anatomical research by Taylor reveals that the prepuce is the most sexually sensitive part of the penis.[63] **The gliding mechanism of the prepuce during sexual activity is highly stimulating.** This enhances sexual pleasure for the male and often times for his partner as well.

Lubrication: As a mucosal tissue, the inner prepuce keeps the glans somewhat moist and allows for free movement of the prepuce over the glans during coitus.[64] The mechanical action of the penile shaft gliding within the prepuce ensures enhanced pleasure, comfort, and safety during coitus with **reduced risk to both partners of damage from friction and abrasion.**[65]

Sensitivity: The Prepuce vs. the Glans

Because of the work of Drs. Taylor and Montague, we now know that the focus of a man's erogenous potential resides not primarily in the glans, but in the foreskin. This knowledge is obvious to most intact males, but wholly unimaginable to the circumcised. Taylor has discovered that the foreskin contains more nerve receptors than are contained in the glans:

The glans is always thought to be the end organ of the penis, but when in fact you look at it histologically and in every way, it takes a very poor second to the prepuce. The glans has no sensation of light touch and is good at detecting what we call complex sensations - rubbing - but certainly compared with the prepuce, it is a very dumb organ. The prepuce is way ahead from the point of view of surface vascularity and innervation by these very specialized genital corpuscles than is in fact the glans.[66]

Dr. Taylor's findings were certainly not the first to acknowledge what every intact male already knows. Dr. R.K. Winkelmann noted in 1960 that:

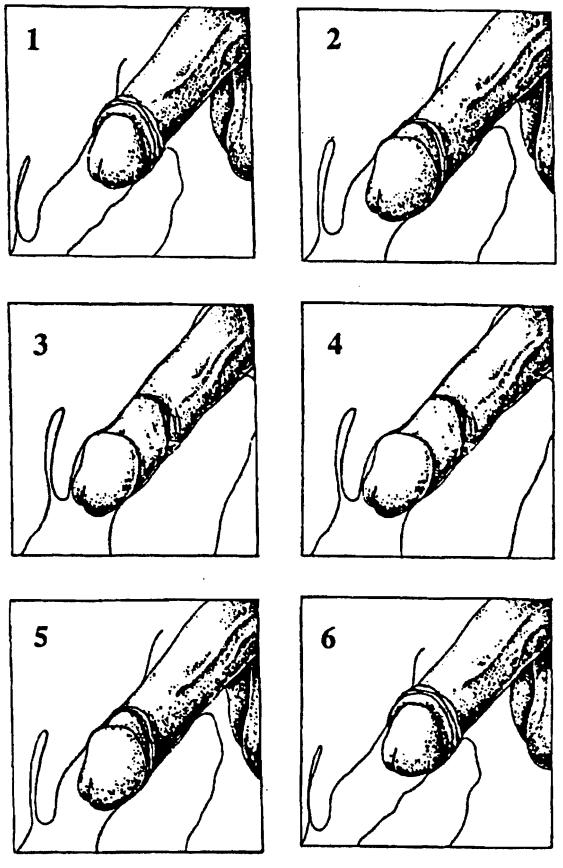
The free end of the prepuce contains mucocutaneous end-organs. The mucocutaneous end-organ is the primary organized sensory ending of the human skin.[67]

In 1985, Edward Wallerstein again confirmed what intact physicians from Europe and around the world have been trying to tell circumcised American physicians for decades:

The foreskin is useful, erogenous, and protective tissue.[68]

Since the time of Dr. Taylor's valuable research, authors Jim Bigelow, PhD and Thomas Ritter, MD have elaborated on the important sexual functions of the male prepuce. The male prepuce acts as a gliding skin sheath within which the penile shaft moves, reducing friction, retaining valuable body lubricants, and exposing the erogenous inner foreskin to the vaginal walls. All of these are essential functions which make sexual intercourse a more comfortable and pleasurable experience for both the male and his partner.

Author Bigelow and Dr. Ritter are quoted here respectively in their own words as to the pleasure dynamic occurring in the intact male penis.



1. The penis begins to move inward.
2. The glans is completely exposed and in contact with the vaginal wall as the penis glides through its unfolding shaft skin.
3. At the end of the in-stroke the sensitive inner foreskin layer below the glans is moving along and in contact with the vaginal wall.
4. The penis begins its out-stroke.
5. The penis moves outward gliding into its mobile skin sheath.
6. At the end of the out-stroke the glans is partially engulfed in the foreskin, or possibly completely engulfed (as would likely be true during foreplay or masturbation).

Uncircumcised penis pleasure dynamics during intercourse
Adapted from Berkeley

This skin sheath acts as a gliding mechanism for the penis inside the vagina. As a result, the natural moisture provided by the female remains by and large within the vagina and is not dried up by the repeated thrusting of the male. This condition allows the female to be far more comfortable and to enjoy prolonged intercourse.[69]

In the fully erect uncircumcised penis, the erotogenic inner foreskin, which is now exposed, comes into contact with the vagina in intercourse, thus clearly serving to increase pleasure.[70]

With this knowledge, one can now legitimately ask the question: Who has a greater potential to physically perceive a fuller range of sexual stimuli; the circumcised male or the intact male who has the advantage of an additional 12 to 15 square inches of nerve-laden and highly erogenous penile tissue?

Value of the Prepuce to the Aging Male

The erotogenic benefit of the foreskin is one that serves a man throughout his lifetime. Writing in *Archives of Pediatrics*, Dr. David S. Hillis of Chicago underscores the sexual difficulties faced by the elderly male and he highlights the value of the prepuce with these observations:

The foreskin in the male has a very definite physiological function which is more apparent to the man over fifty. At some time after this age, depending upon his sexual equipment, the erection is not so rigid as it was in the earlier years. After forty-five the vaginal secretion in the wife is never so abundant as it was before the climacteric. Under these conditions the foreskin acts as an introducer which definitely facilitates intercourse.[71]

Stated differently and more directly, the older men get, the more help they need. It is entirely possible that the possession of a prepuce, and as a result a more sensitive glans, may be of value in terms of sexual function and enjoyment to both the older male and his partner. As described later in this report, the glans of a circumcised male is more vulnerable than that of an intact male to progressive sensitivity loss with age, a trend noted by the majority of harm documentation respondents. To paraphrase Dr. Joseph J. Kaufmann, it may be more correct to say that time is on the side of the uncircumcised.[72]

One survey already confirms the observations of Hillis and Kaufmann and was made as recently as 1990 by a Columbus (OH) physician, George K. Hughes, MD. Dr. Hughes stated:

> *During my experiences in medicine and surgery, occasionally there arose the question of circumcision and sexual compatibility. It seemed to me that the uncircumcised male had less of a problem in sexual compatibility. This observation led me to conduct a survey of 1,500 men who had been married to the same spouse for over 50 years. These men were sent questionnaires to learn if there could be some degree of difference in the sexual sensitivity or degree of sexual compatibility between the circumcised and uncircumcised male.* ***Our survey suggests that there is a difference between the sexuality of the circumcised and uncircumcised male during his lifetime. It also suggests that the uncircumcised male has a more favorable sexual compatibility in his marriage.***[73]

What the Neonatal Circumcision Surgery Involves

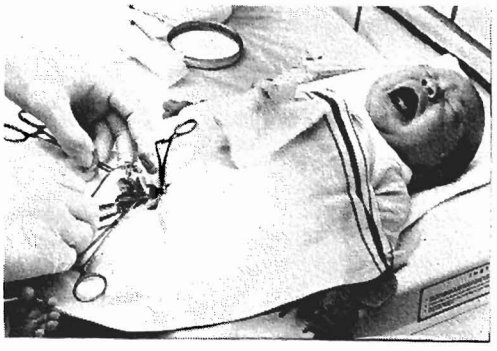
Truly informed consent by parents for circumcision surgery is almost nonexistent since medical personnel give parents only a brief explanation of circumcision's assumed benefits and almost no discussion about the inherent risks of the surgery.[74] [75] **More importantly, parents are rarely given an explanation of the demonstrable benefits of retaining their son's natural and healthy prepuce.**[76] From the baby's perspective, it is done without his consent, indeed against his will, and permanently alters his bodily integrity. It is usually done without anesthesia,[77] resulting in excruciating genital pain and trauma.[78] It is not without long-term physical, sexual, emotional and psychological consequences for males.[79] [80] [81] Precious health care dollars are spent on this practice which would be better spent on other programs of demonstrated value, such as newborn health screenings or improved prenatal care.[82] Circumcision of an infant cannot be medically or ethically justified as a prophylactic measure against disease.

> ***The operation frequently features illogical bases for patient selection, neglect of the requirement to obtain informed consent, disregard for pain, dubious objectives, and unknown cost-effectiveness. Until the benefits of the procedure can be proved worth the risk and cost, medical resources should probably be allocated to health measures of demonstrated value.***[83]

An infant, unable to understand, consent to, refuse or escape this elective surgery, is strapped spread-eagle on a plastic board, known commercially as a Circumstraint.™ Since the newborn prepuce is naturally non-retractable because of shared epithelium (synechia) with the glans,[84] a blunt probe is inserted between the two

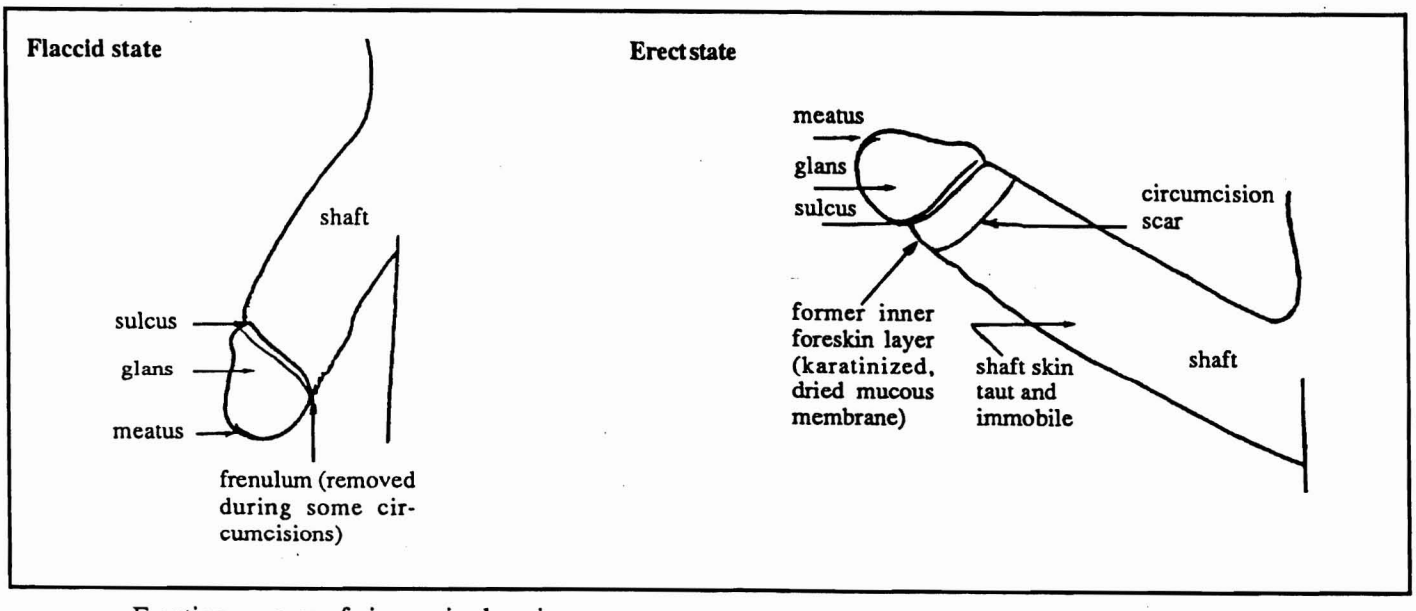
structures to separate them. This tearing process is responsible for scarring of the glans which partially contributes to later diminished sensitivity in adulthood. The prepuce is crushed to minimize bleeding, a cut is made, and it is pulled forward to be amputated by a circumcision device.

During the 10 to 15 minute surgery, babies struggle, scream, choke, hold their breath, vomit, defecate or become semi-comatose.[85] It is this semi-comatose state, which is abnormal in the newborn, that is frequently mistaken for "sleep" during circumcision. This leads many parents and physicians to claim that babies do not cry during circumcision. Viewed logically, it is difficult to imagine any human being, whether two days or twenty years of age, not screaming or lapsing into a semi-comatose state from pain during this 15-minute unanesthetized genital surgery.



Informed consent is meaningless when the patient himself can not understand, consent, refuse or escape.

The amputation wound, as well as the raw and bleeding glans, later come in contact with urine, feces and diapers. Over time, the glans surface eventually thickens and becomes unnaturally tough, dried, and keratinized.[86] The skin on the penile shaft often becomes taut and immobile. **The average adult male loses approximately 12 to 15 square inches (more than one third) of his penile skin to this "benign little snip" in infancy.[87] It also happens to be the most erogenous one-third of his penile skin.**[88 89]



Erection process of circumcised penis

Incidentally, circumcision of the male prepuce does not fall under the domain of any one particular medical specialty. It is performed by interns, pediatricians, urologists, family practitioners, and obstetricians. The majority of neonatal circumcisions are performed by obstetricians, whose circumcision fees tend to be the highest. According to Thomas J Ritter, MD:

> *Assuming a busy obstetrical practice of 300 deliveries per year, half of these being males, an obstetrician, if he charged $200 per circumcision, would garner $30,000 per year. This is the price of a luxurious new car.*[90]

IMMEDIATE RISKS AND LONG-TERM PHYSICAL COMPLICATIONS

From 1971 to 1989, the policy of the American Academy of Pediatrics (AAP) stated:

> *There are no medical indications for routine circumcision, and the procedure cannot be considered an essential component of health care.*[91]

Based on Wiswell's debatable UTI findings mentioned earlier in this report, the AAP broadened its policy to state:

> *Newborn circumcision has **potential** medical benefits and advantages as well as **inherent** disadvantages and risks [emphasis added].*[92]

The following inherent risks are iatrogenic (doctor induced), and result directly from the neonatal circumcision surgery.[93] [94] As noted earlier, Williams and Kapila estimate that a realistic rate of complications from neonatal circumcision ranges from 2% to 10%. To many men who become aware of the function and value of the prepuce, the fact that this genital sensory organ was amputated from them at birth is itself a complication of circumcision; in which case, the actual complication rate is 100%.

1. **Hemorrhage:** Considering that a 6.5 pound infant has a total blood volume of less than 8 ounces, bleeding from the frenular artery can quickly cause shock and sometimes death. Serious hemorrhage occurs in about 2% of infants. While death is a rare complication of circumcision, it does occur and represents an unnecessary risk at which to place a newborn.

2. **Infections:** Localized or systemic (e.g., bacteremia, meningitis, osteomyelitis, lung abscess, diptheria, tuberculosis, tetanus and necrosis of the perineum). [The same study by Williams cited earlier reports that a realistic infection rate is probably as high as 10%.] Serious infections can cause irreparable and lifelong harm.

3. **Urinary Retention:** Swelling from the trauma of the surgery, pain associated with attempts at urination, and sometimes the Plastibell device (if used) can cause the infant to retain his urine.

4. **Laceration of penile and scrotal skin:** to varying degrees.

5. **Excessive penile skin loss:** This occurs when the prepuce is drawn forward so much so that the entire penile skin sheath is removed. From puberty and beyond, penile bowing and pain occurs at the time of erection. Skin grafts are sometimes required.

6. **Beveling deformities of the glans:** Varying amounts of the glans are shaved off, leaving a scarred beveled surface, and at times the entire glans has been amputated.

7. **Hypospadias:** While this is more frequently a congenital defect, it can also result from circumcision. When the frenular area is drawn forward too far, the crushing bell may injure the urethra at the time the foreskin is removed, resulting in a urethral opening on the underside of the shaft.

8. **Epispadias:** When one limb of the crushing clamp inadvertently is passed into the urethra and is closed, it crushes the upper portion of the urethra and the glans, creating a urethral opening on the dorsum (top) of the glans.

9. **Retention of the Plastibell Ring:** The Plastibell, which normally falls off in 10 days, may get buried under the skin, causing ulceration and/or necrosis. Loss of the glans has also been reported.

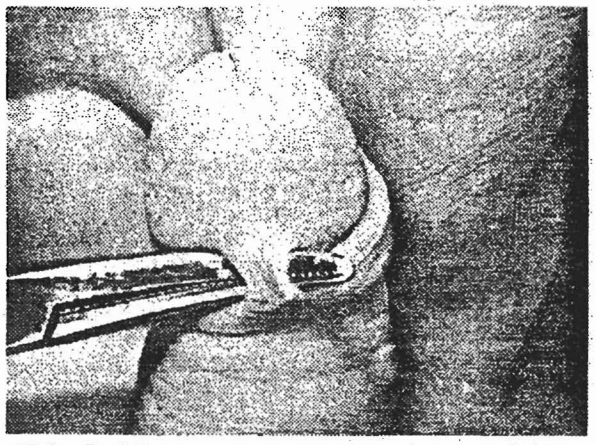
10. **Chordee:** This is often congenital, but can also result from circumcision. Dense scarring at the frenular area causes penile bowing upon erection; may require Z-plasty surgery to release the bowing.

11. **Keloid Formation:** Prominent scars can occur where the skin-mucous membrane has been incised, crushed or sutured.

12. **Lymphedema:** Chronic swelling of the glans due to infection or surgical trauma which can block lymphatic return.

13. **Concealed Penis:** The circumcised penis becomes hidden in the fat pad of the pubic area.

14. **Skin Bridges:** This is a common complication that consists of one or more thick areas of scar tissue that form bridges between the coronal edge of the raw glans penis (head) and the raw circumcision wound on the shaft. For some men these can be quite painful during erection, restricting the free movement of shaft skin and pulling on the glans.



Skin bridge one year post-circumcision

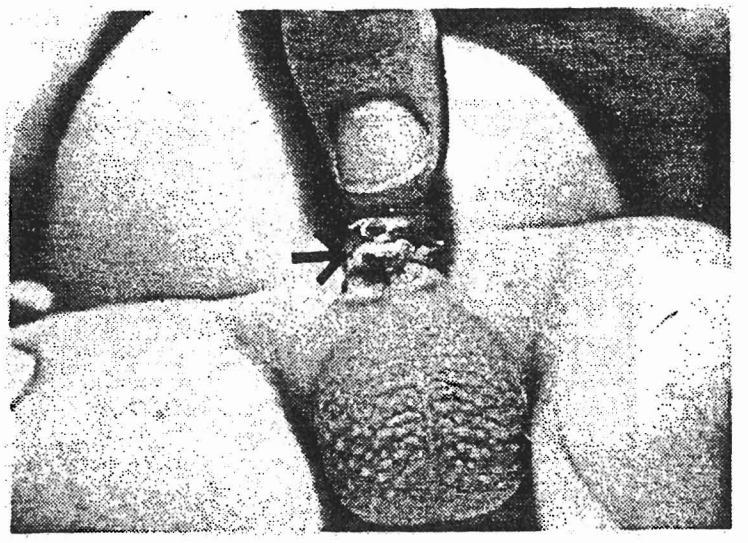
(photo: *Complications of Pediatric Circumcision,* J.P. Gearhart, MD, Year Book Med. Publ., 1986)

15. **Phimosis of Remaining Foreskin:** When only a segment of the foreskin is removed, the remaining tip sometimes become tight and nonretractable, often subjecting the child to a second surgery.

16. **Preputial Cysts:** Cysts caused by infection or mechanical distortion blocking the sebaceous glands.

17. **Skin Tags:** Can occur at the circumcision line, representing an uneven removal of foreskin.

18. **Loss of Penis:** This can be caused by constricting rings such as the Plastibell or by the use of an electrocautery device. More frequently the loss is the result of infection, with the penis becoming increasingly necrotic until finally the entire organ sloughs. The proposed solution in many cases is gender reassignment.



Infant, three days post-circumcision, with cautery-related injury. Entire penis sloughed one week post-circumcision.
(photo: *Complications of Pediatric Circumcision,* J.P. Gearhart, MD, 1986)

19. **Meatitis:** Inflammation of the urethra, from loss of protective foreskin, which can lead to ulceration and meatal stenosis. Many infants and children suffer this after their loss of the protective foreskin.

20. **Meatal Ulceration:** Caused by meatitis and/or abrasions from dry diapers and from diapers soiled with urine and feces. Meatal ulceration does not occur in the intact male and occurs in up to 50% of circumcised infants.

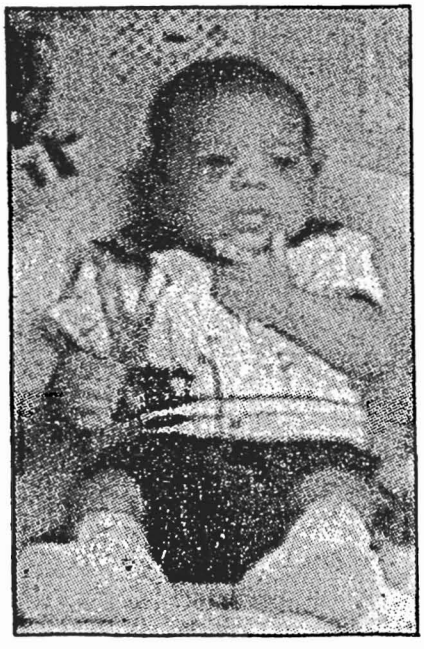
21. **Meatal Stenosis:** In advanced meatal ulceration, scar tissue can constrict the urethral opening causing urinary obstruction. Meatal stenosis is usually not apparent for several years, occurring in about one-third of all circumcised infants and not at all in intact males.

22. **Death**

Of particular note here is that while these complications can be apparent immediately or over the short-term, almost every one of these affects the male to some degree for a lifetime and can therefore be classified as long-term harm as well.

This list of complications may be of little immediate concern to the reader or even to the circumcisers who perform such surgeries. Given the number of circumcisions performed just in the past 50 years however, and from the view of men whose genitals bear evidence of these complications, the impact is enormous. As was acknowledged earlier in this report, penile complications resulting from neonatal circumcision are underreported and ignored. **As stated earlier in this report, a conservative estimate of the incidence of physical complications among males born from 1940 to 1990 ranges from 1.3 million to almost 6.6 million. It must also be reiterated that these figures do not include subsequent sexual or psychological complications manifesting later in life.**

Additionally, the most common complications of serious hemorrhage (2%) and infection (up to 10%) can have mild to severe long-term effects when they lead to secondary blood, brain, and nervous system disorders that are rarely reported as complications resulting from infant circumcision.



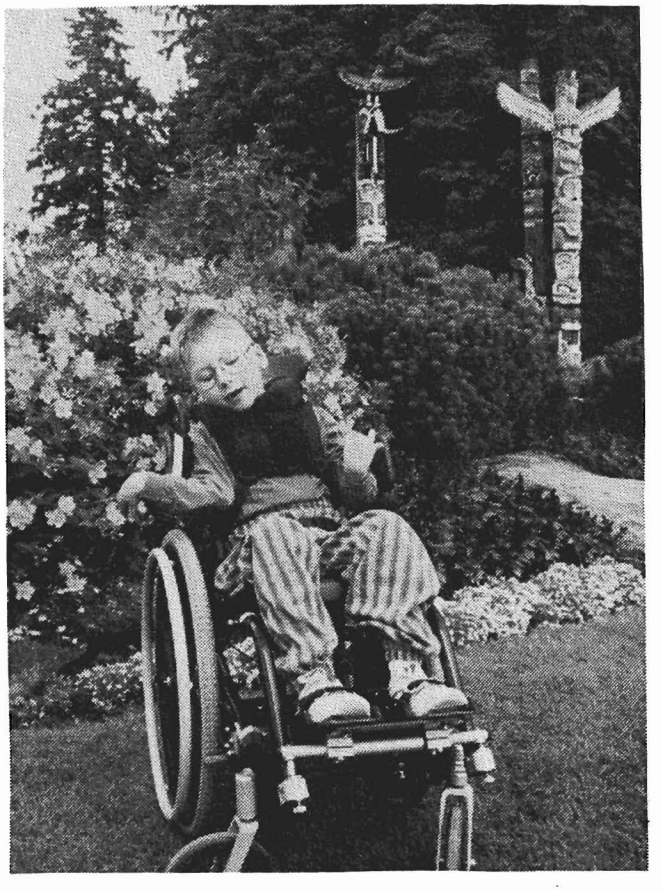
Demetrius Manker
(photo: *The Miami Herald*, June 26, 1993)

The consequences of hemorrhage were dramatically highlighted in the 1993 case of Demetrius Manker, a 6-month old Carol City, FL boy. As reported in the June 26, 1993 edition of *The Miami Herald*, Demetrius was circumcised by pediatrician Robert D. Young and sent home. Demetrius' mother, Louise Manker, later noticed he was bleeding from the incision and called the doctor several times and a hospital once. *"She followed the doctor's instructions to the letter," according to her attorney Patrick Cordero. The bleeding continued and paramedics were called, but Demetrius was pronounced dead at the hospital. "I can't express the way it has affected me emotionally," said the child's mother. "It's something I'll never get over.*[95]"

The serious consequences of infection were highlighted in a recent case, which is still ongoing. "John Doe" was born in Alaska in 1986. He was circumcised at birth and developed complications. The parents assert that the non-necessity of circumcision was never explained to them, nor were the surgical risks detailed. For "John Doe" the resulting damage from the "small risk of infection," as many physicians typically phrase it, has become a life-long ordeal, an ordeal brought into his young life by a surgery that was not necessary and to which he did not consent.

In a lawsuit filed in the Superior Court for the State of Alaska, August 28, 1987, parents claim that circumcision constitutes an assault and battery upon their son's body. The baby's wound became infected by bacteria while he was in the hospital. He was returned to the hospital for treatment of the acute infection, developed toxic shock, which led to seizures, and was improperly treated. The baby sustained profound brain damage, retardation, palsy, lack of brain growth, damage to this vision and other related damages. To add to the horror of the story, the boy was born with a condition that requires circumcision not be done. The parents say he would not have been circumcised had they been told the surgery is not necessary, causes pain, and has risks.[96]

"John Doe" in 1989 above; 1994 below



The hospital where this tragedy occurred claims to have "lost" the medical records for the child. The suit in Superior Court was subsequently lost and no damages were awarded to the family. In a follow-up letter to NOCIRC dated June 25, 1989, one of the parents of "John Doe" wrote:

It's so hard for me to put my thoughts down, just tell your readers the truth. Our son will grow up to be a man in a wheelchair, he is blind, he may never speak, he may never say "Mommy, Daddy," or "I love you."[97]

"John Doe" is now eight years old. Oral arguments were heard in January of 1994 in the Supreme Court of Alaska to appeal the earlier Superior Court ruling. A decision is expected within a year.

In 1993, just prior to Demetrius Manker's death of circumcision-related hemorrhage, another unidentified boy from California suffered circumcision complications. Little is known about this case because neonatal circumcision complications are rarely covered by the media and are most likely settled out of court in favor of the

child and his parents. What is known is that in May of 1993 a newborn lost the tip of his penis while being circumcised at Marin General Hospital, north of San Francisco, and that the child was rushed to the University of California/San Francisco Medical Center for reattachment surgery. According to a July 8, 1993 article in the *Bay Area Reporter* by David O'Connor, *Hospital spokesperson Nancy Nickel said there was a circumcision complication and it is under review but she would not comment further. UCSF Medical Center spokesperson Andy Evangelista said he could not confirm whether the infant was treated at the hospital. He said it is common for the hospital to perform operations on infants' genitalia, including operations to correct botched circumcisions.*

Whether the complication is death from serious hemorrhage, an infection-related tragedy, or mutilation to various degrees, all of these are long-term effects. For males fortunate enough to survive the surgery without immediate complications, there is a growing awareness among men of other delayed, long-term consequences of neonatal circumcision, which are only now beginning to be documented. In addition to a host of psychological effects documented later in this report, preliminary findings from this ***Awakenings*** survey indicate the following physical effects:

- Progressive loss of glans sensitivity (this is the most common complaint, whereby some men report stimulation needed to the point of pain to achieve orgasm)
- Sexual dysfunction, including impotence
- Increased incidence of nonspecific urethritis (NSU)
- Skin tags (small pieces of remaining prepuce)
- Skin bridges (shaft skin fused to the corona of the glans during healing, creating a "bridge")
- Prominent scarring
- Skin tone variance (between shaft skin and remaining dried membrane of inner prepuce)
- Bowing/curvature of the penis (from a tight, uneven circumcision)
- Painful erection (results from too much skin being removed during circumcision)
- Pubic hair on penile shaft (from a tight circumcision)
- Bleeding during sex (from being circumcised too tightly that shaft skin tears during erection and/or coitus)

COST TO PARENTS AND HEALTH INSURERS

The cost of neonatal circumcision varies widely, from $50 to over $300, depending on where and by whom the surgery is performed. The current national average is about $125 per circumcision, with many obstetricians and hospitals charging much higher rates. **Each year over $200 million is spent for the circumcision of male newborns.**[98] Spending this amount on a procedure of dubious health value should prompt a consideration of how these health care dollars might be better spent.[99] The majority of neonatal circumcisions are performed by obstetricians,[100] whose circumcision fees tend to be the highest.

COST ANALYSIS OF NEONATAL CIRCUMCISION

In 1991, Frank Lawler, MD used a formal cost-effectiveness analysis to determine the value, if any, of neonatal circumcision.[101] In the same year, Theodore Ganiats, MD performed a cost-utility analysis of routine neonatal circumcision.[102] Seven years earlier, in 1984, David Cadman, MD studied newborn circumcision from an economic perspective.[103] They all concluded that the procedure carries no significant medical value and was not cost effective. None however, had as harsh a criticism of the practice as did Dr. David Grimes, who studied the issue of neonatal circumcision and concluded as early as 1978:

> ***Mass campaigns, such as wholesale circumcision, draw money away from other areas of medicine; if these other areas of medicine are more important, then the campaign has a negative effect on the public's health.***[104]

Assuming no surgical mishaps, these studies demonstrate that circumcision has, at best, no effect on either dollar costs or health, and that circumcision for the alleged prevention of future pathologies is not cost effective. In the event of mishaps however, circumcision becomes extremely costly to the insurer.

INSURANCE AND HEALTH RISKS

Insurance carriers never request a second opinion before infant circumcision is undertaken, yet its demonstrable surgical risk[105] [106] [107] needlessly raises hospital costs as well as malpractice insurance rates to cover the lawsuits over circumcision mishaps. Although statistical data regarding complications from neonatal circumcision are scarce, the previously referred to study by Williams and Kapila reports that:

> *Some authors have reported a complication rate as low as .06 %, while at the other extreme rates of up to 55% have been quoted. This reflects the differing and varying diagnostic criteria employed; a realistic figure is 2-10%. Although haemorrhage and sepsis are the main causes of morbidity, the variety of complications is enormous. The literature abounds with reports of morbidity and even death as a result of circumcision.*[108]

Gearhart and Rock reported that:

> ***Circumcision should not be regarded as a minor operation****...[E]xtensive burning of the glans with sloughing of the penis following the use of cautery* ***rarely*** *is reported.*[109]

Thomas Ritter, in his book *Say No to Circumcision!* also observes that *"There are hygienic reasons NOT to circumcise. The genitals are adjacent to the anus. Any open wound in the area is subject to fecal contamination and possible infection. Numerous infections, including fatal ones, have been documented following circumcision.*[110]"

Further indication of the frequency of complications following neonatal circumcision is evidenced by the volume of medical literature concerning penile reconstructive techniques, "feminizing genitoplasty" (sex-change operations) following inadvertent amputation, or mutilations of the penis as a result of botched circumcisions, as well as other corrective attempts. The well documented increase in medical malpractice litigation and its effects upon insurance premiums and health care costs make the likelihood of future lawsuits over circumcision risks and complications a certainty. Settlements following deaths, mutilations, reconstructive surgeries, postoperative and long term psychological care are unnecessary and completely avoidable burdens upon the health care system. **Recent lawsuits over neonatal circumcision mishaps have cost individual insurers up to $22.8 million per suit.**[111] The cost in human suffering is, of course, incalculable.

In a comprehensive survey of the surgical complications of neonatal circumcision, Gearhart and Marshall authoritatively state:

> *In this country there are no definite indications for pediatric circumcision... **The psychological, social, religious, and cosmetic considerations for circumcision would appear to be less significant than many of the described complications.***[112]

HEALTH INSURANCE MODELS: THE OREGON AND ONTARIO PLANS

As of February 1994, the State of Oregon launched a radical redesign of its federally funded Medicaid program.[113] In an effort to extend coverage to previously uninsured citizens, Oregon now sensibly limits its coverage to a priority list of *proven* medical procedures. Stressing prevention and basic care, the Oregon plan eliminates that which the state deems unnecessary or futile, including cosmetic, non-essential or controversial surgeries, such as gastric bypass operations for the obese, and routine newborn circumcision. Dr. Leigh Dolin, a Portland-based internist and president-elect of the Oregon Medical Association states, that:

> *People will have much better care than before, but we're going to have to spend some time educating the patients.*[114]

Dr. Richard Wopat of Lebanon, Oregon, one of the drafters of the improved health plan, states that there is only enough money to pay for what medicine knows will work, not enough to finance costly experiments, and that :

> *The State shouldn't spend its resources on things not clearly shown to be effective.*[115]

Under the Oregon plan, neonatal circumcision has been justly excluded, for it clearly fulfills all the criteria for exclusion from coverage. It is non-essential, controversial, and has never been conclusively proven to be beneficial.

In Canada, a similar move by the government of Ontario in February, 1994, no longer allows payment for unnecessary medical procedures, including routine newborn circumcision.[116] With the aim of saving the health care system of Ontario an estimated minimum of $20 million annually, routine newborn circumcisions, as well as ritual or cosmetic circumcisions at any age, will no longer be provided at the taxpayer's expense. Canadian Health Minister Ruth Grier has stated that this revised health care plan is both "common sense and practical."

PHYSICIANS, HOSPITALS AND HEALTH INSURERS OPPOSED TO NEONATAL CIRCUMCISION
(Partial listing)

Dr. Benjamin Spock
Dr. Dean Edell
Former Surgeon General C. Everett Koop
Dr. Frederick Leboyer
Blue Cross and/or Blue Shield of California, Pennsylvania, Washington, Alaska, and Maine
Highland Hospital - Oakland, CA
Prudential Insurance Company of America
Group Health Cooperative of Puget Sound
Johns Hopkins University Medical Center
University of Southern California Medical Center
Philadelphia Children's Hospital
Nurses at St. Vincent Hospital - Santa Fe, NM
Mail Handler's Benefits - Rockville, MD
Parkland Hospital - Dallas, TX
Prioritized List of Integrated Health Services of The Oregon Health Plan
Ontario Health Insurance Plan (Canada)

Ethics and Contraindicated Surgery

In 1980, Edward Wallerstein's book, *Circumcision: An American Health Fallacy*, offered convincing evidence that the incidence of health problems related to the foreskin is so low that removing it as a prophylactic measure could be likened to performing routine neonatal appendectomies as a prevention for appendicitis. Today, his words are equally true.

> ***All medically advanced countries treat foreskin problems medically, rarely surgically.***[117]

Doctors stopped performing routine tonsillectomies when studies showed they were of little benefit. Infant circumcision however, appears to be an exception to standard principles of American medical practice. DeMeo writes, ***The fact that so many circumcised American men, and mothers, nurses and obstetricians are ready to defend the practice in the face of contrary epidemiological evidence is a certain give-away to hidden, unconscious motives and disturbed emotional feelings about the penis and sexual matters in general.***[118]

Tissue Committees, that exist in every accredited hospital and pass judgment on whether an operation is justified, give no thought to this surgery. It is utterly beyond imagination for a surgeon to consistently remove normal appendices, gall bladders, etc. 100% of the time, and not have the matter discussed and acted upon by the Tissue Committee.[119] Obviously, standard medical ethics are not being applied equally when the organ in question is the male prepuce.

Even the media, when reporting on unnecessary medical procedures, either inadvertently or willfully ignore infant circumcision surgery. A prime example was an article written by Andrew Weil for *East-West Natural Health*. The September/October 1992 issue carried an article entitled *Eleven Medical Practices to Avoid*. Weil rather eloquently stated:

> *To label an organ useless because you do not understand its function and then to injure or destroy it...is the antithesis of good medicine. It is more an arrogant disregard for the wholeness and holiness of the human body.*[120]

The author never mentioned infant circumcision as one of the eleven medical practices to avoid.

That this surgery has ceased to be primarily a medical issue and has emerged as a cultural ritual in the United States, has been stated directly by well over a dozen journal articles in the past two decades, and tacitly by almost every journal article that has dealt with this issue. Because of its lack of absolute medical indication and its acknowledged basis in social custom, one can legitimately raise other, perhaps more disturbing, questions of ethics and human rights.

Ethics and Non-Consenting Minors

Few doctors will dispute the fact that infant circumcision is elective surgery. The question then is, at whose "election" should this surgery be done? Should not a male child, who will one day become a man with clearly recognized rights, have his body and rights respected as an infant until such time that he may, if ever desired, choose to undergo such a surgery? In honoring this fundamental human right to an intact body, adults can allow the male the advantages of comprehending a clear rationale for the procedure, as well as the benefit of surgical anesthesia and post-operative pain management. Infant circumcision denies a male this respect and produces an early life experience of traumatic genital pain and an erogenous deprivation that, as we will see, many men grow up to resent as a violation of their bodies and rights.

Adults are beginning to question the ethics of imposing a non-consentual genital surgery on an infant, surgery that undeniably and permanently diminishes or damages the child's nature-given capacity to enjoy the full range of erogenous and orgasmic response later in life. As we here in the United States ponder this question, similar questions are being raised in Africa and the Middle East about the fundamental human right to body ownership:

> *Their circumcision takes place when they have no say at all. Their consent at that age is meaningless. Not only are they too young to understand, but what 4 or 6-year old can stand up to her parents and say: 'Don't do this thing to me. I do not want it!'?*[121]

Yet, in the midst of such questioning, some physicians seem to be moving in the opposite direction. In perhaps a prime example of American medical arrogance, one U.S. physician boldly recommended that Europeans consider the adoption of newborn circumcision, a surgery for which there is no global support nor even medical agreement within the United States. Dr. Edgar J. Schoen, of the Department of Pediatrics at Kaiser Permanente Medical Center in Oakland (CA), may have been attempting to gather support from the world medical community for the scientifically weak position of the Task Force on Circumcision, which he chaired for the American Academy of Pediatrics, when he wrote in an international pediatric journal in 1991: *As data accumulate, European countries should reassess their policies on routine newborn circumcision.*[122] In responding to his proposal, Dr. Ingela Bollgren (Sachs' Children's Hospital) and Prof. Jan Winberg (Karolinska Hospital) reminded Dr. Schoen [with words that would be well for all physicians to heed]:

> *Routine neonatal circumcision has been a matter of controversy in the U.S. during the last decade, reflected by the fact that not even the Task Force on Circumcision 1989 was able to give definite recommendations but concluded that "circumcision has advantages as well as disadvantages." ...We think the discussion on routine neonatal circumcision should focus on the prevention of childhood diseases.* [The AAP Task Force on Circumcision addressed such issues as adult penile cancer, cervical cancer, sexually transmitted diseases and AIDS to inflate the benefits of newborn circumcision.] *With regard to prevention of diseases in adult men, it is in our opinion more fair to postpone a decision till the young male can make a choice of his own. ...There are also two ethical aspects which should be considered before routine circumcision is recommended. Firstly, is it justifiable to operate on 100 babies to prevent infection in one, or to operate on 1,000 babies to prevent renal scarring in one or two? Secondly, when mass circumcision is applied, caution or even reluctance against anesthesia is advocated - the risks (and costs?) would be too high. In the debate on circumcision in NEJM, provoked by the papers by Dr. Schoen and Dr. Poland, it was pointed out that an Ethics Committee on Experimental Animals would not accept a procedure such as circumcision on laboratory animals without adequate anesthesia. If circumcision is used in a few selected cases, appropriate pain relief can be given. Thus the human right not to be subjected to unnecessary pain will be recognized and defended in the newborn.*[123]

One is left wondering to what ethical lengths the American medical community will allow its pro-circumcision physicians to go in their efforts to rally support for a surgery that is quickly falling into disrepute.

Ethics, Misinformation and Emotional Conflict

According to urologist James Snyder, MD, past president of the Virginia Urologic Society, trusting the knowledge of medical professionals about circumcision may be misplaced. Dr. Snyder states that many doctors receive less than one hour of instruction on circumcision in medical school. They were taught little about existing research into the function and value of the prepuce, nor were they taught that previously held indications for circumcision have been refuted or disproven by subsequent studies. A clear photograph or illustration of an intact penis in an anatomy book is still rare. Thomas J. Ritter, MD cites several authoritative medical texts that contain misinformation and incorrectly advise circumcision.[124] From these observations, one can easily understand why many physicians are ignorant about proper care of the foreskin.

Most physicians are also suspiciously slow to revise their views and practices regarding circumcision. Unlike physicians in other countries, American physicians are themselves circumcised. For reasons cited by DeMeo, medical opinion has undoubtedly been affected by this fact. Circumcision opponents also argue that doctors who perform circumcisions or have circumcised sons have an additional *emotional* investment in justifying and advising the continued practice of circumcision.

It is common knowledge among many medical school interns who oppose routine neonatal circumcision that questioning the practice while in medical school, or refusing to perform the surgeries, jeopardizes future career hopes. One medical student who wished to remain anonymous cited a fellow student who refused to perform the surgeries on infants and was subsequently labeled as "lacking enthusiasm" by his superiors.

Anne Briggs, author of *Circumcision: What Every Parent Should Know*, reports, "***Many professionals have found that simply ignoring new information is a typical reaction among physicians who strongly support circumcision.***"[125] Although her entire *Chapter 13: Easy Questions / Hard Answers*, offers a revealing look into the internal medical politics relative to neonatal circumcision surgery, this one paragraph itself is worthy of further investigation:

> ***Among a few physicians, there is a support of circumcision that borders on the fanatical. Although the number of physicians which this involves is small, frequently it seems that physicians who feel this way are in positions of relative power in the medical community and have the ability to influence other, younger physicians. This attachment to circumcision is not based on logic or reason. Sometimes it is based on ignorance, but more frequently it is based on a personal and conscious rejection of what is said in the official medical press.***[126]

Other researchers have found that open hostility is not an uncommon reaction among physicians when faced with a challenge to pro-circumcision thinking. Their hostility is further proof that circumcision is an emotional issue for them.

As a result, misinformed medical professionals, whether deliberately or not, tend to create a misinformed public. Evidence of misinformation about infant male circumcision echoes throughout America in the same fashion as it does throughout Africa and the Middle East regarding female circumcision. With simple gender substitution in the following passages about female circumcision from the book *Prisoners of Ritual*, these attitudes could have easily been expressed in the United States about male circumcision:

> *I did not know anything about the operation, except that it was very simple and that it was done to all the girls for purposes of cleanliness... and that the continued existence of this small piece of flesh would have made me unclean.*[127]

> *But we are brought up to believe that all sorts of evil things will happen to us if we are not circumcised.*[128]

Briggs concludes that the American decision to circumcise results from "a series of fundamental misunderstandings between physicians and parents." What is happening is that both doctors and parents are taking the path of least resistance. Briggs writes that for parents "the easiest course is simply to follow the crowd and the recommendations of the physician." Sometimes even a recommendation against circumcision is ignored because ***parents "honestly believe that no matter what the physician says about circumcision, if he offers it as a service, 'deep inside' he still supports the practice."*** Briggs adds that the fact that hospitals continue to "market" the service by offering it contributes to parental belief that it must be beneficial. ***According to some, the circumcision consent form itself becomes a subtle solicitation.*** Imagine for a moment a physician or member of the maternity nursing staff presenting an expectant mother with a consent form for prophylactic appendectomy of her newborn, to prevent this newly arrived human from "needing to have it done later" due to appendicitis. Author Rosemary Romberg, *Circumcision: The Painful Dilemma*, has aptly named this "medical just-in-case-ism."

It is also not uncommon for parents contacting NOCIRC to relate stories of maternity nurses or physicians who made repeated attempts to secure circumcision consent after parents had already indicated they did not want it done. So standard is this unnecessary procedure that when a parent refuses circumcision for their child, the consent form in some hospitals must still be completed and the word **NO** must be written in thick, large letters across the form just to make sure it is not done. In spite of such rigorous precautions, there are still numerous reported cases of infants who were circumcised against their parents' wishes.

In a 1991 case, a Mexican-American family living in California was awarded $60,000 because their infant son "Carlos" was circumcised against their wishes, despite the fact that they had signed three different pieces of paper at the hospital saying "NO CIRCUMCISION."

"Why didn't you want your son circumcised?" the defense attorney asked Carlos' parents. "Circumcision has never been done in our family," Carlos' father replied. "It is not practiced by anyone we know in our Mexican homeland or by our family or friends here." "But what if you knew it would be better for your son to be circumcised?" the attorney pressed further. "We know it is not better!" Carlos' father replied sternly. They did not want their son to have a scar on his penis, but he does. And they didn't want him to have psychological scars either. They hope that these can be healed. [129]

It is well-documented, both in the following journal citations from the last decade, and in contemporary practice, that medical professionals associated with infant circumcision are still woefully ignorant about current medical findings that obviate the need for this surgery, yet they perpetuate it based on their own outdated notions of its utility.

It may be argued that physicians should take a more active role in this matter, not just discussing the benefits and risks of the procedure with the parents, but perhaps even advising them that there are few medical indications for performing routine neonatal circumcision. We believe that physicians are reluctant to take such an active role because, in part, they think that neonatal circumcision is medically indicated. In the present (national) study, 60% of the obstetricians and 38% of the pediatricians believed so. [130]

Daksha Patel studied this issue and reported in 1982:

In 1975, the American Academy of Pediatrics stated that there is "no absolute medical indication for routine circumcision of the newborn." The frequency of routine circumcision was 70% to 90% and remained unchanged in the three years following the AAP's statement. ***It would appear from this study that if the AAP wishes to make an impact on the circumcision decision, they will have to organize educational programs primarily aimed at pediatricians, obstetricians and family practitioners.*** [131]

A telephone inquiry made by NOHARMM on April 7, 1994 to the Continuing Medical Education Department of the American Academy of Pediatrics[132] revealed that almost twenty years after the 1975 AAP statement, and 12 years after the 1982 suggestion by Dr. Patel, educational programs targeting pediatricians have still not been organized. **It would appear that the AAP has no wish to make an impact on the circumcision decision by educating its pediatricians about the value of the prepuce or the lack of need for newborn circumcision.**

After the 1975 statement however, a well-informed lay organization, NOCIRC, held two international symposia on circumcision (in 1989 and 1991) to convene medical professionals to discuss circumcision. Very few American physicians attended. In retrospect, the symposia represented a naive attempt to enlighten physicians about why they need not perform a surgery that can add an extra $30,000, $50,000 or more to their annual incomes. Obviously, financial interests relative to infant circumcision are not negligible factors.

Ethics vs. Economics

Most physicians dismiss any claims that infant circumcision is "a big money-maker." Few people could blame them for such an attitude, as in all likelihood these physicians have probably never stopped to consider how much income is actually generated from this surgery. Whether a physician's knowledge of income from a specific surgery is actual, vague or unknown, it is highly likely that no physician will support elimination of a surgery s/he performs, as the elimination will most certainly mean reduced income to some extent.

Surprisingly, it was Thomas Wiswell, MD, whose retrospective studies of urinary tract infection (UTI) are often cited as an erroneous justification for neonatal circumcision, who admitted one of the crucial underpinnings of the American practice of infant circumcision. Dr. Wiswell stated that he knew physicians who *"look at a foreskin and almost see a $125 price tag on it (1987 rate). Heck, if you do 10 a week, that's over $1,000 a week, and they don't take that much time."* [133] This translates to more than $55,000 annually. Dr. Wiswell's figures - seen another way - and assuming a 44-week work year, creates an annual caseload of 440 of these 15-minute surgeries. This expends a total of 110 hours of the surgeon's time, for which s/he earns $55,000, or the equivalent of $500 per "circumcision hour" worked.

Curiously, prior to his 1987 quote about circumcision's potential for income generation, Dr. Wiswell did not strongly favor infant circumcision, which may be one reason why he left his own son intact at birth. He stated, *"In the early 1980s uncircumcised boys were found to be at increased risk for urinary tract infections during infancy. Despite these findings, I did not recommend routine prepuce removal."*[134] The bulk of Wiswell's research on UTI and his statements favoring infant circumcision appear after 1987. Subsequent research on UTI either discredits or refutes Wiswell's research[135] [136] [137] or has established that because UTI is relatively rare[138] and can be treated antibiotically,[139] risk of UTI is not an appropriate reason to recommend circumcision as a routine medically indicated procedure. It would therefore seem that concern over UTI is largely exaggerated. **This leaves open to conjecture the nature of Wiswell's motivations for touting *retrospective* Army studies of urinary tract infection in uncircumcised male newborns, a relatively uncommon condition that is rarely life-threatening and had not previously caused much medical concern.**

Such monetary considerations would seem to be universal among all circumcising cultures, as noted by this passage from Lightfoot-Klein's *Prisoners of Ritual* regarding attitudes toward female circumcision:

> *Doctors don't admit to performing the operation, but in quite a few cases among the privileged they are able to collect high fees for performing circumcisions under optimum conditions, and so of course they do it.*[140]

> *One (doctor) said he talked to every woman who came to him for this purpose (circumcision of their daughter), explaining the consequences and saying that it was unnecessary, but found they insisted on having it done, so he complies. His justification was that he did it in a hygienic way and lost nothing by it, on the contrary, he gained money. But he overlooked the fact that he was acting unethically... instead of being a model of enlightenment for others. One can only assume that he is simply pursuing his own interests. The negative effect of this is that when we try to convince women that this operation is not necessary, they immediately reply that doctors do it, therefore it must be a good thing.*[141]

> ***The economic element of all these practices, both in Africa and in Western countries, is impossible to ignore. In both cases it is a matter of those who "oversell" to the gullible, conformist, easily cowed consumer in a culture that is hostile to sexuality.***[142]

COMMONLY-HELD MISINFORMATION PERPETUATING NEONATAL CIRCUMCISION

OVERVIEW: For at least the past fifty years, perhaps longer, the public has become culturally acclimated to regard the prepuce as non-essential, pathologic, and therefore dispensable. This would seem to hold true as well for members of the medical community, since their thinking is a by-product of the dominant culture, thinking that is not significantly refuted even in medical school. It should not be surprising then that attempts to provide accurate information to parents have had little impact on the rate of circumcision. The decision to circumcise an infant is not a rational one, but has instead become a complex, emotional, and subtle social issue. Also, the majority of physicians who counsel parents are circumcised men, **yet it is illogical for circumcised physicians to claim expertise regarding an organ they themselves do not have, and in their practices seldom see, except in the rare instances when pathology is involved.**

An historic analogy might be the argument made by psychologists of the 1950s and 60s who claimed that all homosexuals were unstable and unhappy individuals. Of course this was their learned opinion because the only homosexuals they saw in their practices were disturbed. They rarely saw the well-adjusted and self-affirming gay man or lesbian. Similarly, when this culture regards the foreskin, the only stories we tend to hear are of the man who "had" to be painfully circumcised as an adult (adults receive anesthesia however, babies don't) or the men who had phimosis or hygiene problems. Under normal circumstances though, there is no need for the vast majority of intact men to talk about their foreskin, so this culture never hears from these men about the benefits of being intact. Indeed, these men may be unaware of such benefits because they have never known what it's like to be deprived of their foreskin.

Such common misunderstandings are frequently at the center of decisions by both physicians and parents concerning circumcision. Robert Dozor, MD, in his commentary *Routine Neonatal Circumcision: Boundary of Ritual and Science*, states unequivocally:

> *Circumcision should not be routinely prescribed on the basis of beliefs disguised as science.*[143]

To the naive and poorly informed casual observer, beliefs about newborn circumcision may indeed seem to be based on scientifically sound arguments. Among such observers, Marilyn Milos, RN began her nursing career at Marin General Hospital, north of San Francisco, and witnessed her first infant circumcision. During the surgery the physician remarked, "There's no medical need to do this." Ms. Milos then began to study more and to educate parents about the surgery to which they were contemplating submitting their sons, only to find her job terminated for doing so. The termination launched the unwitting Milos into a campaign for the rights of children which has been ongoing for the past fifteen years. She has often stated:

Initially I thought circumcision was a medical issue and challenged it as such. But I soon realized that circumcision is a deeper and more complex issue than the medical excuses used to justify it.[144]

In a more direct fashion, Milos' comments were summed up by A.J. Herrera, MD in a 1983 study of parental decision-making relative to infant circumcision:

Circumcision is a custom in our society. To change the attitude toward it is not an easy task.[145]

After observing infant circumcision practices and attitudes in the United States, British author Nicolas Carter, in his 1979 book *Routine Circumcision: The Tragic Myth*, commented on American culture as if observing a primitive tribal society:

There is something fearfully Orwellian about the rules of the circumcision game - about the delusions in which Americans wallow as they attempt to justify the routine use of the operation.

They would have us believe that surgery without anesthesia is painless; that the permanently exposed glans is just as sensitive as the covered glans; that the substitution of surgery for soap and water is a realistic proposal; that the human male is too careless and too indifferent to be concerned with proper genital hygiene;...[or that he is so prone to sexually transmitted disease that] surgery must be substituted for sex education; and that a denuded, scarred penis is more attractive than a foreskin-covered penis.[146]

What are the delusions to which Carter referred? They are the following alleged benefits, which those committed to this surgery tend to exaggerate, and whose disadvantages and risks they tend to minimize.

Prophylaxis: As a rule, the world medical community considers it unnecessary and unethical to remove a normal, healthy and functioning organ to prevent the possible development of diseases. Only in America does the male prepuce fall prey to exception from this rule.[147] Physicians would not think of removing a child's teeth to prevent cavities, nor surgically removing the female neonate's breasts to prevent breast cancer, which has a risk factor for disease of 1 in 8. Why should it be necessary or beneficial to remove the prepuce from infant males allegedly to facilitate personal hygiene or to prevent disease?

Some people presume that circumcision may be necessary later in life, and therefore "better" when done in infancy. In truth, the vast majority of intact men worldwide *never* have problems with their foreskin. **The tiny percentage of men in other countries who do experience problems are successfully treated *medically, not surgically*, and at much less cost.**[148] Only in the U.S., where the value of the prepuce is ignored, do the majority of doctors routinely prescribe circumcision. In Europe, where circumcision is not practiced, physicians state simply:

It is in our opinion more fair to postpone a decision till the young male can make a choice of his own.[149]

Others erroneously equate neonatal circumcision with immunization. This is not an apt comparison, since immunization adds medicine to the body to supposedly protect it from clearly understood and widespread *communicable* health threats. Circumcision however, is the surgical amputation of a normal and healthy organ as an anticipatory response to *isolated and non-communicable* health threats of unproven and debatable etiology. **Circumcision does not offer the male, or his sexual partner(s), immunity from any diseases or infections.**

Furthermore, it is bizarre to be expected to present evidence of an organ's function or disinclination to disease in order to discourage and discontinue its amputation. No other organ is the object of such strictures, including such a demonstrably cancer-prone organ as the female breast.[150] **Studies that attempt to demonstrate an association between the naturally intact prepuce and disease have consistently failed to prove a causal relationship between the two.**

Personal Hygiene: Personal hygiene for the intact male is very easy, far easier than either oral, anal or feminine hygiene. In fact, oral, anal and feminine hygiene are much more involved than male hygiene, so much so that the former require specialized techniques, tools and/or products. For male personal hygiene, simple washing with plain water, and perhaps a little soap, is sufficient and confers all the alleged benefits of circumcision without the pain and trauma.[151] [152] What most concerns some misinformed doctors and parents about the prepuce is the presence of smegma and the idea that males cannot or will not perform adequate personal hygiene. Smegma consists merely of sloughed skin cells, body oils, prostatic, seminal, and urethral secretions.[153] It is not carcinogenic, but is a protective, lubricating substance necessary for normal penile functions. The American Academy of Pediatrics Ad Hoc Task Force on Circumcision correctly noted in 1975 that ***a program of good hygiene offers all the advantages of routine circumcision without the attendant surgical risk.***[154] In 1986 the American Academy of Pediatrics further pronounced about the intact infant or child: ***The uncircumcised penis is easy to keep clean. No special care is required.***[155] This was confirmed for older children and adults as well in a survey of the *Effects of Hygiene Among the Uncircumcised*, which stated:

> *The purpose of this study was to test this [1975 AAP] assumption by investigating whether uncircumcised subjects were likely to practice good hygiene and the effects of hygiene on the condition of the prepuce and the glans. The study findings do support the conclusions of this committee. This study indicates that cleansing the glans two to three times per week with gentle retraction of the foreskin can decrease the incidence of problems most commonly associated with being uncircumcised.*[156]

It is an erroneous and patronizing view of males, which assumes that they cannot perform this simple aspect of personal hygiene.

It is common medical knowledge that females produce far more genital smegma than males. As recently as 35 years ago, concern for feminine hygiene was so great as to justify female circumcision on a limited scale in the United States. In the September, 1958 issue of the medical journal GP, Dr. C.F. McDonald of Milwaukee, WI authored an article entitled, *Circumcision of the Female* and stated:

> ***Smegma accumulation (in the female) can cause trouble. If the male needs circumcision for cleanliness and hygiene, why not the female? I have operated on perhaps 40 patients who needed this attention. The same reasons that apply for circumcision of males are generally valid when considered for the female.***[157]

Phimosis and Paraphimosis: These are rare conditions that occur when the *adult* prepuce will not retract over the glans or when a retracted prepuce will not return to its forward position.[158] Phimosis is often erroneously used as a justification for circumcision of the infant or child.[159] Since non-retractability of the prepuce is a normal condition in most male children, a diagnosis of phimosis in the infant or young child cannot be accurately made to justify circumcision. Only 52% of male prepuces are spontaneously fully retractable by age ten, and 87% are fully retractable by age 15.[160] When true phimosis in the late adolescent or adult does occur, it can be treated, as it is in Europe, Asia, and other nations, with simple manual techniques that gently and naturally stretch the prepuce. These methods are simple, safe, non traumatic, and cost nothing.[161]

Incidentally, the fact that *females* can also experience phimosis has not escaped the attention of the American medical community. In his article entitled *Female Circumcision, Indications and a New Technique* published in the September, 1959 issue of the medical journal GP, Dr. W.G. Rathmann wrote:

> ***Redundancy or phimosis of the female prepuce (foreskin) can prevent proper enjoyment of sexual relations, yet some modern physicians overlook indications for circumcision. Properly carried out, circumcision should bring improvement, with resulting cure of psychosomatic illness and prevention of divorces.***[162]

The article featured two photos of a seven inch instrument for female circumcision, as well as six photos of the female circumcision procedure from start to finish. The article concludes, ***This technique is extremely simple, accurate and bloodless.*** While it is ludicrous today to suggest that female circumcision could prevent divorce, Rathmann's argument that it prevents or cures phimosis, and McDonald's earlier argument that female circumcision improved hygiene, were based on the same *seemingly sound* medical rationale used today for routine male circumcision: remove a healthy body part *before* it presents a hygiene or infection problem. One might seriously question why this type of prophylaxis fell into disrepute for females yet continues for males.

Penile Cancer: Penile cancer is extremely rare (1 in 100,000).[163] It is mostly found in elderly intact males with a history of smoking, and a history of venereal disease, especially infection with Human Papilloma Virus (HPV).[164] **This cancer also occurs in circumcised males with similar risk factors.**[165] [166] [167] **Because it is so rare even among the uncircumcised, over 99.99% of intact males will never get penile cancer**. In truth, the effect of circumcision on reducing the risk for penile cancer is so insignificant that it is medically unreasonable to circumcise 100,000 newborn males in an attempt to save one theoretical elderly adult who could have avoided this cancer through responsible health behaviors.

Furthermore, there are no significant differences in the rate of new cases or deaths from penile cancer in the U.S. versus those in European nations, where the vast majority of males are not circumcised.[168]

Completely overlooked, both in medical and popular literature, is the fact that HPV does not arise spontaneously from the foreskin, but the male must first *contract* it from his partner. In heterosexual relations, HPV can be transmitted from an infected woman to her male partner, regardless of his circumcision status. If HPV is the primary cancer-causing culprit infecting vulnerable mucosal tissues of the male and female, and if circumcision is the accepted prophylactic for reducing one's risk, then *universal* newborn circumcision of potential infection sites from males *and females* would be the logical solution.

Restoring balance to this whole argument however, is Dr. Sydney Gellis who stated unequivocally:

> *It is an incontestable fact at this point that there are more deaths each year from complications of circumcision than from cancer of the penis.*[169]

It is indisputable that more men, both circumcised and intact, are diagnosed each year with cancer of the prostate or the testicle(s) than cancer of the penis. One in 300 American men will develop testicular cancer each year[170], while one in 11 will develop prostate cancer[171]. Are we as a nation willing to adopt routine prostatectomy of male infants and children to spare them this more common, and more serious, form of cancer? In a definitive statement, Dr. Elliott Grossman and Dr. Norman Posner asserted:

> ***No one today seriously promotes circumcision as a prophylactic against cancer of any form. No significant correlation between cancer and circumcision has ever been proved.***[172]

Cervical Cancer: At one time, the enigma that Orthodox Jewish women demonstrated lower rates of cervical cancer than non-Jewish women prompted the theory that the former were protected from cervical cancer by virtue of their presumably circumcised husbands. With no corroborating evidence, researchers concluded that smegma, the sub-preputial lubrication from intact male partners, led to cervical cancer in non-Jewish women. This was disproven in 1973 by Dr. Milton Terris.[173] **It is now known that smegma is not carcinogenic, and that the rates of cervical cancer are no greater in Europe, where neonatal circumcision is not practiced.**[174] It is now believed that cervical cancer, like penile cancer, results from other environmental factors, including multiple sex partners and exposure to Human Papilloma Virus (HPV), which can be harbored under the male and female foreskin and other genital mucosal tissues, and which can also be contracted from and transmitted to circumcised male partners. [175]

In this argument, no one seems to ask the following logical questions. **Is it logical and ethical to surgically amputate healthy body parts from one person, especially from an unconsenting newborn, to prevent potential disease in another person?** Certainly, responsible hygiene and sexual behaviors *by both partners* plays a more critical role in the transmission of HPV, or any other sexually transmitted disease, than does presence or lack of a foreskin. **Isn't HPV transmission a two-way street?** HPV does not arise spontaneously from the male or his foreskin. The male must first contract it from an

infected partner. If the female is infected, the mucosal tissues of her genitalia can harbor the virus, which she can transmit to her intact *and circumcised* male partners, thereby increasing the male's risk of penile cancer. The obvious question then follows. **If surgical excision of healthy mucosal tissue of the genitalia is desirable to reduce one's risk of contracting or transmitting HPV, thereby allegedly preventing cancer, why is such surgery applied to only one-half of the at-risk population, namely males?** The mucosal tissues of the female genitalia at-risk for contracting *and transmitting* HPV are the clitoral hood (female foreskin), the clitoris, cervix, the vaginal walls, and portions of the inner and outer labia.

While the above inference to female circumcision may at first appear ludicrous, the reader is reminded that American medical journal articles once rationalized and espoused various forms of female circumcision for prophylaxis or treatment up until the late 1950s,[176] using the same specious arguments currently used to justify male circumcision.

Urinary Tract Infection (UTI): This is by far the most common argument some doctors currently use to promote neonatal circumcision, yet one of the weakest arguments scientifically and logically. It is ludicrous to suppose that amputating the prepuce and exposing the delicate glans, the urethra and its meatus to feces, urine-soaked diapers, and abrasive clothing is more healthful, and is less apt to cause infections of the urinary tract than a naturally intact penis with a urethral opening shielded by the protective prepuce. *What sensible person makes an unnecessary, elective incision through the intact skin of a fragile newborn child in an area close to the anus where it is impossible to prevent inundation by urine and fecal soiling of the incision? That an intelligent physician would do this is incomprehensible.*[177] **Not surprisingly, based on findings by Griffiths and Fraser, Williams and Kapila report a post-circumcision infection rate of up to 10%** [178]

Misinformation about UTI stems largely from studies by Dr. Thomas Wiswell, allegedly proving a ten-fold increase in UTI among intact male infants over those who were circumcised. In his *retrospective* study, Wiswell found that intact males acquired UTI at conflicting rates of between 0.24% and 1.4%. **Conversely however, one can say, using the higher rate, that the vast majority (98.6%) of intact males did *not* get UTI.** UTI is also common in infant females. Both are easily treatable with antibiotics.[179] In Europe however, where circumcision is not practiced, the rate of UTI is reported to be only 0.56%.[180] **Such discrepancies ought to make one inquire about the association between pathology and American birthing and infant care practices, rather than any association with the male foreskin.**

Recent research indicates that breast feeding and more natural birthing practices might possibly prevent UTIs.[181] [182] [183] [184] This might lead one to ask why the majority of normal, healthy males should undergo painful and traumatic penile surgery to prevent minor, easily treatable infections that only about 1% of males will get. In 1989, the AAP admitted that Wiswell's study was "retrospective," "methodologically flawed," and "may be influenced by selection bias."[185]

In addition, more recent and careful research by Dr. Martin Altschul[186] and others concluded that most cases of infant male UTI were the result of either congenital urinary tract abnormality or improper care (i.e., forced premature retraction of the prepuce) by parents or misinformed medical personnel.[187] [188] [189] In fact, Wiswell incorrectly and inappropriately instructed the parents of the intact infants in his study to retract and

wash the glans with soap and water routinely. This trauma-inducing, and unhygienic mishandling of the infant penis is most likely responsible for the 1.4% infection rate, which is dramatically higher than that reported in Europe (.56%)[190] where the practice is to leave the intact infant penis alone.

Further recent research on the subject by Dr. Robert S. Thompson came to the following conclusion:

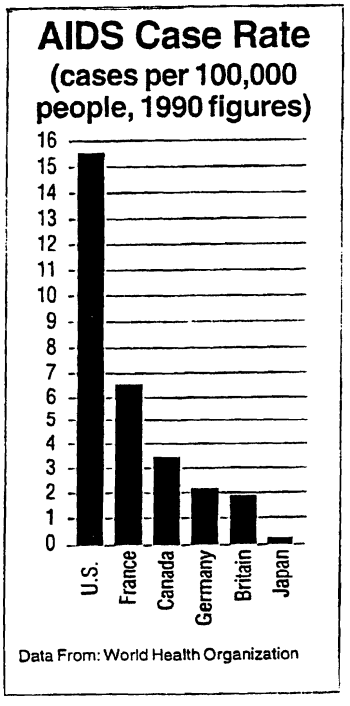
> *Unequivocal proof that lack of circumcision is a risk factor for increased UTI is currently unavailable. The behavior change suggested that (circumcision) is not harmless and therefore cannot be recommended without unequivocal proof of benefit. The rate of non-event (no UTI) may be increased from 99.0% to 99.9% by circumcision. The price of a potential benefit to 9 in 1000 will be numerically overbalanced by the moderately severe to severe complications (early and late) even if the rate for early complication is as low as 0.2%*[191]

Under Dr. Thompson's research, 99% of intact newborn males will not contract UTI, versus 99.9% of circumcised newborn males. One must however, consider circumcision complications in this argument before promoting such a medical intervention. Utilizing circumcision to prevent the 9 in 1,000 cases of UTI that would be found in an uncircumcised group, Thompson found ***"the result will be 41 more individuals moderately or seriously adversely affected by circumcision than the 9 who may benefit."***[192] Dr. Thompson was essentially in agreement with the work of Dr. A.S. Brett, who concluded: *"Intervention based on risk factors* [i.e., prophylaxis, which is what neonatal circumcision is] *differs qualitatively from the treatment of already manifest disease."*[193] In direct reference to neonatal circumcision, Dr. Thompson asserted, *"The standard to be met is higher; it has not been met."*[194]

Altschul also found that assuming circumcision might prevent UTI, a disproportionate number of circumcisions would have to be performed to prevent even one case of UTI. He states:

> *The cost of using routine circumcision to prevent infantile urinary tract infection is $60,000 per infection prevented. The cost of preventing one ureteral reimplantation is estimated at $3 million.*[195]

Circumcision is clearly the most expensive way to address this otherwise easily and inexpensively treated urinary condition.



Sexually Transmitted Diseases & AIDS: These diseases do not respect circumcision status, to which the majority of circumcised American men with AIDS can attest.[196] HIV is a virus acquired by one's activities (unprotected sex, intravenous drug use with unsterilized needles, etc.), not by one's circumcision status. Education about proper hygiene and responsible sexual and social behaviors is a stronger public health argument for the prevention of AIDS, as evidenced by such programs in non-circumcising Western nations. **The suggestion that circumcision prevents AIDS is ludicrous given that the United States has both the highest rate of circumcision in the Western world and one of the highest rates of AIDS infection.**

It is also somewhat embarrassing when presumably well-educated American physicians and popular advice columnists suggest infant circumcision to reduce one's risk for AIDS, especially in light of these wise remarks about sexual behavior found in the Lightfoot-Klein book, *Prisoners of Ritual,* made by one young African woman:

What protects a boy or girl from making mistakes is not the removal of a small piece of flesh from the body, but awareness and understanding of the problems we face.[197]

There do exist however, some American physicians who are challenging the irresponsible use of AIDS risk as a justification for routine neonatal circumcision. Dr. Walter R. Dowdle, Deputy Director of the Centers for Disease Control has unequivocally stated:

Our studies have not found circumcision to be either protective or a risk factor for AIDS or HIV infection in adults or in children.[198]

Also, Dr. D. W. Cameron, author of a 1989 AIDS research study,[199] which was alarmingly and erroneously reported in the media to show a causal relation between circumcision status and HIV infection, has protested the misuse of his findings by stating:

It is not the foreskin that causes these diseases, and circumcision will not prevent them.[200]

In addressing the issue of the sexually transmitted and potentially cancer-causing Human Papilloma Virus (HPV), Ronald L. Poland, MD, who served on the 1989 AAP Task Force on Circumcision, identified the crucial factor when discussing HPV, HIV or any other sexually transmitted disease:

(A)voiding infection by limiting one's sexual contacts and by using condoms appropriately is more likely to be effective in prevention (than circumcision).[201]

With a realistic long-term view of the AIDS epidemic as it relates to calls for neonatal circumcision, Theodore Ganiats, MD wrote in a 1989 letter to the editor of the *Western Journal of Medicine*:

The possible effect of circumcision on the transmission of the AIDS virus is, of course, difficult to estimate. AIDS is unlikely to be an issue for a child born in 1989 until at least the year 2005, and we have no idea what the epidemiology of AIDS will be 16 years from now.[202]

In a letter to NOHARMM dated July 9, 1993, well-known San Francisco AIDS researcher Dr. Marcus Conant stated:

Without good epidemiological data to support circumcision, I do not think we are in a position to endorse routine infant circumcision as a valid public health measure.

Remaining unexamined at this time are the following concerns by various medical professionals in the U.S. and abroad that circumcision may actually *increase* one's risk for AIDS and other sexually transmitted diseases:

- Without the naturally lubricating and gliding mechanism of the prepuce, friction often occurs which increases one's risk for abrasion and lesions. Lesions provide entry points for viruses.

- Without the highly erogenous prepuce, the male potential for sexual sensitivity is diminished, especially with age, making it less likely he will want want to further diminish his sensitivity with a condom.

- Harm documentation respondents confirm this progressive sensitivity loss, with remarks commonly made that the male must resort to prolonged, exaggerated and painful thrusting into his partner simply to gain enough stimulation to reach orgasm. This is often done to the point of mutual abrasion and bleeding, thereby increasing risk of blood-to-blood transmission of viruses.

Infant Pain: Although common sense, and more recent scientific evidence, tells us that babies feel pain to the same or greater extent than adults,[203] [204] [205] [206] many people still mistakenly believe that circumcision is less painful to the infant. **To the contrary, circumcision is more painful for the infant, because unlike the older child or adult, the natural and gradual separation of the prepuce from the glans has not yet occurred. It must be torn from the glans, and the skin crushed circumferentially in order to circumcise. Both are typically done to the infant without anesthesia.**[207] Older boys and men are given the benefit of anesthesia and post-operative pain management. That most males do not consciously remember their circumcision as an infant does not mean the pain and trauma are not still present at the subconscious level of mind and body. As Bollgren and Winberg in Europe have stated:

> *An Ethics Committee on Experimental Animals would not accept a procedure such as circumcision on laboratory animals without adequate anaesthesia. The human right[s] not to be subjected to unnecessary pain will be recognized and defended also in the newborn, who as a matter of fact react[s] more intensely to painful stimuli than other age groups do.*[208]

The most recent U.S. report on infant circumcision pain and analgesia came to the following rather unstartling conclusion:

> *This study confirms that circumcision of the newborn causes severe and persistent pain. Acetaminophen* [a common ingredient of Tylenol] *was not found to ameliorate either the intraoperative or the immediate postoperative pain of circumcision, although* it seems *that* it may *provide some benefit after the immediate postoperative period.*[209] [emphasis added]

Of more interesting note however, is how some in the American media chose to report this study. Comparing just the headlines makes one wonder how the public is being misled by the media on this issue: The San Jose (CA) *Mercury News* of April 12, 1994 [headline: *Tylenol can make circumcision hurt less, study says*] reported: *A little Tylenol can take some painful sting out of circumcision.*[210] Sting? The study concluded the pain was severe and persistent. The paper also erroneously reported that the American Academy of Pediatrics endorses circumcision, when in fact AAP policy is neutral. On the same day, the Rochester (NY) *Democrat & Chronicle* published an article on the survey [headline: *Circumcision analgesic may not be enough: procedure may take painful toll*][211] and included without question a comment by Cynthia R. Howard, MD, the study's principal author, that: *Most infants sleep through or are quiet through the procedure.* Had the newspaper sought balance from circumcision information organizations, they would have learned, as evidenced by numerous circumcision videos, that most infants exhibit one or both of the following reactions; they scream profusely (screaming is a common human reaction to pain, regardless of age),.or they lapse into a semi-comatose state from the pain and shock of the surgery.[212] It is this semi-comatose state that is often mistaken for sleep. Any informed and alert reporter would have immediately questioned Howard with: If most infants are quiet or sleep through the surgery, why then the need for pain killers? Would an adult sleep through a 15-minute unanesthetized genital surgery? It is obvious that the reporter was deliberately (and willingly?) misled by Howard.

In 1993, media attention was given to the fact that a new analgesic cream (EMLA) had been found to be effective in reducing infant pain and distress during circumcision. The development of such creams, as well as the dorsal penile nerve block, do not mitigate post-operative pain however, which can last for up to one week and for which infants receive no pain management. The entire matter of "improving" technique and making infant circumcision painless and bloodless does not address the ethical question of unnecessary genital violation. Upon media attention to the use of EMLA cream for infant circumcision, one reader wrote a letter to the editor of the *San Francisco Chronicle,* in which he noted that making unnecessary surgery like infant circumcision painless and bloodless is not a step toward more responsible medicine:

> ***An anti-pain cream for rape victims would make about as much sense, just apply before penetration so that rape need not be the painful experience that it is.***[213]

Ethical medicine calls not for ways to make circumcision of newborns painless, but for a new vision of medical leadership whereby physicians refuse to perform infant circumcision when there is no medical indication, especially since it is done at the request of parents simply for tradition or social custom.

Aesthetic Appearance: Studies have proven that even after parents are presented with evidence refuting the medical arguments for circumcision, the majority of those who choose to have their sons circumcised do so out of social custom and a desire to have their son's genitalia match their father's, or out of concerns for the boy being different from others in the locker room.[214] [215] The only known study to address this issue[216] indicates that intact boys do not suffer any meaningful psychological effects due to difference in circumcision status between them and their fathers or other boys. Such a "social conformity" argument was not used when

circumcision was introduced in this country at a time when the majority of fathers were not circumcised. It is not logical to use it in the 1990s. With neonatal circumcision declining in the U.S., there will be increasing numbers of intact males in American locker rooms.

Parental Rights: Thomas Paine once said, "*A long habit of not thinking a thing wrong gives it the superficial appearance of being right.*" While in the past, this surely characterized the attitude of many parents who may have felt it was their "right" to submit their newborn sons to circumcision surgery, increasing numbers of American parents today are becoming aware that children are not chattel to be surgically altered according to parental preference.[217] [218] This awareness, coupled with the growing knowledge that neonatal circumcision lacks any medical necessity, is contributing to the declining rate of neonatal circumcision in America.[219]

Position of the American Academy of Pediatrics: As has already been discussed earlier in this report, this medical body confirmed in 1971 that "***There is no absolute medical indication for routine circumcision of the newborn.***"[220] In 1989, an AAP task force review of *retrospective* data on urinary tract infection prompted a more neutral stance indicating that "the procedure has *potential* medical benefits as well as *inherent* disadvantages and risks."[221] The American media however, consistently and erroneously reports that the AAP has reversed itself or that it endorses the surgery. In 1989, Donald W. Schiff, MD, president of the AAP at that time, stated unequivocally, "***We have not reversed position.***"[222] Even one of the most outspoken proponents of infant circumcision, Edgar J. Schoen, MD, made it very clear in 1990 that "***The report took a neutral stand and stopped short of recommending the procedure on a routine basis. This is still the position of the American Academy of Pediatrics.***"[223] There have since been no further policy revisions.

Contrary to ongoing erroneous reports by the American media,
the American Academy of Pediatrics does not endorse routine infant circumcision.

In summary, it is historical fact that all of the commonly held rationale for newborn circumcision were refuted in the 1970s and early 1980s. With the advent of Dr. Wiswell's erroneous UTI data in the late 1980s, this new argument, combined with AIDS fears, fueled a phoenix-like resurrection of the specious and previously discredited hygiene and cancer misinformation of the past. Some members of the American medical community are now using this questionable scientific research in an attempt to justify routine neonatal circumcision to a gullible public, and a surprisingly gullible media.

All of this misinformation might seem rather harmless if it were not for the negative consequences that result from it. Aside from the obvious contribution it makes to unnecessary circumcision of newborns, this same misinformation also creates mild forms of public hysteria. Mary Fleming works on a NOCIRC helpline in Rochester, NY and knows firsthand the effect medical misinformation has on the public psyche. She states:

> *Every time the media reprints research from misinformed members of the medical community about the alleged health risks posed by the foreskin, I'm confronted with questions from anxious callers. Intact men are worried about their health risks, and their wives are worried about cervical cancer and other alleged health dangers from their husband. All of this needless worry could be prevented if the medical community would get it's act together.*

MUTILATION BY ANY OTHER NAME

As reported earlier, true female circumcision, the surgical amputation of the clitoral hood (female foreskin) as both a prophylactic and therapeutic treatment, enjoyed enough respect in the United States to have its indications and techniques touted in American medical journals as recently as 1959. Clitoridectomy, under the misnomer of clitoriplasty, was covered by Blue Cross until as late as 1977[224] and is still performed on intersexual children (those with ambiguous genitalia)[225]. If more widely known to the public, both of these would be considered mutilation. In 1994, female circumcision is again coming into public consciousness with the knowledge that it still exists in various forms among some African and Middle Eastern cultures. Many Americans rightly condemn it as "mutilation," yet do so with an arrogant self-righteousness born of ignorance of our own shameful history of the practice and a double standard that permits genital mutilation of the male child.

Unquestionably, amputation of a single breast (mastectomy) under anesthesia for necessary life-saving reasons, is widely viewed by those patients, indeed many people in our culture, as a form of mutilation. The intent of a mutilative surgery does not have to be sinister.

> *It is to be expected that numerous circumcisers will object to the frequent use of the word "mutilation" as a designation for circumcision. Before the procedure became imbued with the mystique that has enabled it to pose as a cure-all for a veritable Pandora's Box of pathology, "mutilation" was frequently and properly used to describe the operation.*[226]

It is clear that infant male circumcision amputates a unique, healthy and beneficial genital organ without being medically indicated and without the consent of the individual. Additionally, it not only carries with it both immediate risk and adverse long-term consequences, but is also performed for reasons of admitted social custom. For all of these reasons, infant circumcision constitutes, and can justifiably be called, mutilation.

SECOND AWAKENING:
HISTORY AND PSYCHOLOGY OF CIRCUMCISION IN AMERICA

BRIEF CULTURAL HISTORY OF CIRCUMCISION IN AMERICA

For the original adoption of any practice there is always some reason, though subsequently different reasons may be substituted from time to time, and the original reasons be completely forgotten and lost.[227]

The above quote in 1946 by Ashley Montague firmly establishes the dynamics relative to the adoption and perpetuation of routine infant male circumcision.

Historically, circumcision has always been limited to primitive cultures with a strongly patriarchal influence and strict social taboos against challenging the practice. Many cultural anthropologists agree that alteration of children's genitals of both sexes originated as ancient religious blood rituals and/or anti-sexual cultural attitudes.[228] Even today, circumcision is not popular among most of the world's peoples.

Routine neonatal circumcision for alleged medical reasons is a uniquely 20th century phenomenon of the English-speaking world. In her book *Methods of Childbirth (Revised Edition)*, published in 1990, Constance A. Bean unearths long forgotten Anglo-American social and medical history by noting:

Dr. James Hutchinson of the Royal College of Surgeons in England is described as the instigator of nonritual circumcision as an assumed deterrent to masturbation. He proposed in 1891 that "if public opinion permitted their adoption, measures more radical than circumcision would be a true kindness," leaving his thoughts on these to the readers' imagination. The Puritan heritage in America supported this "treatment." In Holt's Diseases of Infancy and Childhood, *circumcision was a recommended "treatment" for masturbation, associated in the 1930s with insanity.*[229]

The custom of male circumcision (and to a lesser extent, female circumcision) in Britain, the U.S., Canada and Australia began as a result of Victorian theories that it would cure or prevent masturbation, which was believed to cause bed wetting, alcoholism, insanity, polio, epilepsy, tuberculosis, and other mental and physical ills.[230] [231] [232]

The notion that masturbation could be prevented by circumcision was most likely based on the experience of intact males who knew the intense pleasure that the foreskin affords, and can arouse, even by the simple act of retracting the foreskin for washing. Circumcision for the purposes of diminishing sexual response was also undoubtedly known for hundreds of years prior. Jewish scholar Moses Maimonides (1135-1204 AD) wrote in his *Guide for the Perplexed* that the effect of circumcision was:

(T)o limit sexual intercourse, and to weaken the organ of generation as far as possible, and thus to cause man to be moderate...for there is no doubt that circumcision weakens the power of sexual excitement, and sometimes lessens the natural enjoyment; the organ necessarily becomes weak when...deprived of its covering from the beginning.[233]

Incidentally, Jim Bigelow, PhD, author of *The Joy of Uncircumcising!*, found that the American style of circumcision was borrowed directly from the Jewish circumcision in that it involved a radical stripping away of the entire foreskin. This method however, was not that which was originally adopted by followers of Judaism. The original religious covenant of circumcision removed just the protruding tip of the infant foreskin (bris milah). Jewish males in later Hellinistic cultures however, found that bearing such a mark in venues such as nude sporting events and public bathhouses was disadvantageous in these societies that accorded social and economic benefits to uncircumcised Gentiles. Many Jewish males, who still had some degree of foreskin remaining, stretched and "restored" their foreskin. The procedure was then radicalized (bris periah) in approximately 140 A.D. in an attempt to discourage future generations of males from obliterating the sign of the covenant.

The radical Jewish circumcision then, served as the model when English-speaking nations adopted the practice in a misguided attempt to discourage masturbation.[234] Removing the gliding sheath of erogenous foreskin may have made masturbation less easy, and to a certain extent less enjoyable, but it of course did not prevent or cure masturbation. By the time this association was disproved though, male circumcision had become so firmly entrenched in the medical profession that other rationales were sought to justify continuing the practice, including claims of improved hygiene, prevention of prostate, penile and cervical cancer, and ultimately urinary tract infections and AIDS.[235]

To date however, these claims have been based solely on association with no proof of the prepuce being the causative factor. Over the past 100 years, the medical establishment has consistently failed to prove that routine neonatal circumcision carries any significant medical advantage over the intact (non-circumcised) state for the vast majority of males. The only basis for the medical rationale of circumcising the newborn appears to be the poor hygienic practices and unsafe sexual behaviors of a few.

It was not until World War II however, when hospital births became the norm over home births, that the American medical establishment adopted the practice routinely and on an institutional mass scale. Former customs were discarded in favor of the new order. Birth at home was considered uncivilized, breastfeeding was old-fashioned, and the foreskin was something to be discarded along with the umbilical cord. Since then, millions of infant boys have been genitally mutilated. In the period from 1940 to 1990, an extremely conservative estimate of the number of neonatal circumcisions performed exceeds 65.8 million.[236] **These infants were, in effect, prisoners of medicine.**

Because infant circumcision became so routinely performed in many hospitals, it surely must have seemed to most parents that almost every baby boy in the country underwent this medical ritual. More accurately stated, routine circumcision of American newborn males had become a cultural ritual. That the United States remains the only modern nation to this day to circumcise the majority of its newborn infants for non-religious reasons is surely one of the most curious of all social enigmas.

George T. Klauber, MD shed some light on this social custom in 1973 when he wrote:

The practice lends itself well to the North American preoccupation with hygiene and the banishment of all body odors. Social pressures are among the reasons why Americans to this day opt for circumcision of their sons. Everybody does it. It looks better.[237]

James Prescott, PhD, further explained in his 1989 Truth Seeker article entitled, *Genital Pain vs. Genital Pleasure: Why the One and not the Other?*:

Male circumcision is not primarily a medical issue but rather has its roots in deeply held religious beliefs and social customs that defy rational and humane understanding.[238]

MEDICAL POLITICS

A recent example of the negative effects of these "deeply held religious beliefs and social customs that defy rational understanding" came in the form of a political tug-of-war within the California Medical Association (CMA) that resulted in passage of a resolution endorsing routine neonatal circumcision as an "effective public health measure."

In March of 1987, the late Dr. Aaron Fink authored a rather simple resolution that was introduced by Robert L. Bratman, MD (Res. 712-87) calling on the CMA to "endorse the concept of newborn circumcision as a public health measure." The following month, in a Report to the Scientific Board from the Advisory Panels on Pediatrics and Urology, it was decided not to adopt Res. 712-87 because ***"the scientific evidence supporting this resolution was not sufficiently convincing."*** The Report from the Panels added, "The arguments advocating circumcision as a public health measure are obviously biased in favor of the resolution and equally important information contrary to these views was not addressed."

Undaunted, Dr. Fink returned the following year with Res. 305-88 introduced again by Dr. Bratman in March of 1988. The new resolution asked for the same endorsement, adding "effective" to the words "public health measure." This time, Dr. Fink supported his resolution with 133 references he felt contained "sufficiently convincing evidence." The resolution resurrected previously refuted arguments to further obfuscate the issue. Since however, resolutions can be presented at CMA annual meetings and approved by the House of Delegates, Dr. Fink presented Res. 305-88, with its impressive-looking support documentation, to the House members. By promoting this genital "public health measure" to those in attendance who represented not only the relevant fields of pediatrics and urology, but also ophthalmology, dermatology, proctology and other fields irrelevant to the issue, Drs. Fink and Bratman were able to get the resolution passed through the House of Delegates of the CMA *without the approval of their own Scientific Board.*

Incidentally, in his resolution, Dr. Fink refers to comments made by leading AIDS researcher Dr. Marcus Conant that would lead one to assume Dr. Conant supports circumcision as an AIDS prevention strategy. Subsequent telephone conversations and written correspondence between NOHARMM and Dr. Conant confirms just the opposite. In a letter to NOHARMM dated July 9, 1993, Dr. Conant states:

Without good epidemiological data to support circumcision, I do not think we are in a position to endorse routine infant circumcision as a valid public health measure.

To restore balance to the CMA policy on newborn circumcision, an attempt was made in March of 1989 to rescind Res. 305-88. This was a simple, common sense resolution introduced by John Hardebeck, MD noting that "newborn circumcision is a procedure without factual, demonstrable, supportable medical indications in the overwhelming majority of cases." It continued, "Newborn circumcision has many complications rarely communicated to the parents, informed consent is seldom obtained, and most medical authorities worldwide feel that newborn males have a right to remain intact except in rare instances." Unlike Dr. Fink's resolution, Dr. Hardebeck's resolution lacked impressive supporting data. One would think however, that common sense and wisdom would not need voluminous supporting documentation. The resolution failed.

Since the unsuccessful 1989 attempt, the policy has not yet been re-challenged, although a counter-resolution has been prepared and awaits a suitable sponsor. The 1988 CMA policy authored by Dr. Fink is the only such policy known to be adopted by a state medical association.

LEARNING FROM THE PAST: BRITAIN'S EXPERIENCE

There is precedent however, of former circumcising nations which have all but eliminated the practice. Prior to 1948, neonatal circumcision rates in Britain were as high as some regional rates currently in the United States. When the British adopted a national health plan in 1949, the British National Health Service deemed neonatal circumcision to be medically unnecessary and the procedure was not included as a covered expense. Consequently, fewer parents opted for this contraindicated, elective surgery. Today, Britain's neonatal circumcision rate stands at less than one-half of one percent. **Circumcision proponents of the time predicted dire health consequences for intact males, none of which have ever materialized.**

If the British were able to extricate themselves from this unnecessary surgery, why not the Americans? Several reasons are offered to explain this.

- The post-war economic situation in Britain did not allow for a national health care plan to pay for unnecessary surgeries.
- Unlike Britain in 1948, contemporary American society has countless private insurers, as well as consumers with relatively high levels of personal income conducive to private payments for unnecessary surgeries.
- Perhaps the most critical difference between the two; circumcision had not become a widespread or ingrained social custom in Britain by 1948, leaving most British physicians intact. A *circumcision psychology* had not yet established itself.

With this being the case, the psychology of childhood genital mutilation that circumcising societies hold in common may warrant further attention.

PSYCHOLOGY OF AMERICAN CIRCUMCISION ATTITUDES

The circumcision debate in the United States tends to focus on medical issues. There has been virtually no discussion of psychological issues, which leaves the public with the assumption that they do not exist. A closer examination reveals some profound psychological aspects of this practice that need further study. Whether we turn our attention to parents, doctors, infants, men, or the society at large, there are signs of hidden emotional issues connected to circumcision that have gone unreported.[239]

THE ABERRANT CIRCUMCISER

That proponents of circumcision within the medical community either demonstrate an extreme lack of emotion when discussing this genital mutilation, or become agitated when questioned about its necessity, is in itself a phenomenon worthy of study.

Routine neonatal circumcision is viewed by physicians with various degrees of favor or disfavor. The discrepancy of opinion can no longer be found in scientific explanations.[240]

What motivates circumcisers of children? What character and personality traits do they hold in common? Perhaps the most common trait to all would be that of blind obedience to authority. After all, one doesn't question in medical school what one is being taught as *standard accepted medical practice*.

This obedience to authority makes it easy to understand why serious moral and ethical questions about pain and human rights have traditionally been ignored by the medical community when the issue is infant circumcision. An example of how humans can be conditioned to ignore these issues through compliance behavior in medical schools and at work are better understood when examining the research of Dr. Stanley Milgram of Yale University, as described in the book *Only Human* by Stephen Juan.

*In **Obedience to Authority** (Tavistock, 1974) Dr. Milgram writes, "This is, perhaps, the most fundamental lesson of our study: ordinary people, simply doing their jobs, and without any particular hostility on their part, can become agents in a terrible destructive process. Moreover, even when the destructive effects of their work becomes patently clear, and they are asked to carry out actions incompatible with fundamental standards of morality, relatively few people have the resources needed to resist authority. A variety of inhibitions against disobeying authority come into play and successfully keep the person in his place."*

Dr. Milgram's experiments consisted of making unsuspecting university students participate in a "learning experiment." Under the orders of a scientist (Dr. Milgram), complete with white laboratory coat and surrounded by scientific-looking equipment, a student became the "teacher" whose task it was to administer steadily rising degrees of electric shocks to a "learner." The learner was unseen, but not unheard. The learner was supposedly strapped to a chair in a nearby room in front of a task to be "learned." The learner was to be "conditioned" by shocks to avoid errors ("to learn better").

Of course the "teacher" was the real subject of Dr. Milgram's experiment. The object being to discover how far a normal person would go in carrying out orders by an authority, even though obviously injuring or killing another human being. Unknown to the teacher, the learner was not being shocked, but merely acting the part, complete with cries, shouts and pleas for mercy all coming from the next room. The learner was, in fact, one of Dr. Milgram's assistants.

The situation was made more realistic to the teacher by the elaborate, sophisticated-looking, supposedly "very scientific looking" electric shock-inducing switchboard that was to be used. It had a keyboard with marked buttons ranging from "slight shock" to "danger-severe shock." And prior to the teacher administering shocks, Dr. Milgram gave each a tiny, genuine shock. Thus, they could understand what sorts of pain the learner would be receiving, but in ever increasing doses. Naturally, the learner intentionally made many mistakes so that the teacher would be called upon to administer numerous and steadily more severe shocks. Therefore, while at one end of the experiment there was a suffering victim evoking the humane urge to stop, at the other end there was the authority figure instructing the teacher to continue on at whatever cost.

The authority figure would first say "in the interests of science continue," then, "please continue," then "the experiment requires that you continue," then "it is absolutely essential that you go on," and finally "you have no choice but to go on." This would proceed until supposedly fatal shocks were being administered, and when no further cries could be heard from the learner.

The experiment was repeated many times. Dr. Milgram found that ordinary young men would invariably obey what were, in effect, criminal orders to torture and murder a complete stranger, someone never even seen. He writes, "even with this low degree of expected zeal or commitment and without prior conditioning, ***not one*** *participant refused* ***ab initio*** *to go on the moment he knew he was beginning to cause discomfort to another human being. Two-thirds of the subjects obeyed the experimenter to the last and severest shocks, so to speak against all moral imperative."*[241]

Dr. Milgram discovered that individuals can be induced to perform behaviors that otherwise would have been odious to them, simply by manipulating the authority and the setting. Amputating a healthy part of an innocent child's genitalia, especially without anesthesia, would otherwise not be acceptable to most people outside the structured medical environment. It is this structured environment that permits a human rights violation like infant circumcision to occur, an environment that has pushed many medical professionals beyond the limits of their moral conscience, and against which a new movement of medical conscientious objectors has been organized (see discussion in Fourth Awakening).

Jim Bigelow, PhD, in his book, *The Joy of Uncircumcising!*, sheds further light on this topic by commenting on the factors that enable circumcisers of infants to assume such a role.

Many doctors note with pride the fact that they speak with authority on the subject of infant circumcision, having performed hundreds or even thousands of them. Others note that they continue to perform circumcisions at the request of parents even though they, themselves, see no advantage to the procedure. What allows these individuals to walk up to a crying baby strapped to a board and take up probes, clamps, and scalpels to amputate a healthy part of his body?

Training: *Detachment and noninvolvement are necessary defenses against emotions which could easily interfere with the task at hand. This explains how many doctors can dismiss the claims of those opposed to infant circumcision with a simple phrase, "You're just being emotional." The physician's emotional insulation provides enough layers of protection that most painful, and in some cases even joyous, events simply do not penetrate the armor. This stoic defense was articulated by Thomas Wiswell, MD, on whose shoulders rests the current debate over urinary tract infection and circumcision:*

> ***Circumcision, as performed in this country, is a painful, traumatic event. Anyone who has observed or performed the procedure recognizes how distressed and pained the infants are. Those of us practicing the usual method of foreskin removal have to consciously and unconsciously suppress our own emotions. The concepts that infants do not feel discomfort and will not remember the procedure cannot be substantiated.***[242]

Beliefs*: If a doctor is convinced that circumcision is good for the male, then a whole series of 'logical' conclusions suggest that during infancy is the best time to do the procedure - for the boy's good! Dr. Thomas Ritter, author of Say No to Circumcision!, writes:*

> ***The worst thing about circumcision is that it produces circumcisers. There is a segment of physicians who have the psychic compulsion to circumcise so they themselves do not feel genitally inferior or different.***[243]

Power*: To suggest that a doctor would be motivated by anything less than a pure desire to serve humanity is to some tantamount to blasphemy. It does not seem too unkind however, to suggest that individuals choosing a career would recognize the social and economic factors which accrue to those in America who become doctors.*

Interestingly, it is routine infant circumcision which has become one very crucial focal point in a power struggle between the medical profession and certain members of the Certified Nurse-Midwife community. Certified Nurse-Midwife / Certified Mohelet (female Jewish ritual circumciser) Ilene Gelbaum, is a notable spokesperson fighting for the 'privilege' of CNMs to perform routine infant circumcision at Kaiser Permanente Medical Group facilities. Gelbaum is both among the first CNMs to perform routine circumcisions at Kaiser Medical Centers and, as a woman, among a very small number of Certified Mohelets within the Jewish community worldwide. In a May, 1990 presentation at the annual meeting of the American College of Nurse-Midwives (ACNM) in Atlanta, Gelbaum described how she sought and achieved not one but two certifications to assure herself access to the 'privilege' of circumcising infant males. She also stated, "It is really a touching, moving, spine-tingling thing that I participate in as a service to the community.[244]*" One can only wonder what Freud might have said about the motivation for and the 'spine-tingling' devotion to such a task.*

What about the ongoing effect of these defenses which initially shielded the doctor from undue empathy and vicarious pain? How does the circumciser, who repeatedly performs the procedure on an unanesthetized and traumatized infant, cope with the emotional detachment necessary for the continued performance of this task?

***Denial:** As noted, this defense mechanism allows an individual to distort his / her perception of an event. Clearly, the medical profession's long-held belief that the newborn does not feel pain is a case in point. This is highlighted in a statement by Dr. Yosh Taguchi: "Every baby cries lustily throughout the ordeal, but I am not certain whether the infant is objecting to being strapped down or to the clamp."*[245]

***Humor:** Foreskin and circumcision jokes abound (e.g., one of the 'benefits' of performing circumcision is that one gets to 'keep the tips.') Individuals frequently rely on humor to help them cope with unpleasant situations. Most circumcision humor is met with uneasy giggles, especially from men, as if to acknowledge the profound emotional and visceral nature of such an irrational violation of the child.*

***Rationalization:** Typically, one copes by reinforcing the rationalization. To the routine circumciser, 'there are still those who believe that infant circumcision is a good thing' and besides, 'the little boy will match his father' and 'he won't need to wash so carefully' and ....*

***Inoculation Effect:** This is the constant growth of indifference which comes from repeated exposure to something until it no longer has much, if any, emotional impact. The American doctor, like the African midwife who performs female circumcisions, no longer notices that the child is screaming in pain and is terrified.*

***Cognitive Dissonance:** Most individuals seek to maintain harmony between or among various aspects of an issue at the cognitive level. Sometimes this harmony is sabotaged by emotional factors. Examples of this are highlighted in letters written by circumcised men about their experiences with doctors who get angry when the man complains to his doctor about being circumcised. Why anger? Is it perhaps that a doctor cannot allow himself to be sympathetic to a male who says that he has been harmed by an act which the doctor's own profession has performed for the man's own good? Such dissonance may well cause the doctor to lash out in anger.*

PARENTAL ATTITUDES ABOUT THE CHILD

According to Dr. Mark Barnett, a professor of psychology at Kansas State University, "Historically, children have been regarded as personal property. We still tend to believe that parents have the right to deal with them however they see fit."[246] Without a doubt, parents the world over want "what's best" for their children. This parental desire to want to "do the right thing" creates anxiety however when it comes to the child's genital status. Rather than leaving one's child intact as nature created him/her, many parents succumb to their rarely confronted anxieties about health and social conformity, and lacking any rational basis, opt for genital mutilation if that is the cultural norm.

> *Motivated by love and concern for their daughters' future, well-meaning women have perpetuated the custom. ...When asked why they have adopted this practice, they reply that it is the "modern and hygienic" way that educated people do it.*[247]

Although the American propensity to conform is strong, it is perhaps no stronger than in other cultures around the world. This is evidenced by the following comments from Sudanese women quoted in *Prisoners of Ritual*:

> *I have talked to quite a few educated men and women who say that they do not intend to circumcise their child, and then when the time comes, they do. They yield to their own anxieties about their child.*[248]

> *They (parents) do not want her to suffer the stigma of being different from other girls*[249]

In the United States, the late Edward Wallerstein called the parents' desire for a son's circumcision status to "match" that of his father and peers a "specious argument." He asked, "***If a boy's father is tatooed or has an appendectomy scar, or wears eyeglasses, should the child be similarly provided?***" His further questions were of course absurd, but made the point: "*Suppose the boy's peers are circumcised but his father is not, with whom should the boy identify? Suppose the father dies, or the parents separate, should the mother use circumcision status as a criterion for choosing the stepfather? Should the son undergo surgery to match the stepfather? Suppose the boy was circumcised and the family moves to a place where circumcision is not practiced. What should be done to make the boy feel 'regular?'*"

Wallerstein also made the following critical observation that most Americans never consider:

> ***The special myth that the boy's penis must be identical to his father's ignores the historic truth that no objection was raised, and no problem arose, when circumcising millions of boys whose fathers were uncircumcised.***[250]

Perhaps one father addressed the core issue of "matching" father and son's genitalia when he said:

> ***What was so difficult in leaving my son intact was not that my son would feel different in the locker room, but that I would feel different from him. I would then have to accept that I'm an amputee from the wars of a past generation.***[251]

Differently stated, Dr. Thomas Ritter, in his book *Say No to Circumcision!* wrote: *Could it be that the father who is circumcised is the one whose psyche is so disturbed that he suggests circumcision so that his little son's genital status would not surpass his own?*[252] Ritter further advises expectant and new fathers that methods now exist for restoring one's foreskin, if they wish, and makes the plea: ***"So fathers, don't circumcise your baby sons to look like you. Rather, if you're motivated, restore your foreskin so you can look and function like your intact son will when he grows up."***[253]

If the experience is as traumatic as videos of infant circumcision surgery depict, some parents might desire to protect their offspring from this assault, while others might wish to have the same thing done to their children. As a rule, children who were once injured will later injure their own children, maintaining that their behavior does no harm because their own loving parents did the same. Besides, it is still unthinkable to many people that a social custom, especially if it also has a religious foundation, could constitute cruelty.

Holding up a cultural mirror to the father-son circumcision relationship in the U.S. are these passages from *Prisoners of Ritual*:

> *If women know that they have missed a large part of their sex lives as a result of this mutilation, will they do it to their daughters? They will consistently tell you that they won't - and then they will. On the one side is this: the devil she knows (circumcision) is better than the devil she doesn't know (intactness). On the less conscious level she may feel that because she herself did not have an intact body, the girl should also not have it. It is a kind of acting out, a form of revenge. She cannot get even for all her pain with those who inflicted it on her, because she perceives them as too powerful. So it turns on someone weaker, her daughter*[254]

> *If a woman has suffered a great deal herself, subconsciously she wants to retaliate, and she can retaliate only through her daughters. She has mixed feelings of course, and she feels love for them as well.*[255]

When a small child is tortured by adults who should know better, he is bound to avenge himself, unless his subsequent life allows the old wounds to heal in love, which is seldom the case. Much like the cycle of physical or sexual abuse, genital mutilation of children is often generational. The term generational has come to refer to the phenomenon wherein an adult who was abused as a child, and who has not healed from that experience - most often the adult who is in denial about that experience - becomes an abuser/perpetrator parent, and reacts to the perpetration of the abuse upon the children with the same denial adopted for his or her own victimization by the abuse as a child. This produces "generations" of abuse, or a "family tradition" of circumcision.

The concept that any parent might be abusing or mutilating their child by subjecting them to circumcision of course stirs intense reaction. To rationalize what they may have already done to one or more sons, some parents charge that as parents, they have to make a lot of difficult decisions for their child (immunization, nutrition, television habits, schooling, etc.) None of these decisions however, can be justifiably compared to amputation of any part of a child's healthy genital organs.

DeMeo, concludes that, *The underlying psychology of genital mutilations is anxiety regarding sexual pleasure. The parent or tribal elder who cuts the genitals of young children was subject to the rite himself as a child, and is made very anxious or angry when confronted with a child whose genitals are not mutilated.* ***Genital mutilations always exist within a complex of other social institutions that provide for the socially sanctioned expression of adult sadism and destructive aggression toward the infant or child, with unconscious motivations aimed at destroying or damaging the capacity for pleasurable emotional/sexual bonding between mothers and babies, and between young males and females.***[256]

This view is supported by Wilhelm Reich who noted parents' difficulty in accepting pleasurable feeling in children. According to Reich, *the purpose of circumcision was to make the child more resemble the parent and identified genital mutilations as but one, albeit a major one, of a series of brutal and cruel acts directed toward infants and children which possess hidden motives designed to cause a painful, permanent contraction of the child's physical and emotional self.*[257]

COPING MECHANISMS AMONG CIRCUMCISED MALES

Understanding how an infant responds to circumcision can be helpful in understanding how the circumcised adult male responds, or doesn't respond, to the concept of being harmed.

A frequent adult rationalization for denying circumcision trauma is the report that little or no crying by the infant was observed during circumcision. This is explained by Tonya Brooks, President of the International Association for Childbirth at Home:

> *When a person is injured, he can react in one of two ways. He can yell. This is a more pro-survival response than the kind of injury in which a person is so traumatized that he can't cry out. In four of the nine circumcisions that I have seen, the baby didn't cry at all. They just seemed to be all of a sudden in a state of shock.*[258]

Dr. Justin Call, infant psychologist and Professor in Chief of Child and Adolescent Psychology at the University of California, agrees that infants being circumcised "*can lapse into a semi-coma*" which is an "*abnormal state in the newborn.*"[259]

It has now been firmly established by Drs. Anand and Hickey (New England Journal of Medicine, November 19, 1987) that newborn infant responses to pain are "*similar to but greater than those in adult subjects.*" Yet with this admission, those physicians who still favor neonatal circumcision do so based on their *presumption* that the pain is soon forgotten. Anand and Hickey wrote however, "*The persistence of specific behavioral changes after circumcision in neonates implies the presence of memory.*" How this unconscious "memory" later affects children, and eventually men, has not yet been adequately researched.

Research by Rima Laibow, MD indicates that the effect of neonatal circumcision on maternal-infant bonding is ***not*** negligible:

> *When a child is subjected to overwhelming pain, he conceptualizes mother as both participatory and responsible regardless of mother's intent. When in fact, mother is truly complicit, as in giving permission for unanesthetized surgery (i.e., circumcision) the perception of the infant of her culpability and willingness to have him harmed is indelibly emplaced. The consequences for impaired bonding are significant.*[260]

It is perhaps this impaired bonding of which Dr. Laibow speaks that is manifested in the numerous comments by ***Awakenings*** respondents concerning feelings of betrayal, especially betrayal by their mothers. Could this be a long-term impact of the stored memory of which Anand and Hickey spoke? They alluded to this when they wrote, *"In the long-term, painful experiences in neonates could possibly lead to psychological sequelae."* Reinforcing this is the conclusion from Laibow that *"Events which impact upon the child's ability to trust mother may have long-term consequences in all areas of growth and development."*

Again, long-term psychological harm from infant circumcision is an area deserving of more research. There is some precedent to encourage such research. Developmental neuropsychologist and cross-cultural psychologist, James Prescott, PhD, writes:

> *There is a well established body of scientific data that documents the role of sensory stimulation and deprivation upon brain development and emotional, social, psychological and mental development. From the perspective of the developmental neuropsychological sciences, there can be little question that the extraordinary pain experienced by newborns, children and adolescents who are subjected to ritual genital mutilations has a profound influence upon the brain and later behaviors.*[261]

Dr. Prescott continues by stating that this pain *"limits and qualifies all subsequent experiences of pleasure which are experienced upon a background of genital pain that is now deeply buried in the subconscious / unconscious brain."*

Despite indications that there may be negative long-term psychological impact from early life traumas such as circumcision, few studies have been conducted to examine this further. In a culture which presumes there is no such impact, coupled with silence on the part of circumcised men, these further examinations are only now beginning to materialize. There are three possible explanations why health care professionals have not yet heard many complaints from circumcised men about how they truly feel: lack of awareness, denial and fear. Psychologist Jim Bigelow, PhD attributes much of men's silence to *"being unaware as to how circumcision diminishes the penis or to denial in order to block out the pain and feelings of hopelessness."*

Even with awareness and a surmounting of their denial, fear is perhaps the primary silencer of men on this issue. John A. Erickson is one man among many addressing this issue who has received countless letters from men expressing their emotional or psychological circumcision pain. He reports that:

> ***Many circumcised men live with two secret fears: that they are sexually impaired and that they will be exposed as sexually impaired. As they become aware of the facts about the foreskin and circumcision, their first fear that they are impaired is confirmed. Their second fear of being exposed as sexually impaired is heightened each time the surrounding culture learns more about the damaging effects of infant circumcision.***[262]

Circumcision sends a profound message to the male about his body in general, and his penis specifically: "You were born wrong." or "Your penis needed to be *improved*."

Men, who otherwise might feel uneasy expressing their true feelings about circumcision dissatisfaction with family or friends, have however found a safe harbor with groups such a NOCIRC, UNCIRC, RECAP and NOHARMM. Their feelings belie the apparent satisfaction that most people attribute to circumcised men. Feelings of circumcision dissatisfaction expressed by such men include rage, shock, resentment, resignation and shame. How much connection exists between infant circumcision effects and low male self-esteem warrants further consideration. It would appear however, from relevant scientific research and harm documentation responses, that many psychological factors are at work in the male circumcised as an infant.

REPRESSION: In order to understand how the mind deals with a major shock, trauma or life threatening situation, we must first understand the mechanics of how the brain protects us. Usually, the first reaction is to block a painful experience to prevent the feelings from overwhelming us. The experience is stored in the brain until a later time when it perceives that we have gained the capacity to deal with it.

Many circumcised males however, while they may at some point become aware that they were circumcised as infants, never gain the capacity to deal with their feelings about this violation of their natural genital integrity. As expressed by Dr. Bertil Jacobson, emotions and feelings in the pre-verbal period that were imprinted at the time of circumcision may have unconscious connections to feelings that surface at a later time, but are not acknowledged as having anything to do with the initial circumcision trauma. This has not gone unnoticed by some American men however. In *The Unkindest Cut: Altering Male Genitalia* John Breeding states:

> ***It still amazes me that I could so completely repress such an intense experience. I am even more amazed as I look around at my fellow men, aware that most of them are circumcised and unaware of the powerful trauma repressed in their psyches. I believe no man would allow his beloved son to be circumcised if he were in touch with the terror he experienced during his own.***[263]

Such repression of course has its counterpart among circumcised females:

Suppose one day I see one of those films that shows what a circumcision is like, and I see the horrible operation that has been done to me. It doesn't really sink in, what has been done, and the problems later when you are a woman, seem to have no connection to it.[264]

Women remain its greatest advocates, gladly subjecting their beloved daughters and granddaughters to the ordeal.[265]

It was Dr. Wilhelm Reich who expressed concern that anyone who has repressed a feeling in himself will be incapable of recognizing the expression of that same feeling in someone else, making empathy impossible.

IGNORANCE: Few other childhood traumas are so consistently ignored in North American society as neonatal circumcision. When parents and doctors do not discuss the matter, the child learns not to discuss it. It should come as no surprise then that many circumcised males do not know, or are incorrect about, their circumcision status. Many men do not see that they have a scar on their penis - even in instances where it is clearly visible. Completing the Harm Documentation Survey was, for many respondents, their first cognitive experience of having a scar on their penis.

Such widespread ignorance about circumcision was revealed in a scientific study in 1958 in which 34.4% of men were in error with respect to their own circumcision status.[266] Even 34 years later, after the presumed "sexual revolution," little impact has been made on such ignorance. In 1992, Dr. Norman Schlossberger published a study in the *Journal of Adolescent Health*[267] wherein he examined circumcision knowledge between circumcised and intact adolescent males. Self-report questionnaires about circumcision status were administered, followed by physical examination for verification. The study found that intact boys accurately reported their status more often than did circumcised boys (79% vs. 66%). Again, just as in 1958, one-third of circumcised males were in error about their circumcision status. Also, circumcised boys were unsure of their status more often than the intact boys (28% vs. 8%). While the study found that circumcised boys demonstrated more satisfaction with their status, which in itself is neither significant nor surprising in a culture that promotes circumcision as "superior", it was the intact boys who appeared to have greater prior knowledge about circumcision in general. This dichotomy would seem to reinforce the adage, at least for many circumcised males, that "ignorance is bliss." Further, in almost a foreshadowing of the current ***Awakenings*** survey, Dr. Schlossberger noted:

The factors affecting satisfaction with circumcision status are currently not known and need to be examined. Since the desire to be similar to peers typically fades during progression into later adolescence and adulthood, the effect of increasing age on satisfaction also needs to be examined. The need for research to address questions about psychosocial outcomes related to circumcision status is apparent.[268]

DENIAL: Denial is the ability to avoid psychologically painful or distressing thoughts, feelings or memories. If one were to be fully aware of how traumatic infant circumcision is to the newborn, or how circumcision deprives one of the ability to experience the full spectrum of genital sensation, or about the socio-political maneuvers which have been undertaken by an influential minority of professionals in the United States who stand to gain by infant circumcision's perpetuation, one would become so angry and/or anxiety-ridden that it would interfere with one's daily life. Judging from the responses of some of our respondents, it sometimes does. These are the men who have overcome denial about the experience and confronted it head on and are seeking to abolish this harmful social custom. Most circumcised males however, never progress to that point. They remain in denial just as their circumcised female counterparts.

A circumcised woman, never having had the chance to experience what it would be like to be uncircumcised, would be reluctant to believe that she had lost much. In her denial, she would ensure herself of her intactness by allowing, openly or tacitly, her own or others' daughters to undergo the same procedure.[269]

RATIONALIZATION: By means of taking on the values of the surrounding social environment, the circumcised male comes to value and appreciate his circumcision. He often builds rather elaborate explanations for the reason(s) it was done to him, e.g., "It's cleaner, healthier or looks better" or "It was done to my father and brothers and me, so I guess it's good enough for my son" or "My parents only did what they thought was best" or "I've got no problem with it." Such rationalizations are also common among women in cultures where female circumcision is the norm:

With the older women there is often the element of: 'If it was done to me, why should it not be done to the young girls?[270]

They (parents) do not want her to suffer the stigma of being different from other girls. She goes through a stage of reappraisal of the situation, and comes to accept that what has been done is in her best interest.[271]

Of course, none of us are happy about it, but we can live with it, as long as there are no serious medical complications[272]

Having paid a great price, the individual must see the thing for which s/he has suffered as highly valuable and worth the 'price paid.' It is predictable that circumcised men will need to see the value and benefit relative to their own circumcision in order to keep cognitive harmony with the fact that their foreskin was removed without their consent. A sterling example of such dissonance comes from a middle aged male who guessed he should be grateful if indeed circumcision had reduced his sexual sensitivity - even though he has a deformed penis due to infant circumcision - because, "just think how much trouble that thing could have gotten me into if sex had felt any better!"[273]

John Bradshaw regularly points out in his lectures that healthy growth will eventually include a measure of understanding and forgiveness of abusive parents; but he warns that fact should not be used too soon by abused individuals as a defense against dealing with their own pain and woundedness. The same message can be easily applied to circumcised males in our culture. Most men have not grieved over the loss of what was the most erogenous part of their genitalia. Yet when, and if, they recognize that they were circumcised, and simply dismiss what their parents authorized as "they thought they were doing the right thing at the time," these men have missed an opportunity for growth and awareness. This missed opportunity for grieving and healing may indeed be a prime factor that perpetuates such genital mutilation on their own sons and grandsons.

DEFENSIVENESS: It was not uncommon that some respondents to the Harm Documentation Survey took the time and effort to complete a survey form, sometimes providing great detail of their physical and psychological harm, then wrote in bold letters on the survey how acceptable they found circumcision, or in some other way defended the practice. This is a form of denial which is analogous to survivors of female genital mutilation:

> *She claims there was no pain. The only pain she recalls was at attempting to pass urine after the operation. She says she has had 'no problems at all' because of her circumcision, and is very happy about it. She feels that circumcision is a good practice.*[274]

> *She says that she thinks pharaonic circumcision is a good practice, and feels she has lost nothing by her own circumcision.*[275]

A recent conversation about circumcision between ***Awakenings*** editor Tim Hammond and another young man dramatized this defensiveness. As the conversation progressed, the young man was successfully refuted on every 'good reason' he had offered for having been circumcised as an infant. Finally, in exasperation, he huffed away with the remark: "Well I'm glad my mother loved me enough to have me circumcised!" This reveals a great deal about the common perception some males have for the reason circumcision was done to them. If circumcision manifests an expression of *love* for a child, should being left intact signify a lack of love for or negligence of the child? What is the average male, either circumcised or intact, to believe this surgery reveals about parental love in this culture?

AMBIVALENCE, TRIVIALIZATION AND HUMOR: Most circumcised men will usually state that they are neutral or ambivalent about the issue of circumcision. This was confirmed in a 1992 *Journeymen* body image survey that will be elaborated upon later in this report. These findings are consistent with anecdotal information coming to us about female circumcision survivors where such practices are the norm:

Question: Do you ever feel angry when you talk to such (intact) women and realize how you have been deprived?" Answer: "No, because that is the culture here. They do it to everybody[276]

We don't know here what is normal, so it is hard to feel anything about this abnormal thing (circumcision)[277]

At that time I did not know there was anything other than women being circumcised. As a matter of fact, until recently it never occurred to me that there was anything strange about women's circumcision. I did not become aware of the fact that there is anything wrong with it until I studied at the university and learned the function of these external genitalia that are removed. Before then, I had simply accepted it without question[278]

Author Alice Walker has frequently stated that genital mutilation is a form of sexual blinding. Indeed, regardless of gender, circumcision blinds the subject to any comprehension of what their full range of sexual sensitivity and response might have been had they not been genitally mutilated. In 1983, Thomas Ritter, MD, commented in personal correspondence: ***Goethe said, 'One sees what one knows.'*** Ritter added his belief: ***Circumcised men do not see or know***.[279]

To better understand the frequently uttered circumcised male response: "I'm circumcised and OK. I'm not missing anything" one might contrast these to the following comments by circumcised females in *Prisoners of Ritual*:

None of them has had a sexual experience before circumcision, because it occurred when they were so little. So they don't know if they are missing anything.[280]

For the first time in my life I realized we were different from women in other parts of the world. Until then I had not been aware of the fact that circumcision has an effect on your health and your sexual life.[281]

Genital mutilation customs are frequently trivialized by the survivors, as evidenced by comments made by many circumcised males and by comments from females survivors, such as the following:

There are problems of such tremendous magnitude in our society and in our lives, that it [female circumcision] is not a primary problem to us.[282]

Another way in which survivors trivialize genital mutilation is by viewing it as a harmless custom or a private family tradition. It was not until recently that these same ideas were held about female genital mutilation customs. In reality however, mutilating the genitals of any unconsenting child on the pretext that it is a private family matter is indefensible.

Humor is also a coping mechanism when dealing with a potentially painful subject. Stand-up comics often poke fun at the male genitalia and a frequent laugh-getter is the circumcision joke. Such laughter is what allows men to later cope with the knowledge that this was done to them and with fact that they may allow this for their sons.

SUMMATION OF CIRCUMCISION PSYCHOLOGY: With enough coping mechanisms at his/her disposal, the typical circumcised survivor can be comfortably insulated from the painful facts and feelings about genital mutilation. After examination of the same coping mechanisms of the surrounding culture, one finds that the majority of those in societies that practice childhood genital mutilation remain blind to this maltreatment of children. This blindness is simply an attempt by individuals to blend in to their surroundings, perhaps hoping that someone else will take the lead in stopping the abuse. Dr. Ervin Staub, psychology professor at the University of Massachusetts, who has studied and written extensively on the behavior of bystanders, states: "We downplay our own reactions and convince ourselves that what we initially thought was abusive behavior really wasn't that bad after all." He calls this extremely common phenomenon "pluralistic ignorance."[283]

THIRD AWAKENING:
MEN RECOUNT THE RAPE OF THE PHALLUS

Imagine if you dare, that you are small enough to rest complete within your mother's arms, so sensitive that every nerve ending of your flesh reaches out to the unknown world, eager as lips to receive the bounties of the breast. Then, suddenly, you are seized by male giants, taken from your mother's arms [but with her consent], and held down by force. The tender skin covering your penis is cut off [whether by stone knife or surgical blade is a matter of small difference]. Feel the violation of your flesh, your being. Do not allow yourself the comforting lie that circumcision isn't that painful, the wound heals quickly, or that pain is soon forgotten. What indelible message about the meaning of manhood would be carved on your body, encoded within the scar tissue of your symbolic wound?[284]

Sam Keen, author *Fire in the Belly*

The truth about our childhood is stored up in our body, and although we can repress it, we can never alter it. Our intellect can be deceived, our feelings manipulated, our perceptions confused, and our body tricked with medication. But someday the body will present its bill, for it is as incorruptible as a child who, still whole in spirit, will accept no compromises or excuses, and it will not stop tormenting us until we stop evading the truth.[285]

Alice Miller, author *Banished Knowledge: Facing Childhood Injuries*

The voices of men who responded to the ***Awakenings*** survey are clearly those that have stopped evading the truth regarding neonatal circumcision; that it is, and always has been, a form of genital mutilation imposed upon children by adults, regardless of the intent of the parents. These men have awakened to their own mutilation and refuse any longer to rationalize the harm.

To perform surgery where there is no medical indication to do so is to maim and do bodily harm. Hippocrates, the Father of Medicine, stated 2500 years ago: Primum est nil nocere - the most important consideration is that the treatment must do no harm. In short then, routine circumcision of normal infants is mutilation, and no amount of rationalization will alter that fact.[286]

FACTORS AFFECTING QUALITY OF HARM

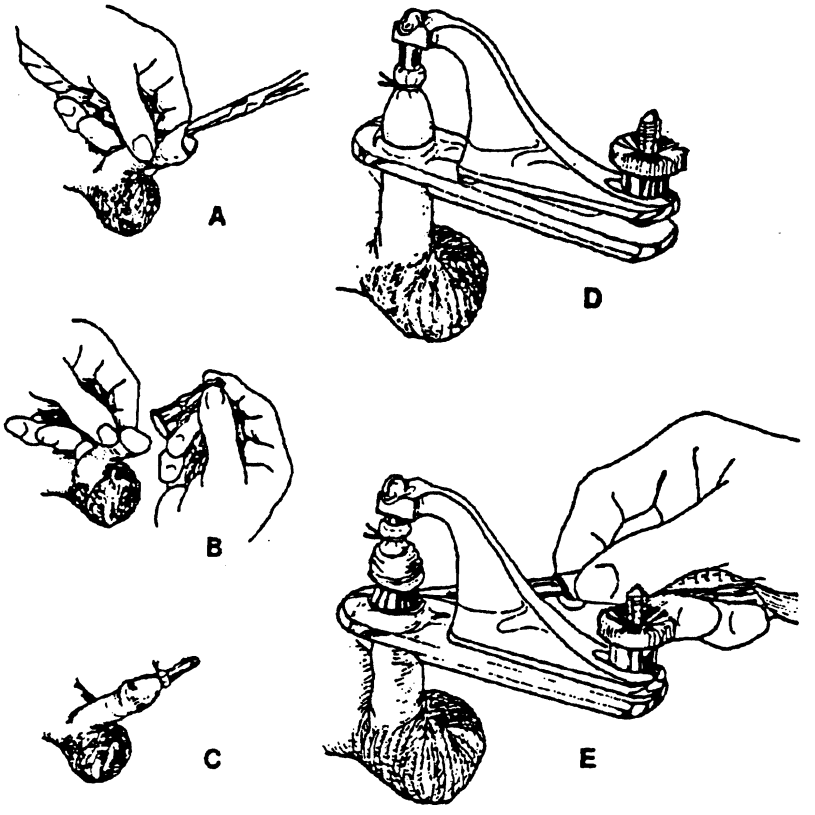
Harm resulting from neonatal circumcision is more common than one might imagine. Yet the question of pathology resulting from infant circumcision has never been adequately researched nor openly discussed. Because routine infant circumcisions are performed on the basis of *assumed* advantages and universal need, they are frequently performed under a climate of indifference among medical personnel; the attitude being that there is "nothing to it," nearly anybody can perform it, and no harm can come from it. These reasons, among others, contribute to a wide array of circumcision harm.

It is widely acknowledged that physical harm also often entails some form of psychological harm, which will be discussed later. In terms of only physical harm however, the degree or extent of circumcision harm, beyond the obviously inherent destruction of the prepuce, may vary greatly because of the following factors:

Type of circumcision method. Freehand methods, while rare today, were more common 50 to 100 years ago. Electrocautery has also been used, but less frequently than surgical amputation. Today, surgical instruments have replaced the flint knives and sharpened fingernails of other cultures and epochs. There is however, no one standard surgical instrument used. Most commonly used however, are the Gomco clamp (1935), the Plastibell (1965), or the Sheldon Clamp (1953). Other devices that were introduced and may still be in use include Tibone Circumcision Clamp (1944), the Turner Clamp (1952), the Improved Bloodless Circumcision Clamp (1954), the Nutech Clamp, the Circumstat (1962), the Harris Clamp (1932), the Prepuce Holder (1950), the Kantor Clamp (1953), the Mogen Clamp, and the disposable Glansguard (1972).[287]

Each device has its own inherent risks. The Plastibell for instance, remains on the infant's penis an average of one week before it falls off. Infection is not uncommon with this device, and occasionally necrosis occurs with subsequent loss of the glans. With many clamp-style devices, the glans can inadvertently become trapped and amputated by the clamp itself or by the surgeon's scalpel. Freehand circumcision presents its own dangers that are left to the imagination of the reader.

The Gomco technique of circumcision



Expertise of the circumciser. Oddly enough, most males in the U.S. are circumcised shortly after birth before leaving the hospital by *obstetricians*, specialists in *female* genitalia. Others are circumcised by interns who are often allowed to *practice* circumcision as their first surgical procedure. Still others are circumcised by pediatricians, family practitioners or nurse-midwives. Few infants are circumcised by urologists.

Zealousness of the circumciser. Many circumcised men have commented that their circumciser was "compassionate" (i.e., leaving a generous amount of foreskin intact, as well as the frenulum) or a "butcher" (i.e., leaving absolutely no foreskin, frenulum or shaft skin mobility and sometimes even damaging the glans).

Non-Use of Anesthesia. It was not until 1987, from studies by Anand and Hickey, that any acknowledgement was given to the fact that babies do indeed feel pain. Many parents today however, and even the circumcisers and assistants themselves, honestly but erroneously believe babies feel no pain and that their screams result from being strapped down to the restraining board. It was reported by Myron and Maguire in 1991 that "*Circumcision on male neonates without benefit of anesthesia or analgesia is common practice.*[288]" Again, in 1993 it was confirmed by Wellington that "*the vast majority of physicians performing newborn circumcisions either do not employ analgesics or employ analgesics of questionable efficacy.*" Totally lacking from any of these studies is concern for post-operative pain management, as the circumcision surgery creates an open wound and denudes the raw glans, both of which are now exposed to urine, feces and abrasive diapers until the wound heals and the glans keratinizes for its own protection.

These facts raise questions about the as yet unstudied impact of such painful and traumatic newborn genital surgery without the benefit of anesthesia or post-operative pain management upon the later development, behavior and attitudes of circumcised males. Unquestionably, virtually all respondents to our survey experienced this neonatal genital surgery without anesthesia. How much this traumatic experience has consciously or unconsciously influenced the attitudes and behaviors of our respondents might be witnessed, or at least conjectured, from a review of our findings later in this section.

How the injury heals. An abrasive diaper constantly being soiled with urine and feces is hardly the optimum place for the newly exposed and raw glans to heal.

At any wound site, scar tissue develops and an area may be left numb. Alternatively, it may become hypersensitive or painful, and in some cases it may even manifest erogeneity to various degrees. This is clearly the resulting spectrum of healing among circumcised African females, as described earlier by author Hanny Lightfoot-Klein in her 1991 paper entitled, *Orgasm in Ritually Circumcised African Women.* That such a parallel exists among circumcised males is confirmed by the wide array of responses from men reported herein. It would seem safe to say that in most childhood genital mutilations, when primary erogenous zones are destroyed or damaged, remaining ones may be enhanced or new ones created.

Cultural Indoctrination. When childhood genital mutilation occurs, cultural indoctrination may ameliorate trauma and resentment by offering social enfranchisement (a sense of conformity, acceptance and belonging to "the norm."). The earlier the age at which such a violation occurs, the greater the likelihood that acknowledgement of harm is banished to the unconscious realm of mind and body. This "unconsciousness" unfortunately facilitates the perpetuation of the abuse upon subsequent generations.

Age at circumcision. For the following reasons, harm is likely to be greater if a male is forcibly circumcised as an infant than if he is circumcised by choice as an adult.

Physically: Unquestionably, the larger the human body organ, the easier it is with which to work. This is true of the adult versus the infant penis. Owing to the small size of the infant penis, it is easy to understand why surgical complications can and do often occur which may not be recognized until years after the surgery, well into adolescence or adulthood. A physician never knows how large the newborn patient's flaccid and erect penis will eventually become. Physicians often remove far too much foreskin, leaving not enough shaft skin for mobility or accommodation of erections. If they don't remove enough however, phimosis can occur, requiring re-circumcision. Prominent scarring, skin tags, skin bridges, pigmentation variances, bowing and curvature, painful erections, and pubic hair growing on the shaft are delayed complications never seen by the circumcisers of infants. In adulthood, these complications are often ignored by urologists and accepted as "normal" by most circumcised men.

Sexually: In adult circumcision, the normally free-moving and retractable foreskin is simply excised from the rest of the penile shaft. Even in an adult male with phimosis (a foreskin with an opening too tight to retract over the glans) the natural process of separation of the foreskin from the glans, which begins in infancy and continues through childhood, is complete. Since the infant foreskin and glans are naturally adhered for protection of the glans, the process of infant circumcision first necessitates a painful tearing of the foreskin from the glans. This scars the glans and further exacerbates the later problem of progressive sensitivity loss. Also, the adult male who chooses circumcision has had the benefit of experiencing his sexuality with a fully functional penis. This is why the vast majority of intact males do not choose circumcision. The male circumcised as an infant however, is forever deprived of experiencing the full spectrum of his sexual responsiveness.

Emotionally: An adult has his own reasons for and gives his consent to circumcision surgery. Clearly, an infant cannot give such consent. Therefore, it would be understandably more common for males circumcised as infants than those who freely chose the surgery as an adult.to develop an awareness of violation or mutilation. These men will likely express feelings of dissatisfaction, resentment, betrayal by parents, fear or hatred of doctors, depression or even (violent) anger over their violation.

Psychologically: An adult male choosing circumcision will have his own medical, social, religious or personal reasons for doing so, which frequently compensate for any pain or discomfort arising from the surgery. An infant on the other hand, does not understand such a violent aggression against his body. Without the benefit of anesthesia, he experiences utter terror as an intolerable pain is inflicted on a central pleasure center, his genitals. Later cultural indoctrination may facilitate rationalizing what was done to him, but increasing numbers of circumcised men do not excuse this traumatic violation against their bodies committed at such a vulnerable time in their lives.

ACKNOWLEDGING THE POTENTIAL FOR LONG-TERM EMOTIONAL AND PSYCHOLOGICAL HARM

A common reaction to this poll, especially among circumcised males, might be one of disbelief: "You mean something that happened at less than a week old, and that I don't even remember, can affect me now as an adult?" To help overcome this reaction to discussion of infant circumcision's potential for long-term emotional and psychological harm to men, it may be helpful to know that this potential has already been acknowledged by respected researchers.

In the chapter, *Primal Pain: The Great Hidden Secret*, from his book, *The New Primal Scream*, Dr. Arthur Janov notes:

> *We even know that a fetus feels pain in the womb. Two investigators, Anand and Hickey, have pointed out that 'the nerve tracts carrying pain signals from the spinal cord to the lower centers of the brain are almost fully developed at 35 to 37 weeks of gestation... EEG (brain wave) studies show well-developed electrical activity in both cerebral hemispheres at 26 weeks.' At that age the developing fetus is capable of the registration of emotional and physical pain. In a report to the New England Journal of Medicine, they further point out that after circumcision there is evidence of continued memory of the event. There are later behavioral changes which indicate the disruption of 'the adaptation of newborn infants to their post-natal environment.'*[289]

Reinforcing the Anand and Hickey research is the work of Rima Laibow, MD, who stated at the Second International Symposium on Circumcision:

> *An infant does retain significant memory traces of traumatic events. When a child is subjected to intolerable, overwhelming pain, it conceptualizes mother as both participatory and responsible, regardless of mother's intent. When in fact, mother is truly complicit, as in giving permission for unanesthetized surgery (i.e., circumcision) the perception of the infant of her culpability and willingness to have him harmed is indelibly emplaced. The consequences for impaired bonding are significant.*[290]

Lifelong consequences from such an experience as infant circumcision become even better understood when one considers the words of developmental neuropsychologist James W. Prescott:

> *The extraordinary pain and trauma experienced through genital mutilations - an organ and brain system that is designed for the experience of sexual pleasure and love - has permanently altered normative brain developmental for the normal expression of sexual pleasure and love. The confounding of pain and pleasure in the developing brain provides the neuropsychological foundation for individuals who must experience pain to experience pleasure, or who derive pleasure from the experience of pain*[291]

More disturbing concerns are raised about infant circumcision's delayed sexual repercussions when one considers that from time to time, the evolution of technology provides us with the awareness of a naturally occurring, yet never-before-seen, phenomenon that has surely happened for thousands of years, and whose existence is of far more significance than one may initially recognize. Such an event occurred in 1983. During an address made by Dr. Mary Calderone, founder of the Sex Information and Education Center of the United States (SIECUS), she presented an ultrasound picture of a 29 week (7 month) male fetus in the womb with the penis in erection. Dr. Calderone commented:

> *This tells us a lot. It verifies the fact that although we are not reproductive until much later, we are sexual right from the beginning. A normal baby is not born a blank slate. He is already pre-programmed to do a lot of things, including sexual response. Already having experienced this sexual responsiveness in utero, there are already sexual pathways laid down between the sexual pleasure center in the brain and the end organ which is either the clitoris and vulva or the penis. We must bear this in mind when we welcome this infant into the world.*[292]

Descartes said, "I think, therefore I am." But well before they reach that stage, the infant and young child are saying to us without words, "I feel, therefore, I am." Dr. Calderone expanded further on this subject in a 1983 presentation she made to the Sixth World Congress of Sexology in Washington, DC, an address that was reprinted in the May-July 1983 SIECUS Report under the title *Fetal Erection and Its Message to Us*:

> *Certainly by the time a baby gains enough control of its hands to begin exploration of what is nearest and dearest to it - its own body - the sexual pleasure center thereof has already been identified. ...However, when we interfere, that is, when we try to come between the child and his/her body, the negative results may not be seen until much later. Therefore, parents need to be made aware of the importance to the child's future of the evolution of - rather than the suppression of - the child's sexuality. They should be instructed that they are not simply bringing up their child, but someone's future husband or wife. Do they really want to pass on to the next generation the damaging chain of negative sexual conditionings that they themselves have undoubtedly experienced?*
>
> ***...(F)rom the very beginning of its life, a child's sexuality is an integral part of its being. In my opinion, any crippling interference with children's normal body functions is a form of emotional as well as physical abuse.***[293]

In discussing the long-term sexual affects of infant circumcision with expectant parents, many such parents admit that it is extremely difficult for them to think of their unborn child as being in any way sexual. This capacity for sexual arousal in the newborn however, has been acknowledged by the remarks of numerous maternity nurses who observe the infant male penis in erection as his genitals are swabbed for sterilization prior to circumcision.

The skeptic who reads this report may agree that the above work makes for interesting academic debate, but may seriously question the possibility that the ordeal of circumcision may realistically affect later perceptions and behaviors. The following commentary from Nicholas Carter however, poses a serious question for potential research.

> *The point should not be overlooked too, that medical science has traced certain permanent ailments to shocks experienced in infancy. Dr. Flanders Dunbar, formerly with the Columbia College of Medicine, has investigated some of the results of shock and warns that such experiences may eventually be the cause of illnesses which have no surface connection with the patient's past. Allergies, skin diseases, stammering and stuttering are among childhood disorders that can now be traced to some form of shock in infancy. "These are delayed-action mines of childhood, planted either in the shock of some single incident or in the steady friction of a conflict between mind and environment," writes Dr. Dunbar in an impressive volume titled* Mind and Body. *"Once these mines have been planted, they may become covered over with a thick hard crust of oblivion, but they never cease to be dangerous unless the fuses can be drawn." What of the delayed-action mines that may be planted in the minds of some children because of the terrible pain and shock of circumcision - mines deeply embedded in the unconscious?*[294]

At present however, there are no known longitudinal studies which ask questions about any sort of possible long-term effects of infant circumcision upon the male. With this as a given, are we as Americans, with both the most highly circumcised male population and the highest rate of violent male behavior in the Western world, willing to assume that the trauma of infant circumcision and resulting harm (that we know from this survey is at least consciously acknowledged by a sub-group of circumcised men) has absolutely *no* influence on conscious or unconscious male perceptions and behavior?

One study seems to bear upon the subject. In 1987, Dr. Bertil Jacobson of Stockholm presented a paper to the Pre- and Peri-natal Psychology Congress. His research focused on the long-term effects of traumatic birth on behavior later in life.

> *Birth record data were gathered for 412 forensic victims comprising suicides, alcoholics and drug addicts born in Stockolm after 1940, and who died there in 1978-1984. Comparison...showed that suicides involving asphyxiation were closely associated with asphyxia at birth, suicides by violent mechanical means were associated with mechanical birth trauma and drug addiction was associated with opiate and/or barbiturate administration to mothers during labor.*[295]

The researchers went on to speculate that these associations may be due to a mechanism similar to imprinting. Although routine neonatal circumcision is not done in Sweden, Dr. Jacobson indicated that there is reason to believe that early circumcision might well impact upon later violent, self-destructive behaviors in the male. Without further study into this hypothesis, we cannot say with certainty that infant circumcision does not represent at least one of the first of many co-factors which can lead to violent male attitudes and behaviors. Dr. Jacobson has offered his input should a parallel study be set up in the U.S. to test such a hypothesis.

The circumcision issue aside, scientific evidence has confirmed a strong causal relationship between physical and sexual deprivation and violent cultures. The global cross-cultural studies of DeMeo, Prescott and others have established that societies which traumatize their infants and children are also violent. It is a commonly accepted belief in American culture that all destructive behavior has its roots in the repressed traumas of childhood. Psychiatrist Dorothy Otnow Lewis has done pioneering work on the relationship between childhood abuse and subsequent criminal violence. She concludes that "*The most important influence on violence is experience. The way in which people are treated in infancy and childhood has a great deal to do with how they treat others.*[296]" Psychiatrist Karl Menninger agreed, "***What's done to children, they will do to society.***"

While not every victim becomes a criminal, every criminal was once a victim. One determining factor is whether an informed witness can help the victim to become aware of the cruelty experienced, that is, to feel and see the cruelty inflicted on him. Enlightened therapists, doctors, nurses, jurists and teachers can become such rescuing witnesses as soon as they cease to evade the truth and help the victim by helping the child in him.

A small attempt at this was made in the Spring of 1985. A simple survey of infant circumcision attitudes was taken of incarcerated individuals in the Sex Offenders Program of the Mental Health Unit at the Connecticut Correction Facility in Somers, CT. This survey might encourage further research relative to the potential involvement of childhood genital mutilation in affecting later criminal activity. Counselor William K. Harter, who did not attempt an accurate, scientific survey, read quotes from Rosemary Romberg's book, *Circumcision: the Painful Dilemma* to various groups of inmates, none larger than 18 participants. Among the quotes read were "There is growing concern that this painful and unnecessary operation constitutes child abuse" and "Those who perpetuate this act are not behind bars." The topic was then opened for discussion. There was no attempt to lead or direct the group. Harter observed that:

> *Among those incarcerated for child molestation or sexual assault, none accepted the idea and felt it was a waste of time. For those inmates who themselves had been the victims of childhood molestation or sexual assault, there was wholehearted support for the Romberg statements. One unsolicited comment from an inmate charged that "Every person has the right to decide on his own when he is of age. Nobody has the right to cut him." Very strong views were expressed by participants that circumcision is a form of sexual assault. Inmates charged with rape also agreed with the Romberg views, though not as forcefully as those who had been sexually assaulted as children. Inmates who had been victims of rape said they would never again let their child go through that surgery. Strong feelings were expressed in this regard by well over half the men in this group. Among those incarcerated for sex-related murder there was strong sentiment against circumcision. Many emotions and arguments were strongly made in favor of not cutting a child's genitals.*

The relationship between violence, sexual or otherwise, and infant circumcision has not yet been investigated. Infant circumcision is undoubtedly not the sole cause of these personal and societal ills, but until such investigations are undertaken, it would be foolish to entirely dismiss it as a potential contributing factor.

Can the combined findings of Miller, Anand and Hickey, Laibow, DeMeo, Prescott, Calderone, Dunbar and Jacobson tell us anything about how some males circumcised at birth *realistically* perceive, and behave in, the world? The specific responses of our harm documentation respondents may shed more light.

DEMOGRAPHICS OF THE *AWAKENINGS* SURVEY

Race: Most respondents are Caucasian. Very little response in the first year of this survey was received from African-Americans, Asians, Native American Indians or Hispanics. No specific attempt was made to target these groups. Additionally, low response from these latter four groups may have resulted in part because infant circumcision is either not a social tradition within those cultures or because they have historically not had the same level of access and medical exposure as middle-class white Americans. Indeed, infant circumcision is an outgrowth of two phenomena unique to middle class white Americans; irrational anxiety over children's genitals (especially male genitalia, and in particular, the foreskin) and an often-criticized obsession with hygiene. Those of the latter four groups also do not have as strong a history of seeking help from support organizations, particularly around matters of human sexuality. In some communities, most notably Asian communities, matters of sexuality are considered intensely private and are not commonly spoken of openly. It is also important to recognize the existence of a strong desire on the part of many minority individuals to assimilate into the dominant culture, of which circumcision in America is a symbolic part. Therefore, criticism of such a practice may not yet be part of the consciousness of many minority communities.

Homophobia may also play a significant role in maintaining men's silence on this issue. This may be particularly true in African-American and Hispanic communities, where interest in, or frank and sensitive discussion about, the penis may be suspect and deemed a sign of homosexuality. Also, to admit to possible penile defects or dissatisfaction could be construed among many men, regardless of race, as a sign of weakness or masculine deficiency, further reinforcing a conspiracy of silence about revealing harm.

Age: Age range of respondents to this survey is 15-82. Most respondents are in their forties with the average being 42. This corresponds to birth years in the early 1950s, when routine infant circumcision was performed during the "baby boom" on a massive scale in American hospitals. This created the largest pool of circumcised males in one nation than at any other time in history.

Religion: The vast majority of our respondents are Christian or identified themselves as "Other" (Atheist, Agnostic, Buddhist, etc.). Over 4% of our respondents are Jewish, which is higher than their presence in American society as a whole. Participation by Moslems was non-existent. We assumed that this is because openness of discussion and debate about circumcision (of males or females) is not as great in the Moslem population as it may be in the Christian and Jewish population. No special attempts were made to "target" men for survey based on religious affiliation, though this would undoubtedly make for interesting research.

METHODOLOGY USED

This survey is not random and respondents are self-selected. Participants in this survey are a pioneering group of men regarded as having a higher degree of body awareness than the general male population. Questionnaires were mailed to those who had contact with circumcision information centers, foreskin restoration support groups, men's organizations, or requested questionnaires from news articles or ads in men's publications. The first 20% of respondents used the original survey which provided ample opportunity for open-ended comment. The vast majority of respondents however, used a revised survey form that allowed for standardized multiple choice answers that facilitated standardized data entry of responses.

Given the limitations imposed by current cultural conditions, we are aware that the scope and degree of infant circumcision harm may be difficult to verify in a truly random sampling for the following reasons:

- A significant percentage of males grow up believing that their circumcised penis is the way they were born and therefore "normal."
- Upon learning that the natural penis has a foreskin, further cultural indoctrination teaches males to view the foreskin as dispensable or even pathological, and therefore what was done to their genitals is not harm but a "benefit" bestowed upon them.
- Most males do not know how to identify specific negative complications of circumcision.
- It is highly likely that complications are not perceived as circumcision-related, but widely accepted as merely "normal."
- A significant percentage of males deny that they have been harmed.
- Many males might be fearful of divulging such intimate information affecting their masculine self-image.

The fact that over 300 men however, are aware of problems related to infant circumcision and answered the survey, and that survey responses continue to be received, is an indication that this unnecessary surgery is of increasing concern to men of all backgrounds. The limited size of this survey should not lead one to dismiss its findings. Had 300 women responded to a survey attesting to harm from hysterectomy or radical mastectomy or even Caesarean birth, it is doubtful that such findings would be trivialized or ignored.

THE *JOURNEYMEN* SURVEY

A recent survey done by *Journeymen*, a national men's quarterly journal, gives additional credence to concerns that physical, sexual, emotional or psychological circumcision harm is more pervasive than one might expect. Quite independent of and unknown to NOHARMM, *Journeymen* conducted a body-image survey of its readers in 1992. The survey asked questions relative to satisfaction with weight, height, muscular status and other qualities. Included were questions concerning attitudes toward the respondent's circumcision status. Of the 197 respondents, the average age of respondents was 44 and approximately 85% were circumcised. The average age of respondent to the *Journeymen* survey is consistent with the average age of respondent to the ***Awakenings*** survey. *Journeymen* discovered that 20% of circumcised respondents were not happy with being circumcised, compared to only 3% of intact respondents who were not happy being intact. The level of

respondents' satisfaction with being circumcised was only 38%, compared to satisfaction among intact men of 78%. Interestingly, circumcised respondents showed more ambivalence and less decisiveness (41%) than intact respondents (17%).

Clearly, the *Journeymen* survey suggests that intact males may be more decided and satisfied with their intact status than other males are with being circumcised, much more so than we in this culture are lead to believe our children will be if left intact. For those circumcised men who are in touch with their feelings on this issue, the survey clearly suggests that a significant portion of the circumcised male population may be either dissatisfied with or in varying states of denial or turmoil over what was done to them as a child.

1992 *Journeymen* Body Image Survey

Number of respondents: 197 Percent Circumcised: 85% Average Age: 44

Age Breakdown of Respondents:

20-29: 7% 30-39: 26% 40-49: 45% 50-59: 18% 60+: 4%

Status:	Circumcised	Intact
Satisfied	38%	78%
Dissatisfied	20%	3%
Ambivalent	41%	17%

The skeptic might question whether this 20% dissatisfaction figure could be true. To examine this further, let us remember that according to the 1989 AAP Report of the Task Force on Circumcision, the exact incidence of postoperative complications from neonatal circumcision, which could lead to such dissatisfaction, is unknown. Referring back to the earlier reported study by Williams and Kapila, we know that a realistic percentage of such complications may be up to 10%. When one looks at the number of infant circumcisions performed from just 1940 to 1990, and applies the Williams and Kapila percentages accordingly, the estimated number of men bearing *physical* complications alone boggles the mind. The *conservative* number of men alive today with such complications (referred to earlier by Wilcox) who were born just in that 50 year period ranges from 1.3 to almost 6.6 million. For an elaboration of this estimated incidence, please refer to the Appendix table entitled, *Estimated Incidence of Neonatal Circumcision Complications (Physical Only) Affecting Males Born in the U.S. Between 1940 and 1990.*

Realistically, the complication rate is actually 100% for the circumcised male, since the very act of circumcision destroys the most erogenous organ of his penis, limiting his capacity to experience the full range of his sexual sensitivity as nature intended.

Of course, neither source (AAP or Williams) could possibly estimate the long-term sexual and psychological complications resulting from neonatal circumcision, regardless of whether or not any physical complication was involved. As evidenced by the growing number of articles in men's group newsletters and articles by men's leaders, the fact that one's healthy prepuce was amputated without one's consent is in itself becoming a concern to circumcised men.

It would be entirely conceivable then that an additional 10% of circumcised men might express dissatisfaction of a purely aesthetic, sexual or psychological nature. When combined with the 10% physical complication rate, the *Journeymen* statistics would appear to be an accurate reflection of circumcised male dissatisfaction.

The ***Awakenings*** survey looks more closely at the nature of the dissatisfaction expressed in the *Journeymen* survey. Our respondents would identify themselves not only as dissatisfied, but as having been harmed by infant circumcision. As the structure and intended function of the foreskin is more widely reported to the general population, and as men are better able to identify the harm of infant circumcision, it is expected that the reported finding of 20% dissatisfaction may well increase dramatically.

On the page that follows, the statistical findings of the ***Awakenings*** survey give a more detailed account of dissatisfaction among a similar group of aware circumcised men.

1993 Statistical Overview of the *Awakenings* Survey

Number of Respondents: 313 Average Age: 42

Age Breakdown of Respondents:

<19: 1% 20-29: 13.1% 30-39: 26.8% 40-49: 33.9% 50-59: 16% 60+: 9.3%

Age at Circumcision:

Infancy: 89.1% 1-12: 6.1% 13-17: 1.0% Over 18: 3.8%

Suspect/confirm reduction in sexual pleasure due to circumcision:		96.2%
Feel harmed by circumcision:		92.7%
Categorical Harm:	Sexual	84.0%
	Emotional	83.1%
	Physical	81.5%
	Psychological	75.1%
	Self-Esteem	74.4%
	Intimate Relationships	44.7%
	Addictions/Dependencies	25.6%
	Other*	13.1%

(* e.g., masculinity/self-confidence issues, spiritual separation, fear of doctors, etc.)

Most frequently reported complaints:		
	Dissatisfaction	69.0%
	Feel mutilated	62.0%
	Don't feel whole	60.7%
	Resentment	60.4%
	Don't feel natural or normal	60.1%
	Human rights violated	60.1%
	Glans insensitivity	55.3%
	Anger about circumcision	54.3%
	Frustration over status	53.0%
	Body feels violated/raped	49.5%
	Feel inferior to intact men	47.3%
	Impedes sexual relations	42.5%
	Excess stimulation needed to orgasm	38.0%
	Betrayal by parents	33.9%
	Prominent scarring	29.1%
	Circumcised too tightly	26.8%
Have Not Sought Treatment:		61.1%
Reasons Given:	Felt no recourse was available	39.3%
	Embarrassed	19.8%
	Feared ridicule	15.7%
	Other*	12.5%
	Not important enough	3.5%

(* e.g., mistrust toward professionals, lack of funds, etc.)

Penalty for Circumcisers:	Nothing	2.2%
	Imprisoned	22.7%
	License Suspended	27.5%
	License Revoked	32.9%
	Fined by Law	42.2%
	Sued in Court	42.5%
	Other*	42.8%

(* e.g., from educate parents/doctors to castration/death penalty for circumcisers)

Now actively involved in uncircumcision methods: 50.2%

Sample comments from respondents to the Awakenings Survey

[comments followed by state of residence and birth year]

I feel I've been mutilated and denied the full functioning of my penis due to an unnecessary and ignorant procedure. CA/1951

My penis is unnatural this way! OH/1956 *Constant, continual chafing and desensitization of glans.* OR/1953

I enjoy no sensations on my shaft or glans, and the resulting orgasm (after painful thrusting) is both quick and very often painful. My sexual life is indeed ruined! OH/1966

Painful erections, scar tissue, insecure (don't feel complete). NY/1966

My penis has two skin shades, the scar is much lighter than the shaft. MA/1956

I was circumcised at birth. I resented my parents but I transferred my resentment to doctors. I still feel traumatized. I feel violated. I am angry at excuses people use to justify this horrible procedure. CO/1953

There is drastic difference in skin tone and my shaft skin is very tight. It causes my penis to curve to the left when it's erect and there is no skin mobility. OH/1971

Taking away a part of my body without my permission is a violation of my body and rights. OH/1954

Have to be at the point of abuse and pain to my penis to reach orgasm because it is so desensitized from circumcision. WA/1954

I am angry and bitter and depressed by being circumcised and I resent that it was done to me. MA/1950

The mutilation of my body happened at a time in my life when I was developing a close bond with my mother. My penis was invaded and what was a pleasure to touch became a place of pain. I feared closeness because I believed pain would follow. MN/1958

Scars still bleed to this day. Takes to long too orgasm due to desensitizing of head. MI/1958

I have always suffered great irritation, redness to the meatus of my penis due to lack of foreskin protection. NJ/1962

Left with a sense of impotence and powerlessness and a fear about the power of others to hurt me grievously. NY/1930

My penis curves to the left due to an uneven circumcision. MA/1953

It hurts too much and sometimes bleeds from being cut so tight. NE/1943

The glans is calloused and numb to any subtle sensations. UT/1950

Totally dependent on artificial lubricant for masturbation. KS/1945

Missing needlessly a vital part of my sexual anatomy, the only moving part. OK/1923
[This gentlemen adds: *Any physician using cosmetic surgery for health purposes should be exposed as a fraud!*]

Skin bridge, large, around 25% of glans-shaft. NJ/1930 *A deep longing to be complete and intact.* GA/1953

The scarring on my penis has caused painful erections because it tears open and bleeds. NY/1957

The physical scar is hideous but the emotional scar equates to rape. CA/1947

I experienced continuous decline in sensitivity and sexual pleasure to the point of not being able to orgasm within a period of time comfortable to my wife. Fortunately, all this has been reversed by my foreskin recovery and I once again have the sexual performance of a teenager. CA/1945

SURVIVORS, NOT VICTIMS

Almost half (49.5%) of the respondents expressed feelings of violation, victimization, or both. Some even called themselves survivors of childhood genital mutilation. These victim/survivor comments as they relate to violation of an individual's genitalia, sexuality and self-image bear striking resemblance to feelings and language expressed by male survivors of childhood sexual abuse. Whether speaking of sexual abuse caused by genital mutilation or forced sexual activity, males have a difficult time acknowledging that they were victims of such abuse. Why might this be?

Infant circumcision is an act in which a powerful adult defeats the will of the vulnerable infant and succeeds in robbing the infant male of a valuable organ of his genitalia. It is ingrained in men that they should control their own destiny and take charge, and men are not accustomed to admitting that they were once weak and powerless compared to the adult who violated their body. Acknowledging any grief, regret or concern over having been circumcised is seen as weak and an insulting defeat to one's manhood. Men are expected to be strong and never to admit defeat. Asking for help and expressing pain and sorrow is not acceptable male behavior in our society.

These cultural expectations are giving way however, as men begin to raise their awareness of this issue, and of having been assaulted as an infant. Male survivors of childhood genital mutilation are empowering themselves and realizing their potential to break this cycle of genital abuse.

EVOLUTION OF AWARENESS

After reviewing the statistics and comments offered in the ***Awakenings*** survey, one might question how a male, circumcised at birth, comes to such an awareness of harm. Indeed, one could ask the same question of females who were circumcised as an infant or young child. Worldwide, there is an increasing awareness about the issue of childhood genital mutilation. In many nations where female circumcision is the norm, comments like the one below, taken from *Prisoners of Ritual*, are increasingly being heard:

> *Those of us who have been circumcised, and who come in contact with books and information, gradually develop the awareness of a right we did not know existed - the right to a complete body. You are deprived of it as a small child.*[297]

An example of the growing awareness of this issue among American men appears below in an excerpt from a letter from a Los Angeles resident who had contacted NOHARMM for information about the appropriateness of circumcision for an older child known to him.

> *Your book, **Male Circumcision in America-Violating Human Rights**, further convinced me of the impropriety of circumcision. It has also been educational for other of my male friends, some who had been non-committal about circumcision like me, are now not only opposed to circumcision, but are upset that it was done to them, whereas they had not felt this way before.*[298]

How does the male come to such an awareness of genital mutilation? Several processes are vital to an awareness of this issue. Undoubtedly, most of these processes are common to those who responded to the Harm Documentation Survey:

- Understanding the functions and benefits of the prepuce.
- Ability to question the value and correctness of infant circumcision.
- Ability to identify harmful effects of infant circumcision.
- Ability to sense a need for change and make one's voice heard.

Evolution is an ongoing process of course. Even among those men who had previously submitted a Harm Documentation Form, a number submitted revised forms to document further harm that they had discovered during the process of becoming more educated on the issue.

Previous generations of circumcised American males have suppressed their emotions and were naive enough to believe what society told them; that circumcision was a "benefit." It is a certainty that increasing numbers of young men today and those to follow, will recognize this for what it truly is, genital mutilation and a form of child sexual abuse that carries long-term harmful consequences. The respondents who participated in this survey represent a pioneering group of men who are in the vanguard of social change.

> *Men's groups are forming around our nation to help men regain their inner losses in a society that has been very damaging to men and boys. Such groups, and workshops and seminars, often lead by the likes of Robert Bly and John Bradshaw, are saying to the men of this nation that it is time to listen to your inner self so that you can be more attune to the world around you. In fact, the most universally shared, and increasingly acknowledged, wound of males in America is the circumcision wound at the hands of another.*[299]

Respondents to the ***Awakenings*** survey are clearly those males who have indeed taken the time to listen to the cries of indignation and pain within themselves so that they could move on to greater wholeness for themselves, and perhaps also to help other generations of males to live in a whole body which is, after all, a birthright shared by all humans.

DISCUSSION OF PHYSICAL AND SEXUAL HARM

OVERVIEW: Only in those societies that routinely subject male (or female) children to circumcision is this damage difficult to comprehend. Before discussing this further, it might be helpful to note that the damage done by infant circumcision is quite obvious to most everyone in the world: a healthy and functional body part is amputated from an innocent child. The following response from one survey participant to the request to describe *Specific Harm or Problem* highlights this fact.

> *Specific harm? This is a stupid question! If I had my leg cut off, would you ask, "What specific harm?" I was subjected to ritual sexual abuse and mutilation!* B.K., WA/1945

The range of physical complications reported by men was staggering. Respondents who were more articulate with medical terminology relating to penile anatomy and/or complications relating to circumcision were better able to identify physical and sexual effects resulting from their lack of a foreskin and the effects of the infant circumcision surgery.

Most of the Christian identified respondents seemed to be more aware of physical and sexual harm. Conversely, Jewish respondents seemed to be less aware of physical and sexual harm but equally or more aware of emotional and psychological harm.

Younger respondents were less aware of harm, while older respondents seemed resigned to their fate. Younger respondents were less aware of glans insensitivity, perhaps due to the fact that desensitization from keratinization after the foreskin is removed, becomes more noticeable with age.

In some cases, several physical complications, though not specifically articulated, were suspected from reading open-ended comments from respondents. These complications were not included in survey tallies. It is probable that these men were either not aware of their problem(s) or did not know how to articulate them. If this survey were conducted by someone educated in penile complications that result from circumcision, via interview and/or physical examination, we believe that physical complications alone would be many times those indicated in our survey.

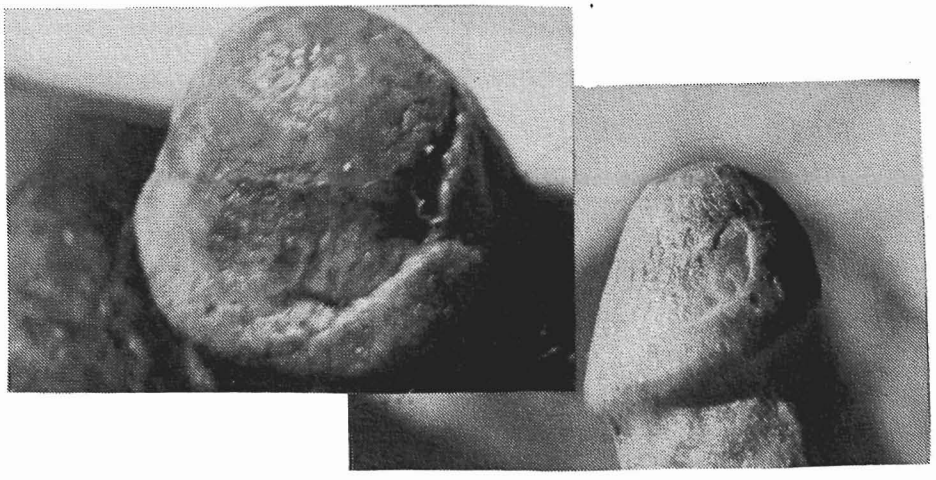
Adverse physical effects from infant circumcision were reported by 81.5% of the respondents. The most common form of physical complaint reported was prominent scarring (29.1%), followed by a circumcision that was too tight (26.8%) and pubic hair on shaft (25.9%, often a result of drawing pubic skin onto the shaft when a circumcision is done too tightly). Over one-quarter of the men (26.2%) reported some "Other" form of physical complaint such as meatal stenosis or recurrent non-specific urethritis, both of which are respectively non-existent or rare among intact males. Almost one-quarter (23%) reported unsightly skin tone variances on either side of the scar line. Over ten percent reported skin tags and painful erections (11.8% and 11.2% respectively). Approximately ten percent (9.9%) complained of skin bridges and 15.3% reported bowing or curvature, a common complication of a tight, uneven circumcision.

As is common in male health issues, professional help is seldom sought. Approximately one-half of the men who perceived physical or emotional harm never sought professional help for these problems.

Among those who have sought help, one 64 year old gentleman from Orange County (CA), commented that he had been so physically and psychologically damaged from being circumcised as an infant that he only stepped into a men's health club locker room once, he has never married and was 61 before he had sex with a woman. The gentleman, whose photos appear next, has undergone five surgeries to correct his circumcision harm. He writes:

My feeling for all of the doctors who have worked on or seen my penis has been disgust, as none of them has shown any concern or sympathy. Some were indifferent and others were crude and stupid. It is hard for me to have respect for that profession.

R.Z, CA/1929



Beveling deformities, portions of glans missing and suture holes.
Vaginal intercourse provides insufficient stimulation for this man to orgasm.

SENSITIVITY: Up until very recently, most of the debate over circumcision's effect upon male sexual sensitivity centered on subjective reports regarding sexual pleasure and on misplaced interest in glans sensitivity. As we have discussed earlier, the glans takes a poor second to the foreskin in terms of erogeneity.

Anecdotally, circumcised men have always stated "I'm fine, there's nothing wrong with my sex life." No one could fault men for such a subjective statement. **But one must question, are circumcised men truly perceiving the *full* spectrum of sexual sensitivity that nature intended?**

To understand this question better, an analogy to television can be made. Those with a black and white television set can receive and understand the transmission; but without specialized equipment their set can only receive a narrow band in the color spectrum (black, white and various shades of gray). On the other hand, those with a color television containing specialized equipment are able to receive a wider band of color transmission, thereby enhancing the viewer's perception of the transmission. While black and white is not normally considered "bad," the ability to perceive a fuller color spectrum is considered better because it enhances and brings one's perception of the transmission to a new level of experience. Such is the distinction between the circumcised and intact male's ability to receive sexual stimulation via the highly specialized and erogenous prepuce.

For a more appropriate human analogy, one need only read statements from survivors of FGM, as recounted in Hanny Lightfoot-Klein's book, *Prisoners of Ritual*. Some of these women have, as small children, undergone *Sunna*, the mildest form of circumcision involving removal of only the clitoral hood (female foreskin), which is most analogous to male circumcision. It is difficult to convince these women that they've been deprived because they've not known anything better. Even some women who have experienced some of the harsher forms of circumcision are still able to perceive some level of sexual sensitivity and pleasure, again not knowing anything better, and would be reluctant to believe that there is any greater pleasure than that which they now know.

Many such women have awakened to the fact that there is indeed not only a broader spectrum of sexual pleasure to be perceived with naturally intact genitalia, but they are also becoming aware of a greater degree of physical and psychological wholeness, and a right to body ownership they never knew existed.

Such an analogous group of "awakened" circumcised men exists here in the United States, some of whom have responded to the ***Awakenings*** survey. It should not be surprising then, that 84% of respondents reported some form of sexual harm from being circumcised as an infant. In terms of glans responsiveness, progressive loss of sensitivity was reported by over half (55.3%) of the men. Excess stimulation needed to orgasm was also a common concern, affecting 38% of the respondents. These two factors significantly affected levels of sexual satisfaction among respondents. Respondents also express concern for the effect this has on their partner(s). Many respondents have made comments similar to these gentlemen: (identified by state and birth year)

Have to be at the point of abuse and pain to my penis to reach orgasm because it is so desensitized from circumcision. WA/1954

I enjoy no sensations on my shaft or glans, and the resulting orgasm (after painful thrusting) is both quick and very often painful. My sexual life is indeed ruined! OH/1966

I experienced continuous decline in sensitivity and sexual pleasure to the point of not being able to orgasm within a period of time comfortable to my wife. Fortunately, all this has been reversed by my foreskin recovery and I once again have the sexual performance of a teenager. CA/1945

The incidence of impotence reported among respondents was 7.3% It would seem logical that physiological impotence, as opposed to that of a psychological nature, could result from amputating the most erogenous part of the penis, namely the prepuce. Attempts to verify this with existing national self-help and educational organizations concerned with impotence yielded no response. Cursory reviews of medical literature and popular books on the subject also found that no studies on impotence allowed for circumcision as a potential contributing factor, nor did any of these studies appear to control for circumcision status.

Few of the respondents had been circumcised as adults. Of those who were however, there were many comments from these respondents of the marked decrease in sexual enjoyment after circumcision. Many felt misled by physicians regarding the alleged benefits of, or the actual need for, the circumcision. Others did so because of pressure by society or partners, or because of military service, where such pressure has historically been quite high. As was mentioned earlier, the unusually high incidence of adult circumcision in the United States stems largely from the propensity of American physicians to treat foreskin problems surgically, rather than medically as they are treated in most other parts of the world.

There is one curious phenomenon reported in the ***Awakenings*** survey that was noted among a portion of men circumcised as adults. **Previously intact men, who at some point in their adult life chose to get circumcised, are now beginning *un*circumcision methods to restore their natural genital integrity, so dissatisfied are they with their circumcised state. To our knowledge, there is no comparable**

movement wherein "restored" men seek re-circumcision. It appears that the presence of even a restored foreskin is so highly valued that reverting back to the circumcised state is unthinkable to these men. This phenomenon has been verified by those in foreskin restoration support groups.

Another sexual phenomenon also warrants consideration. That some circumcised men need assistance in "feeling" during sex with a condom is exemplified by numerous condom ads promising such assistance. The latest condom to make such a claim is the Pleasure-Plus™ which is enjoying extreme popularity, owing to its "active rolling folds designed for stimulation." For the intact man, such *rolling folds* are already provided by the foreskin, and many intact men complain about traditional condoms which inhibit the gliding motion of the foreskin over the glans. In fact, these folds in the Pleasure-Plus™ have been anecdotally referred to by some as a "true foreskin simulator" because they "stroke the most sensitive areas, and men felt added comfort with just the right friction," while simultaneously "women experienced more pleasure and stimulation."

Of those who ponder the negative sexual impact of circumcision on men, none have put it more succinctly than Professor Anastasios Zavales of Ecumenics International, who recently asked, "Has our society finally gone beyond the limits of psychosis that not only do we mutilate our males, but also add insult to injury by selling them condoms to replicate the foreskins they lost? Evidently, I now have a new nickname for my intact penis: Pleasure, plus!"[300]

A common response by American males to the suggestion that a foreskin could enhance their sexual pleasure is, "Oh, I don't think I could stand it if my penis were any *more* sensitive." It is difficult to believe however, that any reasonable man (or woman) would turn down the opportunity for increased sexual pleasure, especially in a "more is better" culture like the United States, where the belief is fostered by media, Madison Avenue, and our collective national psyche, that citizens can, and should, "experience the thrill," "go for the gold," "reach for the gusto," and "not settle for less."

Perhaps such men are confusing increased sensitivity to *hyper*sensitivity. They may erroneously believe that the intact man is hypersensitive, which has created a myth among some people that the intact male is so sensitive he often suffers from premature ejaculation. In truth however, premature ejaculation is a very common complaint among circumcised men. The hypersensitivity which some circumcised men might fear may be, oddly enough, a direct result of their circumcised status. Whereas the intact male has a foreskin to protect his glans from effects of the outer environment (e.g., abrasion, temperature extremes, sunburn and unruly zippers), the circumcised male experiences all of these negative effects directly on the glans itself. This, more than anything else, may contribute to the circumcised male's fear of "more sensitivity."

EFFECT OF MALE CIRCUMCISION ON FEMALE SEXUAL EXPERIENCE: Remarks from men about the impact of circumcision on their female partners were not uncommon. Often men would comment that insufficient stimulation from vaginal penetration made it necessary to resort to prolonged or exaggerated thrusting, sometimes to the point of pain and abrasion, even bleeding, for both partners. For those who were involved in foreskin restoration, comments were offered that their wives found coitus more comfortable, pleasurable, or both. This is due in part to the lubricating and gliding nature of the foreskin, even a restored one. Vaginal dryness during sexual intercourse, especially with age, is often a complaint of American women. Undoubtedly, most of their male partners are circumcised, which may be a contributing factor to the women's sexual experience, and it may be that women are unfairly carrying the full responsibility for this phenomenon.

Confirming these adverse effects is a letter submitted to NOHARMM by Ms. D.L. of Virginia (who wished anonymity to protect her husband and her former boyfriend about whom she reports):

> *This is a retrospective report of the circumcision harm that I remember as it affected my (relationship with my) boyfriend. There was a definite difference in pigmentation from the circumcision scar forward and backward. What was stranger still were the holes in the skin on the same area where the two areas of pigmentation met. These holes elongated into slits upon erection and the skin on the entire shaft became extremely thin and tight.*
>
> *Intercourse with my boyfriend frequently produced severe pain for me. It was not very painful during it, but for several minutes after, I would experience quite an excruciating, burning pain. I hated this, but did not think it was necessarily abnormal until after my marriage to my husband, who is intact and with whom sex is a more comfortable experience.*
>
> *For years, I wondered what made the difference, especially since my husband's penis is larger than my former boyfriend's. I finally realized that the difference comes from the gliding motion that takes place during intercourse with a man with an intact penis. Intercourse with a circumcised man can cause an extreme amount of friction and irritation to the vaginal area. Mother Nature knew what she was doing when she gave men a foreskin!*
>
> *I think if more women realized that much of their need for artificial lubricants and preparations for treating vaginal infections and controlling pain and irritation is the direct result of circumcised partners, they would see intact men as more desirable and hopefully, consider that fact in deciding the fate of their sons' foreskins.*

Of particular note here is that the bulk of American research on female sexuality has involved women's sexual experiences with typically circumcised American men. How and to what degree does male circumcision impact lubrication, comfort and stimulation during sexual intercourse? Until more research into this area is done, one must wonder if researchers are getting an accurate view of female sexual response when most of the women's male sexual partners lack such an important organ as the foreskin.

Evidence of how male circumcision affects women in their sexual relationships with circumcised men is being compiled by Massachusetts author Mary Simpson and awaits publication.[301]

DISCUSSION OF EMOTIONAL AND PSYCHOLOGICAL HARM

OVERVIEW: Of all respondents, approximately 83% expressed some degree of emotional consequence from being circumcised in infancy. Dissatisfaction was the most commonly expressed emotion (69%), followed by resentment (60%), anger at what was done to them (54%), frustration with being circumcised (53%), and a sense of betrayal by parents (33.9%). Jim Bigelow, PhD, author of *The Joy of Uncircumcising!*, explains that **resentment often results from the belief or feeling that their parents had a choice and could have protected them when they were too young and helpless to protect themselves.** The appropriateness of parents choosing circumcision for their sons is being seriously questioned by increasing numbers of men.

Respondents who were more articulate with medical terminology relating to penile anatomy and/or complications related to circumcision expressed more remorse, anger, frustration and sense of loss over their lack of a foreskin. The correlation seems to be that the more men are aware of what is missing, the more their grief over the loss. Of all respondents, 62% felt mutilated, while 60% felt their human rights had been violated and 49.5% said their body feels violated or raped. **These vehement expressions against circumcision were especially prominent in relation to comments about the often used "locker room" and "looking like father" rationalizations for enforcing genital conformity.** There also appeared to be a direct proportional correlation between men familiar with the appearance, function and benefits of the intact penis and their desire to have been left intact.

> ***The appropriateness of parents choosing circumcision for their sons is being seriously questioned by increasing numbers of men.***

Men are beginning to explore their trauma around this violation of their genitals in infancy. There is a great deal of support for the concept of Post-Traumatic Stress Disorder, in which any human, regardless of age, can be so traumatized by an event that the effects can last a lifetime. In a 1993 letter to the editor of the Santa Rosa (CA) *Press Democrat*, one survey participant responded to an article about circumcision with these words: *The life-long effects may range from a constant sense of threat and a lack of enthusiasm for life to feelings of rage and violent tendencies. Most people are aware that combat veterans and other victims often suffer serious psychological problems known as Post-Traumatic Stress Disorder. Few are aware however, that a person can suffer from this same syndrome his whole life as a result of circumcision.*[302]

SELF-ESTEEM AND INTIMATE RELATIONSHIPS: The previously mentioned physical and emotional concerns have, not surprisingly, impacted the self-esteem of some of the circumcised respondents. Running counter to the commonly accepted sentiment in the United States that the circumcised penis is somehow "more manly," almost half (47.3%) of all respondents felt inferior to intact men. This might be due to the fact that approximately 60% of respondents said circumcision made them feel "less whole", while 60% also stated that they "didn't feel natural."

Some men reported that they wondered what was so wrong with them or their penis that something had to be cut off. When they learned that most men in the world are left whole and many doctors believe there is no medical reason for amputating the foreskin, these men felt betrayed (33.9%) and angry (54.3%).

Our culture often equates non-conformity of the body with inferior status. Examples of this can be seen among women who are indoctrinated by our culture to believe that their breasts should be larger or that their bodies should be thinner. Men are led to believe that increased social acceptability can be found in a larger, more muscular physique. African-Americans are encouraged to wear their hair relaxed. Those who run counter to these social expectations cause anxiety among those who expect conformity.

The effect of anxiety about, and irrational fear of, the male prepuce (prepucephobia?) in American culture impacts not only male newborns who become the unwilling subjects of circumcision surgery, but also impacts intact males. Many intact men contacted NOHARMM to lend moral support to our survey efforts, and in so doing, related their own stories of this cultural phobia of the natural male genitalia. Perhaps the parents of such men held similar views to those in the following excerpt from *Prisoners of Ritual*, expressed by an African mother:

> *I did not have my daughter done. She may feel deprived and on the outs with her peer group now, but she will get some understanding when she grows up. ...If she decides that she wants a circumcision when she is grown, it can be performed then, when she understands what it is all about.*[303]

Fortunately, our society is relaxing its equation of the genitally intact male state with inferior status. Another phenomenon benefiting the genitally intact child is that social conformity is a tentative concern among children, something they eventually outgrow. Many intact men have noted that despite some locker room teasing by *genitally deficient males* (one intact man's name for the circumcised), the vast majority of intact males grow up to cherish their intact status. This was confirmed by the *Journeymen* survey that found 78% of intact men satisfied and only 3% dissatisfied with their status (compared to only a 38% satisfaction rate and a surprising 20% dissatisfaction rate among the circumcised). This evolution of genital self-esteem among intact American males is expressed by the following gentleman:

> *I grew up an uncircumcised male in a circumcised society. In my quest to understand why I was different from the other guys, the only information I could find in medical books, encyclopedias and dictionaries informed me that I was unclean, unhygienic and very likely to acquire any number of diseases. This was not a nice feeling for a young adolescent to have, and suggested that my parents were not concerned with my well-being, when in fact they were. Several years ago, I happened to pick up a foreign magazine which contained an article regarding circumcision. It was extremely well-written and documented, and was my first indication that being uncircumcised was indeed normal and healthy. It was unfortunate that I had to learn this from an outside source and not from the physicians in my own country. Because of this I have lost a degree of trust in the medical community within the United States.*
>
> **A.F., age 52, Pennsylvania, January 31, 1994**

It was also found in this survey that circumcised respondents' feelings and beliefs about circumcision impacted their relationships with spouses, family members, and friends. This affected 16% of respondents [although the survey question asked how circumcision had specifically affected non-sexual relationship(s) with partner(s)]. On many occasions men took the opportunity to correspond with or telephone NOHARMM to share such stories. Typically, a respondent would offer to share their knowledge of the foreskin and circumcision with a friend, family member or expectant parent about the value of the prepuce or to dispel the myths of circumcision, or simply to share their own experience of having been circumcised without their consent. When these attempts were rebuffed, or when information was shared but dismissed, or respondents' experiences were trivialized or disregarded, some respondents expressed great sadness, even depression and/or anger, at the unreasonable lack of respect and concern for the human rights of children. Many family arguments over this issue were reported between spouses, and between circumcised respondents and their parents or siblings. Some arguments resulted in irreparable damage to these relationships.

VIOLATION OF BODY OWNERSHIP: Perhaps because infants are so physically helpless and do not express themselves verbally, we tend to think of them more as chattel instead of people entitled to the same *human* rights - and in the United States, constitutional rights - as adults. Genital mutilation is a relatively new concern in the United States and one which is assuming an erroneous gender-specific identity. The concepts of body ownership and intact genitalia are those that many Americans have come to associate solely with feminist issues. Issues of choice and body ownership are not concepts most Americans would yet consider as applying equally to men. Based on recent American history related to the issue of reproductive choice for women, few Americans today would argue with the concept that in so many ways, **to control one's body *is* to control one's life.** In a similar manner, a recurrent theme emerged among open-ended comments offered by male harm documentation respondents:

> ***You hear a lot today about choice. What choice did I have?***

According to Jim Bigelow, PhD, in his article, *Uncircumcising: Undoing the Effects of an Ancient Practice in a Modern World*, which appeared in a Summer 1994 issue of *Mothering*, body ownership is one of the many reasons cited by men wanting to restore their foreskin, a phenomenon that will be discussed in greater detail later.

> *(T)he need to regain a sense of body ownership - a birthright that was in most cases violated, if not annihilated, within the first hours of life. For many of these men, the availability of a means to reverse their circumcision, whether acted on or not, serves as a catalyst to awaken long buried and denied feelings of rage and indignation.*[304]

At this point, it is probably wise to recognize that probably the majority of men, especially those who were circumcised at birth, do not yet perceive that a male's right to body ownership is violated by infant circumcision. Such an attitude is not surprising, given what Lightfoot-Klein reported in *Prisoners of Ritual* that a similar parallel exists among circumcised African women who have not yet been influenced by Western beliefs:

> *I don't think that women here feel that they do not own their bodies. To the girls here, circumcision does not mean taking away part of their bodies. It is a normal occurrence that happens to everyone.*[305]

Among those men however, with a heightened awareness of circumcision and its negative effects, body violation is a reality. Almost half (49.5%) of our respondents indicated feelings of body violation. The bulk of these respondents were in the 20 to 50 age range, with such feelings becoming more prevalent with age. Over 60% of all respondents felt that their human rights had been violated by infant circumcision.

To a similar extent, 49.5% of respondents identified with a feeling of being raped by the surgery. While rape may sound like a strong response to having been circumcised, such descriptions are common among men who have become aware of this violation of their genitals. One man wrote:

> *I feel I was raped in the operating room of Tampa General Hospital and I want back what was mine.*[306]

To understand this feeling, it might be helpful to understand the feelings of female rape survivors. Veronica Reed Rybeck of the Rape Crisis Prevention Center at Beth Israel in Boston reports that after a rape, "the victim's beliefs about who she is and who she can trust are shattered."[307] Would such a "shattering of trust" not be even more true for a newborn entering this world in a totally open and vulnerable state? During infant circumcision, it is clear that the infant is shocked by this painful violation of his genitals. His response to this assault on his sex organs has to be one of disbelief and terror. Would these feelings be recognized and acknowledged by the adult male who understands his violation and loss, especially after viewing this same act committed on current innocent young victims? Indeed, feelings of victimization and mistrust were expressed by slightly more than 10% of survey respondents.

That infant circumcision even constitutes a form of *incestuous* sexual assault is a concept examined in 1991 by Lloyd DeMause, PhD in the *Journal of Psychohistory*:

> *Two kinds of incest will be considered: direct incest between family members; and indirect incest, the providing of children by their parents to others in order for them to be sexually molested. ...Since genital mutilation is one of the most widespread childrearing practices, its presence alone makes incest a universal practice - despite our habit of denying its sexual motivation by terming it a "rite of passage." (Scholars) assiduously deny that those who do it ever mean any harm to the children. There is hardly an imaginable form of genital assault that is not regularly performed on children.*[308]

It is often said that the body remembers what the mind forgets. While most men seem consciously unconcerned with circumcision, others are discovering a very real and deep pain. Men who are in touch with their sexual woundedness from infant circumcision are networking. It is already known that one man is compiling material for a book on the incest/sexual assault aspects of infant circumcision[309]. For healing to occur however, safe harbors are needed that will allow men to explore and release their innermost feelings concerning what was done to their genitals as a child.

RELIGIOUS ATTITUDES AND SPIRITUAL INTEGRITY: The purpose of this survey was to gauge circumcision harm regardless of what the intention of the circumcision was. In the case of religious circumcision, to many people it is still unthinkable that any religion could demand cruelty. As we've learned however from other forms of child abuse, if children who were once injured will later injure their own children, they will maintain that their behavior does no harm because their own loving parents did the same.

We also did not set out to measure spiritual harm as a category, yet after conducting this survey we have concluded that spiritual harm from childhood circumcision should not be overlooked or dismissed, as we found from further reading of *Prisoners of Ritual*, in which these rather eloquent observations from survivors of female childhood genital mutilation appeared:

> *When you begin to cut parts of a human being away, you remove part of their humanity and part of their natural state. You reduce them.*[310]

> ***If religion comes from God, how can it order man to cut off an organ created by Him as long as that organ is not diseased or deformed? God does not create the organs of the body haphazardly. This is a contradiction into which neither religion nor the creator could possibly be involved.***[311]

What effect does this cycle of genital mutilation have on one's sense of spiritual integration? Unstudied. Yet glimpses of these effects could be seen in responses from several male harm documentation respondents.

> ***God designed it to be a certain way. No man can improve something God has created. I feel betrayed by life and inferior as a human because of my circumcision.*** R.A., MA/1956

> *I just don't like the idea of removing something that obviously was there for a reason. I don't think God made a mistake when creating mankind. Why was He corrected?* J.B., NY/1967

The harm documentation survey did account for religious background in its demographic questioning, and what we found was interesting from the perspective of the variations in responses according to the respondents' differing religious backgrounds. The total percentage of Christian and "Other" participation in the survey was 95.8% and participants who identified themselves as Jewish totaled 4.2%.

When asked if they felt their human rights had been violated by infant circumcision, slightly over 60% of all respondents indicated affirmatively. In this sub-group, 100% of the Christian and "Other"-identified respondents felt that their human rights had been violated by infant circumcision, while 76% of Jewish respondents felt this way. When asked if they felt mutilated by the experience, 62% of all respondents reported such feelings; among them 100% of Christian and "Other" respondents affirming this and 86% of the Jewish respondents answering affirmatively. While 84% of all respondents reported sexual harm from infant circumcision, among this group over 80% of Jewish respondents and 100% of the Christian and "Other" respondents reported such harm. Among the 83% of all respondents who reported emotional harm, most Christian and "Other"-identified respondents, as well as almost 74% of Jewish respondents, made claims in this category. This category included feelings of anger, dissatisfaction with or frustration over their circumcised state, feelings of being betrayed by parents and resentment. **Of the 60% of respondents who indicated they resented the circumcision performed on them, 100% of Christian, Jewish and "Other" identified respondents felt such resentment.**

Only 1% of respondents sought help for their circumcision concerns from a religious counselor. All were Christian or "Other"-identified. Over 50% of survey respondents were in the process of foreskin restoration. In this group, all of the Christian and "Other" respondents were so involved, as was almost 60% of Jewish respondents. All respondents, regardless of religious background, felt there should be some penalty for circumcisers of infants ranging in order of popularity from sued in court, to fined by law, to license suspended or revoked, to imprisoned. An open-ended "Other" category was very popular with all respondents, regardless of religious background. Responses ranged from compassionate calls for (re-)education of the circumciser to angry and sometimes violent desires to inflict physical harm upon the circumciser, such as castration or the death penalty.

In open-ended comments, most respondents indicated nothing of their feelings about circumcision as it related to their religion. Among respondents who took the time however, it could be clearly distinguished that a spiritual separation had occurred, which was not an aspect of harm we set out to measure in this survey. Some Christian and "Other"-identified respondents chastised the Christian faith for lacking the compassion and courage to speak out against childhood genital mutilation, which many respondents familiar with the Bible say is not called for in the New Testament as it was in the Old Testament. The following comments address, directly and indirectly, the deeper *circumcision of the soul*, referred to earlier in this report.

They took away more than a piece of skin, they took away a part of my being. R.K., TX/1956

I feel dehumanized. As a result, I no longer believe in a god or a "higher being." W.K., PA/1963

Among Jewish respondents, a sense of betrayal by parents was noted, but nowhere was there any *direct* hostility indicated toward mohels or the Jewish religion. The only remarkable comments by Jewish respondents were these:

Having been born into a Jewish home, it was almost an unstated belief that intact men were a lower class of human being. I chose to leave the Jewish, and then years later adopted the Sikh, faith. For the first time, I was part of a religion which opposes the alteration of the human form except in the gravest medical situations. R.D.S.K., CA/1945

I no longer have a foreskin because I am Jewish! Not much of a reason is it? K.B., LA/1953

There were however, subsequent anecdotal comments from some Jewish respondents outside the parameters of this survey. Some stated that while they strongly and proudly identified with being Jewish, they vehemently rejected the ritual of infant circumcision as an anachronism. Some Jewish respondents said they reject infant circumcision as it is against the compassionate nature of Jews and Judaism in its highest form. Some stated their belief that the ritual should be made voluntary when the male reaches an age of informed consent, or that a more humane, non-mutilative bris should be offered as an alternative to the traditional one.

Some Jewish respondents said they reject infant circumcision as it is against the compassionate nature of Jews, and Judaism in its highest form.

Jewish men who indicated that they had attended a bris, or ritual Jewish circumcision, anecdotally remarked that there was rarely silence during the ceremony. In their experiences there was usually lively discussion, loud prayers or chanting, and sometimes even music, as if to cover the screams of the baby being circumcised. They remarked that they believed this was a form of distraction, perhaps a necessary prerequisite to (re)inforce denial of the pain and harm being done to the infant. In *Prisoners of Ritual*, such parallels are described in African female circumcision rituals:

And what can the baby girls do, but shriek and fight against the knife, while their arms and legs are pinned down by strong women who also wail in order to drown the shrieks of the victims?[312]

One of the rationalizations for female genital mutilation offered by their mothers is that the act "purifies" the girl by removing a source of sexual temptation which could compromise her moral purity, as well as a source of uncleanliness which could endanger her overall health. That such a ritual for females assumes a quality of purification for the young girl, finds its counterpart in male circumcision rites. In a *New York Times Magazine* article in early 1994, journalist and Rabbi Joshua J. Hammerman wrote:

The knife also turns father into mentor, one willing to inflict pain for the sake of proper moral development. ...He takes off one small part in order to preserve - and love - the whole.[313]

Whether one believes female circumcision ensures proper sexual or moral, development, or that male circumcision can accomplish similar goals, to those who invest a spiritual meaning in the ritual, it is clear they believe that by sacrificing a part, the well-being of the whole is thought to be safeguarded. As was frequently pointed out by those survey respondents who were subjected to the religious ritual, religious *belief* in genital mutilation was one thing, but *putting that belief into practice on someone else's body* was quite another. These men felt that *their* religious freedom had been violated by their parents imposing a genital mutilation upon them when they were too young to consent or refuse.

CIRCUMCISION AND MISOGYNY: Although a question concerning respondents' attitudes towards their mother, or women in general, was not included in this survey, approximately one-third (33.9%) of respondents felt betrayed by their parents for having subjected them to circumcision surgery. Comments calling into question "how a *mother* could agree to let this happen to her child" were quite common. The tacit admission here is one of betrayal by mothers. These responses seem to confirm the earlier cited work of Rima Laibow, MD who stated, *When in fact, mother is truly complicit, as in giving permission for unanesthetized surgery (i.e., circumcision) the perception of the infant of her culpability and willingness to have him harmed is indelibly emplaced.*

What effect circumcision resentment has on men's feelings toward women in general can only be estimated. Without a doubt, circumcision's role in male anger and violence is of increasing concern to men's authors. Men's author Aaron Kipnis, PhD, in a 1992 ReSource article entitled, *Male Privilege or Privation?,* wrote: *Were girls so treated there would be widespread protests. In my opinion, the socially tolerated abuse of males is one of the primary causes of unconscious male rage and violence.*[314] His concerns were echoed by many of the harm documentation respondents, and several responses reflected attitudes similar to those expressed below by a man active in men's counseling issues:

> *It has contributed to keeping my anger toward women alive. It has created fear, ambivalence and anger in all my intimate relationships. It has limited my natural sexual response and kept me searching for "more" while feeling inadequate about myself.* J.D., CA/1943

Several respondents offered harsh words about any woman who fails to endorse protection of boys from circumcision. This results perhaps from a sense of further betrayal and insult by women who disregard the feelings of males who have been genitally mutilated. Most likely, such women have not personally known the experience of genital mutilation, yet make comments about the horrors of female circumcision while dismissing male circumcision as being "totally different." Male respondents seemed to understand that genital mutilation is not a gender issue and that the core issue is not one of severity, but of universal human rights and respect for all children.

If, as some researchers believe, the mere *viewing* of sexually violent pornography by males can influence their behavior toward and treatment of their (primarily female) sexual partners, how much more imprinted is the *actual early experience of violence* upon a male's sexual pleasure center? It is common knowledge that infants begin learning from the moment of birth. What message about sexuality does the pain and trauma of circumcision teach males about their penis and their use of it?

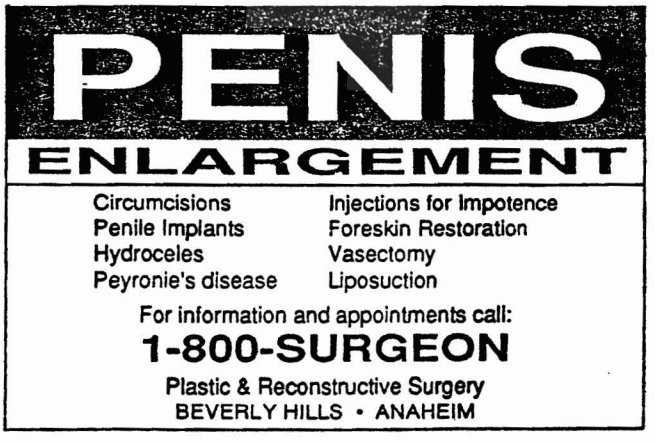
Left open to further study then is the question of a potential link between circumcision itself, or the awareness of circumcision harm, and misogynist attitudes and violent sexual behaviors.

STATISTICAL INCIDENCE OF UNCIRCUMCISION (FORESKIN RESTORATION)

A mastectomy is a surgical response to a pathological condition of the breast. It is done with the consent of the woman, and afterwards no one in our culture would consider it odd for a woman to seek breast reconstruction. Her desire to regain her natural bodily integrity would seem healthy. It should not take a far leap of understanding then to comprehend a man's desire to regain his natural bodily integrity, especially after he learns that the most erogenous organ of his penis was amputated *while it was healthy and without his consent, indeed against his will.*

The concept of foreskin restoration, also known as epispasm or *un*circumcision, is quickly gaining national attention. It has moved from the "lunatic fringe" to being almost an obligatory item for inclusion in any media discussion of the topic of infant circumcision. That a child may likely grow up to resent this violation of his body and later seek foreskin restoration is a new concern that expectant parents will have to begin weighing heavily in their deliberations over their new son's body and his rights.

One sign that such reconstructive surgery is becoming socially acceptable is found in an advertisement in the September 24-30, 1993 issue of *L.A. Weekly*. It is apparent that the medical profession is taking seriously men's desire to regain their natural genital integrity that was violated in infancy. The crucial question raised here is: Do third-party payers have an ethical or moral obligation to assist those men seeking reconstruction for damage that was inflicted without their consent, damage that in all likelihood was paid for by some of those same third-party payers?



Over 75% of respondents to our survey said they knew that uncircumcision existed and over 50% said they were now involved in the process of restoring their foreskin. That is the extent of questioning we attempted in this survey. To better understand this growing phenomenon however, we refer to Jim Bigelow, PhD, author of *The Joy of Uncircumcising!*

Why would a man, in most cases circumcised as an infant, miss something he has never known or experienced? Based on the scientific evidence we are now accumulating regarding the structure, function and value of the protective and highly erogenous foreskin, combined with what we know about the progressive keratinization or toughening of the glans after circumcision, one can build rather solid arguments for why men ***ought*** *to want to restore their foreskin. There are however, perhaps as many answers to this question as there are men involved in uncircumcision.*

First, there are many men who have never liked what was done to them. Then there are those who have heard that sex is better with a more responsive glans. Very often these men do not recall growing up feeling bad about their circumcised penis. For these men, restoration is kind of an improvement: "My penis is great, let's see if I can make it even better." Another type of man who seeks restoration is the one who has begun to notice that he is not having the same feelings in and from the glans of his penis that he used to have. While there are members of the medical profession who would downplay this fact, the weight of evidence is growing at too fast a rate to be ignored. Further, the number of circumcised males complaining about the increasing insensitivity of their glans, especially as they get older, is growing too steadily to be sheer coincidence.

Finally, there are those men who have an intense, personal experience which awakens them to the 'truth' about circumcision. For one man, that moment came while he was doing library research on infant male circumcision. He was looking into the subject in order to help his sister who was pregnant with a male child make an 'informed decision.' What he read made him first ill and then angry, and today he marches to halt infant circumcision. For one of my students, the moment of awareness came shortly after he married. He had earlier answered a series of questions on body image saying he was entirely neutral about circumcision and was quite satisfied with his circumcised penis. When, a year later, I reported the results of my survey to a class in which he was enrolled, he asked if he could talk to the students. He told them that he had recently married. As a very devout individual, he had married as a virgin. He went on to say that as he was discovering his bride's body and the joys of marital sex, he was suddenly aware that she brought to him a whole, unspoiled body as God had designed it while he brought to her a body that was scarred and disfigured. He said he could no longer say he felt 'just fine' about being circumcised and would never allow such a thing to be done to any son he might have.

Why does a man restore his foreskin? The real answer is often very private and deeply personal. There is, however, one rather consistent theme: "This time, I'll make the decision about my penis!"[315]

To further examine this subgroup of men, one must rely on a preliminary study in progress of a self-selected male population attending uncircumcision support group meetings (RECAP). The RECAP Survey of April 1991[316] involving 45 men was conducted by R. Wayne Griffiths (co-founder of RECAP along with Tim Sally) and Jim Bigelow, PhD. This survey was based on a questionnaire and found 31 men in the process of restoring. All men indicated their race as Caucasian, noting a religious affiliation of either Christian (89%), Jewish (7%) or Other (4%). The average age was 37.6 years, with an age range of between 24 and 67 years. Eighty-two percent of the men had been circumcised at birth and the average respondent realized he was circumcised at age 10, with an age range for this realization of between 4 and 29 years. It was between the ages of 6 and 12

that over half the men learned that not all males are circumcised, and another third learned between the ages of 13 and 19. Over 96% of respondents were envious of men that are intact. Of those who had been circumcised as a youth, 75% had not been told about it beforehand. Even the 25% who had been told as a youth they were to be circumcised never received a prior explanation of the procedure. Needless to say, circumcision was performed on 100% of the youths without their consent. Frequently, stories are shared by men at RECAP meetings recounting the fact that their parents had spared them the infant circumcision experience, only to be hospitalized later for tonsillectomy and subjected to an all too standard medical practice of "T&C" (tonsillectomy *and circumcision*).

Eight respondents had been circumcised after puberty, with seven reporting decreased satisfaction with masturbation and one reporting increased satisfaction. Prior to circumcision, only 25% of the men used lubricant for masturbation, with 75% finding no need, since that function is provided by the natural gliding mechanism of the foreskin. After circumcision however, 75% felt the need for lubricants during masturbation.

Almost 75% of respondents did not seek physician assistance with the restoration process. Close to one-half feared a physician would lack compassion or understanding (47%), and 24% indicated embarrassment, while 18% feared ridicule.

Respondents indicated that circumcision made them feel inferior or less attractive (each 18%), less masculine (16%) or self-conscious (14%). Only 1.6% felt superior, 8% felt more masculine, 3.2% felt more attractive and 2.4% felt self-assured being circumcised. Interestingly, only 1.6% of respondents identified themselves as "proud" to be circumcised, while 9% felt embarrassed to be circumcised. Those involved in uncircumcision methods reported an increased sense of being natural or whole (33%), more attractive or satisfied (each 19%). None felt less attractive for restoring. Over 90% of the men surveyed said they planned to continue the uncircumcision process.

EXTENT OF DESIRE FOR RETRIBUTION: WHAT SHOULD BE DONE TO CIRCUMCISERS?

By far the most interesting, and disturbing, findings of this survey were found under the question, "What should be done to physicians who circumcise the healthy foreskins of infants?" A negligible percentage of respondents (2.2%) felt nothing should be done to the circumciser. Many respondents selected what one might call "traditional" remedies for righting an injustice, i.e., sued in court (42.5%), fined by law (42.2%), license suspended (27.5%) or revoked (32.9%), or even imprisoned (22.7%).

The most commonly selected response however was "Other" (42.8%), which allowed open-ended comment from participants. Responses ranged from the benign "education of parents and/or physicians" to the extreme "death penalty." More often, respondents wished their circumciser to be deprived of a healthy functional body part or otherwise have bodily harm inflicted upon their circumciser. Sample responses included castration, re-circumcision if the circumciser was already circumcised (or circumcision if he was intact), and some form of female circumcision if the circumciser was a woman. In a response reflective of the times, one man stated:

> ***Lorena Bobbitt is my hero because she cut off the offending organ of her perpetrator. I've often fantasized about amputating the offending organ of my circumciser, his hand.***

As strong as the above statement may sound, it is reflective of how a significant number of circumcised respondents feel about what was done to them as a child. They also mirror sentiments such as these by a circumcised woman in the Sudan, taken from the book *Prisoners of Ritual*:

> *If they had strong laws and enforced them, it could be over much sooner. If they took all the midwives who do it and put them in jail, if you killed a few publicly, it would stop.*[317]

That males circumcised without their consent might seek revenge against their circumciser is even becoming a new concern among some physicians. The following appeared in a January, 1994 article in the Everett (WA) Herald discussing infant male circumcision:

> *A spokesman for one Group Health doctor says that physicians here are concerned that circumcision is "becoming the next abortion-like topic," and some who perform circumcisions fear retribution.*[318]

For most respondents however, the avenue of retribution against their circumcisers remains closed, since most of their circumcisers are now deceased.

Before leaving this discussion of long-term harm to men from infant circumcision, it is worthwhile to note that the respondents to this survey are not all men who wish to remain anonymous. **The survey found that approximately one-third of the respondents indicated willingness to give personal or videotaped testimony about their harm.** It is clear that the "circumcision closet" is not one whose doors will remain closed for much longer.

MEDICAL AMBIVALENCE TO HARM

Two factors may account for intense feelings of revenge by circumcised men: perpetuation of the practice through misinformation promoted by the medical establishment, and apparent ambivalence by the medical community toward circumcision harm. That neonatal circumcision is a political issue within the medical community has already been evidenced in previous discussion of the late Dr. Aaron Fink's manipulation of California Medical Association policy.

Survey respondents however, often remarked that when they wrote to medical associations to voice their concerns about their own circumcision harm, either no response was received or a simple form letter was sent stating that routine infant circumcision is an acceptable medical practice which should be done only at the request of parents. This particular response seemed to anger these men most because they were trying to convey their own sense of harm and educate the medical profession that circumcision is something only the man himself should decide, not his parents, nor his doctor.

Medical ambivalence likely stems from a widespread yet erroneous belief in the medical community that no harm can come from infant male circumcision. When some physicians do admit the potential for harm, they usually trivialize the incidence and quality of such harm. These attitudes have their parallel among circumcisers of African females, as demonstrated by the quote below from one doctor interviewed for the book *Prisoners of Ritual*:

Question: Do you see a lot of cases of emotional disturbance that can be traced to circumcision in your practice?" Answer: I do see a few cases, but when you compare their number to that of the number of women that are circumcised, they are very trivial indeed.[319]

As responses to this survey began to filter in, alarming trends were noted. On several occasions in 1993, various medical organizations were contacted to inform them of our findings and to request meetings to share this information. Of course, these medical bodies had received countless letters from private citizens over the past twenty years concerning the ill-advised nature of, or accounts of damage from, routine newborn circumcision. As with those letters, our meeting requests were ignored. Below is a chronology of recent attempts to communicate with these medical associations.

10/15/92 letter from NOHARMM to American Academy of Pediatrics (AAP) Executive Director Joseph B. Sanders, Jr., MD

10/22/92 response from Dr. Sanders: *Policy statements issued by the Academy must be reviewed at least every three years. I will forward your comments to the group responsible for our position on circumcision and they will be taken into account when that policy is reviewed.*

11/23/92 follow-up letter to AAP Executive Director Joseph B. Sanders, Jr., MD (inquiring about the date that the next Circumcision Task Force will meet to review AAP policy)

[No response from Dr. Sanders]

12/9/92 letter from NOHARMM to California Medical Association (CMA) President Richard F. Corlin, MD

1/14/93 response from Dr. Corlin: *We do not perceive a need for a meeting between our respective groups.*

4/17/93 letter from NOHARMM to American Urological Association (AUA) President H. Logan Holtgrewe, MD

4/27/93 response from Dr. Holtgrewe: *My schedule is such that there would be no possibility of our having a meeting prior to* (the end of his term, 5/20/93).

5/18/93 follow-up to the 11/23/92 letter from NOHARMM to AAP Executive Director Joseph B. Sanders, Jr., MD (informing him of harm documentation findings and reiterating request to know when Circumcision Task Force will meet to review AAP policy)

[Still no response from Dr. Sanders]

5/18/93 letter from NOHARMM to CMA President Richard F. Corlin, MD

6/17/93 response from CMA President David R. Holley, MD: *We do not perceive a need for a meeting between our respective organizations.*

7/29/93 letter from NOHARMM to AUA President Abraham T. Cockett, MD

[No response received from Dr. Cockett]

8/27/93 letter from NOHARMM to Physicians Committee for Responsible Medicine (PCRM) President Neil Barnard, MD

[No response received from Dr. Barnard]

9/10/93 letter from NOHARMM to American College of Obstetricians and Gynecologists (ACOG) President Robert Hale

[No response received from Dr. Hale]

11/2/93 follow-up letter from NOHARMM to PCRM President Neil Barnard, MD

[No response received from Dr. Barnard]

11/2/93 letter from NOHARMM to American Medical Association (AMA) President Joseph T. Painter, MD

11/24/93 response from Lonnie R. Bristow, MD, Chair of the Board of Trustees: *The interaction you are seeking would not be useful in a meeting format.*

Some individuals attempted correspondence with several of these medical bodies to inform them of the harm they suffered from infant circumcision and to ask the particular medical body to listen to the voices of such men:

7/30/93 letter from Mr. Tim Sally to AUA President Abraham Cockett, MD

8/10/93 response from Dr. Cockett: *Circumcisions have routinely been performed by Ob-Gyn physicians in infancy. Perhaps you should write to the President of Obstetrics & Gynecology* (sic). [This ludicrous response from a urological association refers this adult male with complaints of circumcision harm to obstetricians and gynecologists.]

8/20/93 letter from Mr. Tim Sally to ACOG President Robert Hale, MD (per referral by Dr. Cockett)

8/30/93 response from Dr. Harold Kaminetzky, Director of Practice Activities: *...(M)ale circumcision is a decision to be made by informed parents. Regardless, the choice, medical indications, I expect, are not generally the underlying concern.* [Nowhere in Dr. Kaminetzky's letter did he respond to Mr. Sally's account of personal harm from circumcision. There is in this response however, a tacit admission that parents choose circumcision not primarily for medical reasons (but for social reasons?).]

9/16/93 follow-up letter from Mr. Tim Sally to AUA President Abraham Cockett, MD (with copy of the 8/30/93 ACOG response) reiterating a request to begin research into long-term harm.

[No response received from Dr. Cockett]

With this type of silence and "passing of the buck" among professionals, it is no wonder that men with complaints of long-term circumcision harm have not been heard from in the past. It may also help explain the anger expressed by some circumcised men who attempt to dialogue and reason with the medical establishment over this issue.

Attempts were also undertaken by men in a letter-writing campaign to make the past two presidents of the American Urological Association (H. Logan Holtgrewe and Abraham Cockett) aware of the long-term harm suffered by those circumcised as infants. Many asked the AUA presidents to establish an investigation into such harm. Over 50 letters were known to have been sent to Dr. Holtgrewe and over 20 letters to Dr. Cockett. While this may seem to be a meager quantity of correspondence, each letter represents a real person who has been adversely affected by infant circumcision. None of the letter-writers were known to have received the courtesy of a response from either of these AUA representatives. One wonders what the response might have been had an equal number of citizens written to a medical body to complain of adverse long-term harm from any other type of surgery. The voices of those harmed by infant circumcision seem to be willfully ignored by the medical establishment.

CONCERN FOR MEN'S OVERALL HEALTH

The findings from this survey clearly raise concerns about the effect of infant circumcision on the physical, sexual and psychological health of males. What is not yet clear is the extent of collateral impact from this surgery upon the attitudes of some men, both circumcised and intact, about the medical profession in general. Awakening to the knowledge of having been harmed once by the medical profession, how does such awareness influence their willingness to entrust their bodies and overall health to physicians in the future?

We know from men who have been harmed in some way by other surgeries, such as prostatectomy, that some men harbor feelings against the medical profession ranging from mistrust to fear to violent anger. Others simply vow never to set foot again in a doctor's office.

While ***Awakenings*** did not specifically survey men about their level of confidence, or lack thereof, in health care providers, many respondents freely offered their comments on this matter. Respondents frequently expressed fear or mistrust of doctors or anger at circumcisers for what was done to them. It became clear that for a significant number of men, routine infant circumcision calls into question the degree of confidence one should have in the medical profession. What follows are just a few of their responses.

- *A foreign magazine...article...was my first indication that being uncircumcised was indeed normal and healthy. It was unfortunate that I had to learn this from an outside source and not from the physicians in my own country. Because of this I have lost a degree of trust in the medical community within the United States.* PA/1940
- *This has affected my attitude toward doctors, nurses, and hospitals!* WA/1945
- *I feel symbolically and psychically emasculated by the doctor who recommended circumcision.* NC/1931
- *I feel betrayed by medical doctors.* CA/1960
- *Every time I go to the bathroom I have a scar to remind me that the doctor cut me without asking.* PA/1953

- *If a man wants to have his own penis circumcised, that's his business, and only his business.* OH/1946
- *I wish they had left my body alone. Circumcisers should have part of their body removed, by force, without their consent.* MA/1956
- *The word doctor means teacher. They have known for more than 21 years that this whole "harm issue" is real and yet they lie to parents, knowing they are violating the doctors' axiom: Do no harm!* PA/1950
- *The medical profession needs education about the harmful effects of circumcision.* SD/1966
- *I'm pissed off to the point where words won't adequately describe my feelings.* BC-Canada/1940
- *I resent my parents, but mostly the medical profession who persuaded them.* CA/1938
- *At first I resented my parents. Finally, I asked my Dad why it was done. He responded sadly, that he had argued with the doctor about it, who insisted that it was "needed."* CO/1953
- *My doctor took the easy way out and circumcised me instead of treating the infection I had.* MI/1958
- *Had phimosis. Doctor did not tell me there were alternatives to a radical circumcision.* ND/1938
- *Doctors who perform mindless circumcisions should be horsewhipped.* UT/1950
- *Any physician using cosmetic surgery for "health" purposes should be exposed as a fraud.* OK/1923
- *Castrating them would be an act of kindness.* ON-Canada/1928
- *Circumcisers should be publicly castrated and left to die.* PA/1963

It is a fact that men generally do not avail themselves of health services until something "serious" develops, which in many cases is often too late for effective treatment. If infant circumcision creates a subgroup of men who no longer trust the medical profession, which is clear from this preliminary poll that it has, it would seem that this creates one more obstacle (i.e., trust) among many, to a fuller utilization of the health care system by men. For those who are concerned about men's health, it would seem prudent to eliminate the source of these obstacles. From the point of view of the men surveyed in ***Awakenings***, such elimination of obstacles would include reshaping medical thinking so that the natural genital integrity of male newborns and children is routinely respected rather than being routinely, surgically violated.

FOURTH AWAKENING:
TOWARD HEALING

THE CHALLENGE AHEAD

Change is never easy, especially when it involves ingrained social customs. Similar to those facing the problem of female genital mutilation, this passage from *Prisoners of Ritual* may shed some light on the challenge of overcoming of male genital mutilation practices:

> *There are so many dimensions to this whole business. There is the society, the religion, the family, the educational, and the sexual aspects and quite frankly, the medical aspect is a very big one. Such a multidimensional problem cannot possibly be solved at one go. It has to be worked on in stages*[320]

The above can be applied *verbatim* to the problem of male genital mutilation in the United States. Further insight into the American problem is offered in the following assessment from A.J. Herrera, MD:

> *We have concluded that circumcision has become so much a part of our culture and tradition that it will be difficult to change people's attitudes toward it, even if they are given proper medical information. It will require time, education and counseling before any significant impact is made in reducing the performance rate of this unnecessary surgical procedure. This remains a role and a challenge for the medical community and especially pediatricians.*[321]

Most definitely, education is needed to spare future generations of innocent children from genital mutilation in both cultures. One must not overlook however, the needs of those who have already been subjected to these mutilative customs. Recognition of the needs of survivors is contrasted in the following two quotes regarding circumcised females and males respectively:

> *A sensible approach aimed at the eradication of female circumcision is based on two areas: health education to increase knowledge of the dangers involved with the practice, and health care to provide treatment and rehabilitation for the victims.*[322]

> *Unfortunately, the more information we as a society disseminate about the damage done by infant circumcision, and particularly as circumcised men step forward to confirm this, the more circumcised men in general must face the extent to which their penis has been diminished. And as these men increasingly face this fact, we as health care providers must be better educated and prepared to help them in whatever form of rehabilitation suits their individual needs.*[323]

One key to change also seems to be in the empowerment of survivors of childhood genital mutilation to speak more openly of their experience and feelings. By becoming aware of their harm and sharing their stories with each other and with the wider community, the healing and education can progress.

> *African women must no longer equivocate. They must speak out in favor of the total eradication of all these practices, and they must lead information and education campaigns to this end within their own countries and on a continental level.*[324]

Similar words of encouragement to males in the United States come from Jed Diamond, a Jewish man writing in his newly released book, *The Warrior's Journey Home: Healing Men, Healing the Planet*, about the need for men to "Take back the knife!":

> ***In order to begin healing our wounds we need to remember what happened to us and name it correctly. Cutting the genitals of newborn male babies is child sexual abuse. I encourage all men to join in ending this practice.***[325]

In the United States, many males have already begun this process, as observed by Southern California urologist Anthony Orlandella, MD:

> *They are coming back in droves, those who were circumcised, wishing to be uncircumcised. Many are intelligent individuals who cannot understand this early assault. They are challenging our primitive habits and attempting to elevate us out of the ignorance of the past.*[326]

UNCIRCUMCISION SUPPORT GROUPS

One of the clearest examples of how men are confronting the problem of infant circumcision is by restoring what was taken from them. For many of these men, healing comes in the form of greater physical and psychological wholeness, which foreskin restoration can offer.

Of course, no man can truly restore what nature has created and other men have destroyed. As we know from the previously explained work of Dr. John Taylor, the male prepuce is a uniquely specialized erogenous organ of the male genitalia. Once amputated, it can never be replaced. One can however, through a variety of methods ranging from manual skin expansion done in the privacy of one's home to surgical techniques performed in a hospital, fashion a substitute foreskin that recaptures to various degrees the form, function and benefits of the male prepuce.

In 1990, Wayne Griffiths and Tim Sally formed the first known uncircumcision support group, based on the hope that men would join forces to offer moral support, technical advice and troubleshooting hints in their attempts to regain their natural genital integrity. The first meeting was held in San Francisco under the name RECAP. By 1994 a network of similar groups became the National Organization of Restoring Men (NORM), which now has a number of international chapters. Its members come from all walks of life and represent a

patchwork of ages, religions, sexual orientations and levels of interest. Most surprising to Griffiths and Sally was the fact that before coming to any group, a number of men had been attempting restoration in isolation for years, some as far back as in high school.

NORM exists as a national network of men who offer each other peer support and advice on what works and what doesn't. Some meet in groups, others exist as a local telephone "hotline" and still others have formed a computer bulletin board. In groups especially, there is a sense of comraderie among men with this common concern. The groups often end men's isolation and ameliorate the terrible notion of being "the only one who feels this way." Their phenomenal growth has spawned the motto, "Join the new cultural NORM!"

Much of the interest in these groups has also been spurred on by the publication of books on the topic of foreskin restoration. The most historically and technically comprehensive, as well as scholarly work, is *The Joy of Uncircumcising! Restore Your Birthright and Maximize Sexual Pleasure* by Jim Bigelow, PhD. The phenomenon of men wanting to restore their natural bodily integrity has moved, in just a few short years, from the "lunatic fringe" to becoming almost *derigueur* in any media discussion of infant circumcision.

MEN SPEAK OUT

For other men, foreskin restoration holds no interest. This is perhaps the largest group of men at the moment who resent what was done to them. Instead of finding healing physically, these men find healing the society a much more rewarding task. For them, healing the society that practices male genital mutilation can come only by the protection of future generations through the elimination of this social custom. They seek to accomplish this by compelling society to confront what it is doing to its children.

In his book, *Fire in the Belly*, Sam Keen notes that up until very recently, American culture has not wished to address openly the issue of male genital mutilation:

> *We do not want to look at the cruelty that is systematically inflicted on men [sic, babies] or the wound that is deemed a necessary price of manhood. That men and women who supposedly love their sons refuse to examine and stop this barbaric practice strongly suggests that something powerfully strange is going on here that is obscured by a conspiracy of silence.*[327]

Yet many men's voices, within the men's movement and from without, are expressing increased concern about childhood genital mutilation of males in contemporary society. Kenneth Purvis, MD, PhD states in his 1992 book, *The Male Sexual Machine: An Owner's Manual*:

> *The penis is not just a club to batter its way through the portals of love. It is a wonder of natural hydraulic engineering equipped at its tip with a dense mat of nerve endings that make it one of the most sensitive organs in the male body, designed to fire off impulses to our pleasure center in the brain and spinal cord with the slightest touch. It is clear that such a delicate and sensitive piece of machinery should be protected from the ravages of nature and its local environment when not in use - a function provided by the humble foreskin.* ***Having sex with a circumcised penis has been likened to "trying to appreciate one of Goya's masterpieces by looking at a black and white photograph."***[328]

Desmond Morris, author of *Babywatching*, also takes to task the concept of social conformity through circumcision of male children:

> *If it "makes a boy feel regular" to be mutilated in this way, then we are back to the primitive condition of tribal scarring that we now find abhorrent.*[329]

With increasing frequency, men are raising their voices about the need to squarely address male genital mutilation and are suggesting potential solutions. Two such men are quoted respectively below; Shepherd Bliss in his 1993 *Journeymen* article, *My War Story: A Child's Trauma*, and John Breeding in his 1991 *MAN!* article entitled, *The Unkindest Cut: Altering Male Genitalia*:

> *This mutilation is an initiation into the warrior cult, which pre-dates its medical and religious meanings. This wounding, early in boys' lives and to such a sensitive part of the body, begins the wounding of our boys into manhood. We would benefit from finding better ways to treat our boys and initiate them into manhood, without circumcision's mutilation and the military's authoritarianism and detachment.*[330]

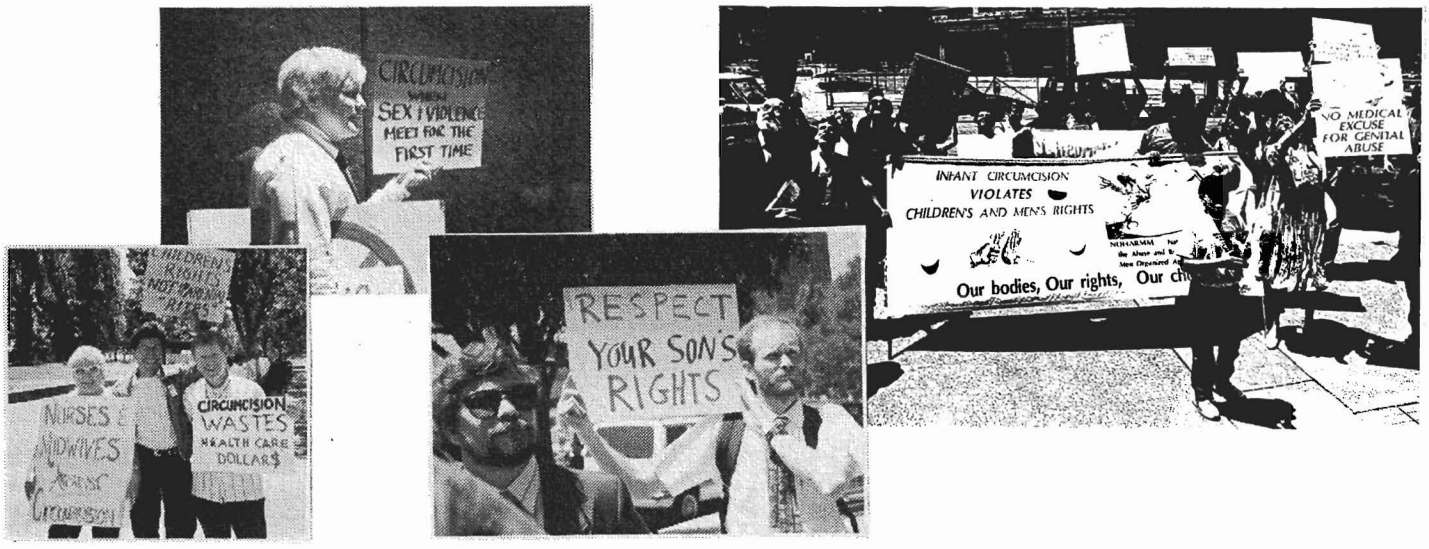
> *I believe no man would allow his beloved son to be circumcised if he were in touch with the terror he experienced during his own. There is a way out of the unconscious avenging of repressed trauma. It is to make fully conscious the denied and repressed emotion. It is possible to feel and express the horror, release the irrational guilt and shame, and hold the perpetrators accountable.*[331]

Men who are organizing on this issue are doing so in the Jewish community as well. Many Jewish men known to NOHARMM, while strongly and proudly identified with being Jewish, vehemently reject the ritual of infant circumcision as an anachronism. While most of these men remarked that they still would have chosen Judaism, they felt that from a human rights and social justice perspective, *their* religious freedom had been violated by their parents imposing a genital mutilation upon them when they were too young to consent or refuse. Discussions have also taken place among these men about the need for religious rituals within Judaism to help heal from the ritual genital mutilation to which they were subjected as unwilling participants. These men propose that the ritual be made voluntary when the male reaches an age of informed consent, an act they believe would carry far more significance for the man himself. Many Jewish men in contact with NOHARMM have commented that a more humane, non-mutilative bris ceremony (Bris Shalom) should be offered as an alternative to the traditional one (Bris Milah). Networking and dialogue have begun to form a Jewish men's collective for the advancement of Bris Shalom.[332]

SOCIAL ACTIVISM

Clearly, increasing numbers of men are questioning surgical mutilation of the unconsenting male child's natural genitalia. As more men become aware of circumcision's adverse consequences, the possibility of restoration, and the inherent right to body ownership, it will be increasingly common to see men sharing their feelings publicly on this social issue.

Already, men and their supporters have taken to the streets to voice their disapproval of the medical community's handling of this matter and have made vocal proclamations in defense of the child. With the rallying cry of "No Medical Excuse for Genital Abuse," a rally for children's body ownership rights was held in San Francisco on July 12, 1993. The men who organized the demonstration did so to protest the ill-advised resolution of the California Medical Association (CMA) discussed earlier in this report. Over fifty men, women and children gathered on a Monday lunch hour to denounce the CMA's endorsement of routine infant circumcision as an "effective public health measure," as well as the medical association's refusal of two written requests from NOHARMM for a meeting to discuss the growing evidence of harm to men from this surgery.



Speakers from the men's movement, the medical profession and the legal community gave support and encouragement to the pioneering group of social activists, as from above secretaries and physicians, including circumcision advocate Dr. Edgar Schoen, peered down from office windows. A small contingent of San Francisco Police officers guarded the entrance of the CMA building against the band of men and women with toddlers in strollers. The fact that police had been called in to protect the physicians, while few are protecting infant males from the physicians, was an irony not lost on the protestors.

MEDICAL CONSCIENTIOUS OBJECTION

At the same time that male survivors of childhood genital mutilation are organizing, so too are medical professionals who once performed or assisted with, yet always deplored this mutilation.[333]

In the Fall of 1992, a group of maternity nurses at St. Vincent Hospital in Sante Fe, NM gained national attention when they sent a letter to hospital administrators explaining that they could no longer assist with infant circumcisions. They stated

> ***Ethically, we find ourselves unable to assist with the procedure.***

The nurses cited the following reasons for their refusal to assist:

- Neonatal circumcision is a violation of a newborn male's right to a whole, intact body.
- There are no compelling medical reasons for amputation of the penile foreskin, which deprives the infant of a protective and sexually functional part of his body.
- Circumcision is a surgical procedure with risk of complications, including bleeding, infection and mutilation.
- Neonatal circumcision is painful. Often, inadequate or no anesthesia is used. Post-operative pain management is rare.
- Parental information on the subject is all too often incomplete or based on myths.
- The infant is unable at this vulnerable age to state his own wishes or to protect himself.

RN Conscientious Objectors Photograph by Lynn Lown

Twenty-four of the approximately 30 nurses at St. Vincent Hospital who would normally assist with infant circumcisions formed a group of professional conscientious objectors, including all of the Jewish maternity nurses. Since that time, additional nurses have joined the group as their awareness of the issue has evolved. In a letter to the editor of the *American Journal of Nursing* that appeared in the June, 1994 issue, nurses Betty Katz Sperlich and Mary Conant stated:

> *We struggled with the ethical dilemma of botched circumcisions and unconcerned physicians at our hospital. The more we educated ourselves, the more we came to the conclusion that every circumcision is a botch job, since it is an assault on a child's sexuality and a violation of a child's right to an intact body. We now focus our efforts on educating parents. How sweet it is to live our ethics. We encourage other nurses to join us.*

A half-hour documentary has since been made by filmmaker Barry Ellsworth, entitled *The Nurses of St. Vincent Say No to Circumcision* which premiered in Salt Lake City on April 21, 1994 by the Utah chapter of NOCIRC.

LEGISLATION

If the lack of movement on this issue by the medical profession from 1971 to the present is any indication, it would seem the medical community is unable to extricate itself from this ritual of its own creation, and it may be necessary to resort to other avenues to encourage change. One such avenue might be governmental legislation, an example of which comes in the form of a concurrent resolution introduced into the South Carolina legislature by Rep. John J. Snow, Jr. in January of 1994. The resolution, currently under review, recognizes

current debate in the medical community and in the medical literature concerning the advisability and consequences of circumcision and episiotomy, and requests the South Carolina Medical Association to reevaluate existing policies pertaining to both surgeries. Although the resolution acknowledges that the procedures are regarded as accepted medical procedures, it proposes that it may be time to reevaluate the use of either one or both of these procedures. The resolution requests the SCMA to undertake the investigation and report its findings to the appropriate standing committees of both houses of the South Carolina General Assembly. No deadline was established but it is expected that a report will be delivered to the legislature by year's end.

Other suggestions for legislation have been proposed, such as making it illegal to present an unsolicited circumcision consent form to expectant parents. As noted earlier in this report by Briggs, the presentation of this form to parents becomes a subtle form of marketing of this unnecessary surgery.

As soon as legislators become serious about the rights of the child to protection and respect, the fact will have to be acknowledged that childhood genital mutilation of both genders:

1. offers no advantage and is a mutilation;
2. inflicts a trauma on the child leading to an injury of his whole being, with the consequences of these injuries affecting not only the individual and his descendants, but other human beings as well.
3. is a violation of Article V of the United Nations Universal Declaration on Human Rights, which states: *No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.*

LEGAL REDRESS

Legal recognition already exists that regardless of parental intent or alleged medical or social benefit, medically unnecessary surgery against one's will violates the rights of the individual, as in the case of mentally incompetent individuals who have a right to be free from forced sterilization. In matters of redress for routine neonatal circumcision, William Brigman, PhD, in his article, *Circumcision as Child Abuse: The Legal and Constitutional Issues*, notes that: *The most promising approach would seem to be a civil rights class action against hospitals designed to prevent routine neonatal circumcision where it is not medically warranted.*[334]

In addition, survivors of childhood genital mutilation have endured experiences, and in many ways expressed themselves in language, similar to survivors of sexual abuse. Initial contacts with survivor redress organizations and attorneys have already been made by some men, and the concept that infant male circumcision constitutes genital mutilation and child abuse has already been recognized by some in the medical community, as evidenced by the following passage by John Money, PhD:

> *Even when the operative procedure... in neonatal male circumcision is performed with sterilized instruments and dressings in a modern hospital, morbidity is prevalent to a degree that would not be legally tolerated in test trials of any new clinical procedure. Increasingly, the term genital mutilation is being used to apply to the practices of circumcision, male or female. Increasingly, children's advocates and the grown-up victims of these mutilations are attacking them as institutionalized infant and child abuse, with an unknown magnitude and prevalence of adverse effects on adult eroticism.*[335]

SUGGESTIONS FOR FURTHER INVESTIGATIONS

Clearly, ***Awakenings*** points to the need for further study of this crucial issue affecting male children and the adults they become. All of the questions raised by the findings of this survey could spawn dozens of intriguing studies in the realm of medicine, constitutional law and human rights.

Multi-disciplinary research based on a scientific model of random sampling with controls could be undertaken to verify the findings in ***Awakenings*** if the randomly selected individuals were exposed to the same level of knowledge to which ***Awakenings*** respondents are aware. It may be necessary at first to educate researchers, who are of course products of their own circumcising culture, to know what to look for. This is a service for which their are ample resources within the various organizations listed in the Appendix of this report. After this was accomplished, an accurate verification would require that those in the random group to be studied be examined *and made aware of* signs of physical harm, as well as interviewed for a*nd made aware of* negative impact of circumcision on sexual experience and behavior. The initial interview would need to examine their present beliefs, attitudes and feelings about infant circumcision. To compare differences and similarities between circumcised and intact males, efforts would need to be made to enlist both circumcised and intact males raised in American culture ,with the initial examination to include measures of body image and self-esteem. After the initial interview, a program of education would need to be offered about the structure, development, function and benefits of the prepuce, as well as critical examinations of the medical and social research, as well as the logic, which both support and refute the need for infant circumcision. In an effort to present a broader spectrum of knowledge and experience than is customarily offered in American culture, such a program would need to include a global cross-cultural overview of male and female childhood genital mutilation practices, including film of both procedures, and their common rationalizations for performing them. To balance the dominant cultural view and personal experience of circumcised males, testimony would need to be included from intact males about their sexual experiences with a foreskin, as well as testimonies from circumcised men who have completed or are in the process of uncircumcision (foreskin restoration). A final interview could then be administered to re-examine the participants' beliefs, attitudes and feelings about circumcision, as well as their levels of self-esteem. Findings could then be compared with those of the first interview, and then to those found here in ***Awakenings***. It would likely be helpful for such a project to be designed with a time frame that allows participants the opportunity to digest what they have learned and to reconcile intellectual knowledge with emotional response.

We encourage other studies to examine the effects upon males circumcised as adults versus those circumcised as infants relative to psychological factors such as aesthetic and sexual satisfaction, resentment, sense of violation, levels of self-esteem, etc.

To understand why most males circumcised as infants do not consider themselves harmed, it could be useful to do a parallel study of African females who were circumcised as infants or young children who have not yet encountered the influence of Western negative judgment of their cultural circumcision practices.

The circumcision status and attitudes of violent sexual offenders could be measured. Quite often, respondents to the Harm Documentation Survey report, "*Glans requires excessive and rapid stimulation to achieve erection, and often to the point of pain to achieve orgasm. Frequently, this stimulation cannot be achieved through normal, pleasurable intercourse.*" Could this physiological complication of neonatal circumcision affect the way in which those already predisposed to violent sexual behavior treat their victims?

One other approach to the challenge ahead is offered by developmental neuropsychologist James W. Prescott in his article *Genital Pain vs. Genital Pleasure: Why the One and Not the Other?:*

> *The key to understanding this pain and violence is to be found in understanding its converse, i.e. pleasure and peace. In brief, it is my contention that the ultimate resolution of the circumcision issue and other forms of male/female genital mutilations will involve primarily the ethical, moral and neuropsychological issues involved in torture and mutilation, and less in the presumptive medical and social benefits of genital mutilations.*[336]

SUMMARY AND CONCLUSION

SUMMARY: ***Awakenings*** has confirmed what is already common knowledge around the world. The natural anatomical design of the male genitalia includes the prepuce. The prepuce is an important and valuable genital organ vital to natural penile functions. No causal relationship between the presence of the natural, healthy prepuce and any pathologies has ever been proven. There is no, nor is there likely to ever be, any absolute medical indication for circumcision of the male newborn. It is an elective surgery without medical validity and is little more than a social custom. The question has yet to be squarely faced by physicians as to why they are using their surgical skills to act as the agents of social custom. For this reason, and the fact that infant circumcision is an unnecessary medical expense, insurance providers should not include it in their coverage plans. Circumcision is a painful and traumatic surgery with immediate risks and harmful long-term physiological and psychological consequences. Additionally, a significant and growing number of circumcised men express resentment over an amputation to which they were involuntarily subjected. Amputation of a normal and healthy part of a child's genitals is not only ineffective from a cost standpoint, but is considered by physicians and parents the world over to be a cruel and gross violation of parental responsibility, medical ethics and human rights.

Our experience with harm documentation respondents is that they exhibit grief over damaged sexual function, resentment from their own treatment by physicians, rage over the silence or misrepresentation of male genital mutilation by the media and the medical community, are frustrated by their isolation, and in some cases are even fearful to speak out. Many of the respondents had not imagined they would meet anyone like themselves, and expressed appreciation that others are taking the initiative to cast a critical eye on the genital maltreatment of male infants in the United States. Still others have been empowered to speak out individually or to organize locally to raise public awareness.

To resolve the problem, the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists must adopt clear and definitive policies stating that the male prepuce has an important structure, function and value, and that newborn circumcision is contraindicated surgery, not to be undertaken except in extremely rare and truly medically indicated circumstances. Endorsements of this position should be obtained from all relevant medical groups. This information should be disseminated to the entire medical profession, to all hospitals, nurses and nursing associations, child birth and sex educators, human sexuality classes, and most certainly to parents via the popular press. Meetings of relevant professional and lay persons should regularly include discussion of the value of the child's natural genital integrity, which includes the prepuce. Sanctions need to be administered against physicians who continue to disregard these policies by practicing newborn circumcision at parental request. Where internal sanctions are not effective, legal redress must be offered to survivors of childhood genital mutilation. For this to be successful, legislation needs to be adopted recognizing that the vast majority of infant circumcision harm goes unidentified until adulthood and a lengthier statute of limitations for seeking redress must be enacted.

NEW ANSWERS SPAWN NEW QUESTIONS: While the survey discovered answers to some questions that have not been commonly asked, the responses from men raised new, and sometimes profoundly disturbing, questions about the American practice of routine neonatal circumcision.

- Why wasn't routine infant circumcision ended promptly and completely after the 1971 AAP statement opposing the procedure, as had been the case when routine tonsillectomy was pronounced unnecessary?
- When Dr. Daksha Patel suggested in 1982 that the AAP organize educational programs to educate its pediatricians about the value of the foreskin and the lack of necessity for infant circumcision, why weren't these programs organized?
- Why has the American media consistently misrepresented the 1989 policy of the AAP as a "reversal" of its earlier policies?
- Since the 1989 AAP policy, no fewer than 18 studies have discredited the rationale and obviated the need for infant circumcision. Why has this new medical evidence not motivated the AAP to review its policy, which is now long overdue for such review?
- Why have no responsible physicians within the California Medical Association stepped forward to challenge the specious and deceitful claims of the 1988 CMA Resolution 305-88?
- Is excision of normal, healthy body parts an ethical prophylactic procedure, especially when performed on the genitals of an unconsenting minor?
- While for almost 100 years researchers have attempted to find real and significant benefits from this surgery, but can still offer only "potential" ones, does its continuance constitute *experimental research*?
- Does submitting an *unconsenting and unanesthetized newborn* to a surgery whose benefits are not proven constitute *experimental human vivisection*?
- In what medical, moral and legal ways is infant circumcision like the forced sterilization of minors?

- Why do American medical associations continue to refuse to hear the complaints of men about the long-term negative effects of infant circumcision?
- What ethical questions must be faced by the American medical establishment as a result of the burgeoning uncircumcision movement among American adult males?
- Now knowing the function and value of the male prepuce, what obligations are incumbent upon the American medical community and health insurers to assist those men who have been deprived of, and are now seeking to regain, the benefits of their natural genital integrity?
- Are nurses, interns and physicians who oppose infant circumcision being silenced, or coerced by administrators and colleagues who favor circumcision?
- Why don't hospital tissue committees question the routine amputation of healthy infant foreskins?
- Is it ethical for hospital staff to present an unsolicited circumcision consent form to parents?
- Why do survivors of childhood genital mutilation not recognize it as such?
- What factors inhibit survivors of genital mutilation from reporting such harm?
- How does awareness of childhood genital mutilation affect adult adult self-esteem and body image?
- How does satisfaction or dissatisfaction with circumcision status in circumcised and intact males evolve from childhood through adolescence to adulthood?
- Does childhood genital mutilation contribute in part to later violent behaviors, sexual or otherwise?
- Does genital mutilation of male children foster misogynous sentiments among some men?
- What impact does the circumcision status of the male have on the sexual experience of the female?
- Why are inherent human rights to body ownership and American constitutional rights not being applied equally to infants and children as they are to adults?

CONCLUSION: After almost 100 years of practice, all the medical and scientific research on routine neonatal circumcision is complete. It would seem that it is simply being misconstrued and deliberately misrepresented to a gullible American public and a surprisingly gullible media. The surgery, as prophylaxis, has no place in a rational society. The final conclusion to be drawn is that routine infant circumcision is archaic, useless, and disadvantageous in the short- and long-term. We now know, whether or not American males, parents, and health care providers and insurers want to hear it, that routine infant circumcision is medical "just-in-case-ism," and carries long-term physical and psychological harm to millions of unaware males. Routine infant circumcision is not a solution, it is itself a problem.

It is the medical establishment that bears responsibility for the introduction of prophylactic circumcision without scientific basis in the past, and for it becoming a social custom. This same establishment bears responsibility for its continued use and rationalization without scientific basis in the present. The medical community's pretense of neutrality lacks medical leadership and does not mitigate its obligation to discourage this practice. The medical profession was successful in eliminating routine tonsillectomy and adenoidectomy. This is precisely what is needed for routine infant circumcision.

Even though the American Academy of Pediatrics pronounced in 1971 that *"There is no absolute medical indication for routine circumcision of the newborn,"* the medical establishment has been unable, and perhaps unwilling, to dissociate itself from this contraindicated but lucrative social custom disguised as medical science.

It may be the responsibility of organized lay groups devoted to questions of medical ethics, consumer fraud, women's concerns, men's issues, children's welfare and constitutional and human rights, as well as the media and the international medical community, to deal with a problem that the American medical establishment cannot seem to resolve. In the meantime, millions of infant males annually are jolted awake from their peaceful slumber to have their natural genital integrity violated. As the practice continues, new generations of males are awakening to the negative long-term effects of this violation of their bodies and rights.

It is frequently the minority in any culture that holds up a mirror for the dominant culture to see its own errors. In the United States it is the current minority of circumcised males who despise what was done to them that will compel our society to re-evaluate its addiction to childhood genital mutilation. It may be these males who provide the leadership needed to awaken the rest of the nation from its *circumcision coma.*

The mark of a mature culture is to realize when a practice is endangering the health of its members, take responsibility for the error, and take steps to insure the safety and rights of its people.[337] In the words of children's rights advocate John A. Erickson, one hopes that Americans will soon awaken to:

> ***...The awareness that the human penis is designed correctly the way it normally comes into the world: with its foreskin intact; that a male's possession of his own penis - including his foreskin - is his inviolable birthright; and that a child's chances for health and happiness throughout his life are greater - by far - if he is allowed to keep all of the penis he is born with.***[338]

Given the results of this preliminary poll, we find every reason to expect that the potential exists for similar awakenings within *every* survivor of childhood genital mutilation, regardless of gender, age at mutilation, or cultural milieu.

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APPENDIX

CONFIDENTIAL

HARM DOCUMENTATION FORM

CONFIDENTIAL

Please read instructions on reverse side before completing, then explain how you feel you've been harmed by circumcision. Copy this form if you know others who also want to share their stories. After completing, please mail it to the address below.

1. **PERSONAL DATA:** **Birth Year** _____ **Birth State** _____ **Country** (if born outside U.S.) _____
   Race ☐ White ☐ African-American ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other_____
   Parent's Religion ☐ Christian ☐ Jewish ☐ Moslem ☐ Other_____
   Age at circumcision ☐ Infancy ☐ Age 1 to 12 ☐ Age 13 to 17 ☐ 18 or older

2. **I SUSPECT CIRCUMCISION PREVENTS ME FROM EXPERIENCING THE FULL EXTENT OF SEXUAL PLEASURE FROM MY PENIS.** ☐ True ☐ False

3. **I FEEL I HAVE BEEN HARMED BY INFANT CIRCUMCISION:** ☐ True ☐ False ☐ Don't know

4. **THE SPECIFIC HARM I HAVE SUFFERED IS AS FOLLOWS:** (check all that apply)
   ☐ PHYSICALLY
   ☐ Skin tags ☐ Skin bridges ☐ Skin tone variance ☐ Prominent scar ☐ Cirumcised too tight ☐ Hypospadia
   ☐ Painful erections ☐ Bleeding ☐ Pubic hair on shaft ☐ Bowing/curvature ☐ Other:_____
   ☐ SEXUALLY
   ☐ Glans insensitivity ☐ Excess stimulation needed for orgasm ☐ Impotence ☐ Other:_____
   ☐ EMOTIONALLY
   ☐ Anger ☐ Frustration ☐ Betrayal by parents ☐ Dissatisfaction ☐ Resentment ☐ Other:_____
   ☐ PSYCHOLOGICALLY
   ☐ Feel mutilated ☐ Body feels violated/raped ☐ Human rights violated ☐ Other:_____
   ☐ SELF-ESTEEM
   ☐ Don't feel whole ☐ Not normal/natural ☐ Feel inferior to intact men ☐ Other:_____
   ☐ INTIMATE RELATIONSHIPS
   ☐ Impedes sexual relations ☐ Affects non-sexual relationship with partner(s) ☐ Other:_____
   ☐ ADDICTIONS OR DEPENDENCIES
   ☐ Smoking ☐ Drinking ☐ Drugs ☐ Eating ☐ Intact partners ☐ Other:_____
   ☐ OTHER:_____

5. **DETAILS OF ANY OF THE ABOVE HARM OR PROBLEM(S):** _____

   _____

   _____

6. **HAVE YOU SOUGHT HELP OR TREATMENT FOR THIS HARM OR PROBLEM?** ☐ Yes ☐ No

7. **IF NOT, WHY?** ☐ Not important ☐ Embarassed ☐ Feared ridicule ☐ Felt nothing can be done ☐ Other:_____

8. **IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS:** **Help was sought from a:** ☐ Male ☐ Female
   This person's profession was: ☐ Doctor ☐ Urologist ☐ Plastic Surgeon ☐ Sexologist ☐ Therapist
   ☐ Religious counselor ☐ Other_____
   The general attitude of this person was: ☐ Sympathetic or helpful ☐ Insensitive or unhelpful ☐ Nonjudgmental

9. **WHAT SHOULD BE DONE ABOUT DOCTORS WHO CIRCUMCISE THE HEALTHY FORESKINS OF INFANTS?**
   ☐ Nothing ☐ Sued in court ☐ Fined by law ☐ License suspended ☐ License revoked ☐ Imprisoned
   ☐ Other: _____

10. **DO YOU KNOW ABOUT FORESKIN RESTORATION?** ☐ Yes ☐ No **ARE YOU NOW RESTORING?** ☐ Yes ☐ No

11. **IF AN OPPORTUNITY AROSE, WOULD YOU LIKE TO GIVE PERSONAL OR VIDEOTAPED TESTIMONY ABOUT THIS HARM?** ☐ Yes ☐ No ☐ Don't know

In order for this documentation to be credible, we must have the following information.
INFORMATION IS HELD IN STRICTEST CONFIDENCE AND CANNOT BE RELEASED WITHOUT YOUR WRITTEN CONSENT.
Check this box and include a self-addressed, stamped envelope if you'd like foreskin restoration information ☐

Name _____ Signature _____

Address _____ Telephone Area Code _____ Number _____

City/State/Zip _____ Date _____

Please return completed survey to NOHARMM P.O. Box 460795 San Francisco, CA 94146-0795 DONATIONS WELCOMED.

INSTRUCTIONS FOR HARM DOCUMENTATION FORM

The purpose of the Harm Documentation Form is to document how we men feel we have been harmed by a surgery that was medically unnecessary, was done without our consent, and resulted in the loss of the healthy, functioning organ of our genital anatomy designed to give protection and enhance sexual pleasure.

The effects of newborn circumcision are underreported or go ignored. Often a poor surgical result isn't recognized until years after the event. By the time a male discovers how he has been mistreated, the doctor can't be found and parents are beyond the age of interest.

NOHARMM intends to release preliminary statistical results of this survey in early 1994. We plan to share the results with doctors, health insurers, hospitals, legislators and the media to convince them that routine infant circumcision creates far more harm than benefit and that this practice must stop.

YOUR RESPONSES ARE CONFIDENTIAL. NO PERSONAL IDENTIFYING DATA ABOUT YOU WILL BE RELEASED TO ANYONE WITHOUT YOUR WRITTEN CONSENT.

Questions 6, 7 and 8 are self-explanatory. Additional clarification on other questions is provided below.

1. Please write only the year of your birth and which state you were born in, race, parent's religion and age at circumcision.

2. This question asks your opinion based on what you know or suspect about the benefits of foreskin.

3. "Harm" can be measured on different levels and to varying degrees. Below are guidelines to help you in answering.

4. What are your specific problems associated with being circumcised?

   Physical:
   Skin tags: Small irregular pieces of foreskin remaining from your circumcision.
   Skin bridges: A "bridge" of skin connecting the corona of the glans to the shaft skin, usually at the circumcision scar. This happens when the raw, newly circumcised glans and raw flesh near the circumcision site contact and "fuse."
   Skin-tone discrepancies: When the glans and skin from the glans back to the scar is (sometimes dramatically) different in tone from the shaft skin from the scar back to the pubic hair.
   Prominent scar: Several circumcision methods exist and can leave uneven, raised or puckered scars.
   Hypospadia: Urethral opening on underside of penile shaft (from improper circumcision technique).
   Bowing/Curvature: Sometimes caused by uneven circumcision, causing the penis to bend to the left or right when erect.
   Too tightly circumcised: Can result in pubic hair on shaft, no shaft skin mobility and painful erections.
   Bleeding: Usually occurs during masturbation or sex and is usually because of being too tightly circumcised.
   Other: Meatal stenosis (narrowing of urinary opening-common in circumcised males), recurring infections, nicks and scars on the glans from circumcision. Any other physical problem not mentioned here.
   Emotional: Feelings of anger, frustration, betrayal by parents, dissatisfaction or resentment over being circumcised.
   Sexual: Difficulty achieving adequate penile stimulation (especially with age). Some men have to reach the threshhold of pain before being able to orgasm. Decreased glans sensitivity from contact with clothing. Impotence.
   Psychological: A sense of having been mutilated or your body and human rights violated.
   Self-Esteem: A body image sense of not being whole, not normal, less than the way God/Nature created you, or feeling inferior to men with foreskin. Having a desire to pursue foreskin restoration.
   Intimate Relationships: Difficulties for you during sex (soreness, bleeding, impotence, insufficient stimulation to orgasm) that affect your sexual or nonsexual relationship with your spouse or partner(s).
   Addictions & Dependencies: Some men have reported that their addictions to tobacco, alcohol, eating, compulsive sex, etc. ceased when they sought help to resolve their circumcision trauma. For some, choice of a male partner can depend solely on the presence of a foreskin, to the exclusion of other traits or qualities.
   Other: Any effect or harm not mentioned here that you feel you have suffered from circumcision.

5. Furnish further details of your harm, but please limit details to the space provided.

9. Provide your opinion on what individuals and society should do about doctors who perform needless circumcisions.

10. If you would like foreskin restoration information, check the box where indicated at bottom of page and send us a SASE.

11. We may make a video. Doctors, legislators or the media may also want to interview men who claim circumcision harm.

NO HARMM and its MISSION

We are a national direct action network of men organized against routine infant circumcision. We seek to expose the deception behind circumcision and to recognize it as a legitimate human rights issue. We educate men about the purposes and benefits of normal male genitalia and the myths of circumcision. We organize and empower men to voice their concerns by involving them in local and national efforts to end circumcision.

NOHARMM P.O. Box 460795 San Francisco, CA 94146-0795

NOHARMM STATISTICAL OVERVIEW of CIRCUMCISION HARM DOCUMENTATION RESPONSES

 Run Date: January 31, 1994 No. of Responses: 313 Average Age of Respondent: 42

DEMOGRAPHIC PERCENTAGES:

RACE.....	**White**	96.8%	**African-American**	0.3%			**Hispanic**	1.3%	**Asian**	0.3%	**American Indian**	0.3%	**Other**	1.0%					
RELIGION.....	**Christian**	77.3%	**Jewish**	4.2%	**Moslem**	0.0%	**Other (Atheist, Buddhist, etc.)**	18.5%											
AGE.....	**Under 19**	1.0%	**20-29**	13.1%	**30-39**	26.8%	**40-49**	33.9%	**50-59**	16.0%	**Over age 60**	9.3%							
CIRCUMCISION AGE	**Infancy**	89.1%	**1-12**	6.1%	**13-17**	1.0%	**Over 18**	3.8%											

SURVEY DIMENSIONS: This is a survey of men who know they have been harmed on the physical, sexual, emotional, and/or psychological level by infant circumcision. How extensive such harm is in the general population of circumcised males awaits further study. A random study however, of the scope and degree of circumcision harm, may be difficult under current cultural conditions. A significant number of males in American culture grow up believing that their circumcised penis is the way they were born and therefore "normal." Upon learning that the natural penis has a foreskin, further societal indoctrination teaches males to view the foreskin as dispensable or even pathological, and therefore what was done to their genitals was somehow "beneficial." Only by increased physical and emotional awareness about what is truly natural and beneficial, as well as circumcision's complications, do males learn to identify their circumcision harm.

Long-term consequences from infant circumcision may be far more widespread than this small sampling would indicate, since many males either deny that they have been harmed, are uninformed as to how to recognize such harm, accept the harm as "normal," or are fearful of divulging such personal information affecting their masculine self-image. Hopefully this current national sampling will encourage further research. It should be noted that in the past, intense national research on other health issues has been undertaken with regard to complaints from groups of far fewer individuals than are represented in this survey (e.g., radical mastectomies, unnecessary hysterectomies and Caesarians and various other fraudulent medical procedures).

SURVEY RESPONDENTS: Men taking part in this survey are self-selected and represent a pioneering group of men regarded as having a higher degree of body awareness than the general male population, a greater sensitivity to an individual's right to body ownership, or those who are already aware of the physical, sexual, emotional or psychological effects of their circumcision. Such respondents are those who either had prior contact with circumcision information organizations, foreskin restoration support groups, participate in a men's support group, have given consideration to male circumcision in light of increased media attention to female circumcision, requested Harm Documentation Forms from ads in national men's movement publications, or contacted NOHARMM as a result of a news article about the Harm Documentation Project.

OBSERVATIONS: See attached narrative

DEMOGRAPHIC BREAKDOWN OF RESPONSES

		RACE						RELIGION				AGE						CIRCUMCISION AGE			
QUESTION FOLLOWED BY % OF TOTAL		WH	AA	HI	AS	AI	OT	CH	JW	MS	OT	-19	20-29	30-39	40-49	50-59	60+	INF	1-12	13-17	18+
Suspect circ. reduces his sex. pleasure:	True 96.2	96.7	0.3	1.3	0.3	0.3	1.0	77.7	4.0	0.0	18.3	1.0	13.6	26.2	33.9	16.6	8.6	89.7	6.3	1.0	3.0
	False 1.6	100	0.0	0.0	0.0	0.0	0.0	80.0	20.0	0.0	0.0	0.0	0.0	0.0	80.0	0.0	20.0	80.0	0.0	0.0	20.0
	Unsure 1.6	100	0.0	0.0	0.0	0.0	0.0	20.0	0.0	0.0	80.0	0.0	0.0	60.0	0.0	0.0	40.0	80.0	0.0	0.0	20.0
Feel harmed by circumcision:	True 92.7	96.6	0.3	1.4	0.3	0.3	1.0	77.2	3.8	0.0	19.0	1.0	14.1	26.2	33.1	16.2	9.3	90.3	5.9	1.0	2.8
	False 1.6	100	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	0.0	0.0	0.0	0.0	40.0	40.0	20.0	60.0	0.0	0.0	40.0
	Unsure 4.8	100	0.0	0.0	0.0	0.0	0.0	66.7	13.3	0.0	20.0	0.0	6.7	33.3	33.3	20.0	6.7	86.7	6.7	0.0	6.7

NOHARMM STATISTICAL OVERVIEW of CIRCUMCISION HARM DOCUMENTATION RESPONSES

 Run Date: Janaury 31,1994 No. of Responses: 313 Average Age of Respondent: 42

DEMOGRAPHIC BREAKDOWN OF RESPONSES

QUESTION FOLLOWED BY % OF TOTAL		RACE						RELIGION				AGE						CIRCUMCISION AGE			
		WH	AA	HI	AS	AI	OT	CH	JW	MS	OT	-19	20-29	30-39	40-49	50-59	60+	INF	1-12	13-17	18+
Harm Claimed by Category:																					
Physical	81.5	96.9	0.4	1.2	0.4	0.4	0.8	81.2	2.0	0.0	16.9	0.8	14.1	27.5	32.5	15.7	9.4	90.2	6.3	0.8	2.7
Skin tags	11.8	100	0.0	0.0	0.0	0.0	0.0	86.5	2.7	0.0	10.8	0.0	16.2	27.0	24.3	16.2	16.2	86.5	10.8	0.0	2.7
Skin bridges	9.9	96.8	0.0	0.0	3.2	0.0	0.0	87.1	3.2	0.0	9.7	3.2	12.9	19.4	35.5	9.7	19.4	80.6	6.5	0.0	12.9
Skin tone variance	23.0	98.6	1.4	0.0	0.0	0.0	0.0	86.1	1.4	0.0	12.5	0.0	23.6	37.5	29.2	4.2	5.6	95.8	2.8	0.0	1.4
Prominent scar	29.1	100	0.0	0.0	0.0	0.0	0.0	80.2	1.1	0.0	18.7	1.1	17.6	28.6	28.6	13.2	11.0	90.1	3.3	1.1	5.5
Circumcised too tightly	26.8	96.4	0.0	1.2	1.2	1.2	0.0	88.1	2.4	0.0	9.5	1.2	16.7	19.0	35.7	14.3	13.1	91.7	4.8	0.0	3.6
Hypospadia	0.6	100	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	0.0	0.0	0.0	50.0	50.0	0.0	0.0	50.0	0.0	0.0	50.0
Painful erections	11.2	94.3	0.0	2.9	0.0	2.9	0.0	82.9	2.9	0.0	14.3	0.0	17.1	22.9	40.0	14.3	5.7	85.7	8.6	2.9	2.9
Bleeding	7.7	91.7	0.0	4.2	0.0	4.2	0.0	83.3	4.2	0.0	12.5	0.0	20.8	29.2	20.8	20.8	8.3	91.7	4.2	4.2	0.0
Pubic hair on shaft	25.9	98.8	1.2	0.0	0.0	0.0	0.0	85.2	2.5	0.0	12.3	0.0	19.8	29.6	27.2	11.1	12.3	93.8	4.9	0.0	1.2
Bowing or curvature	15.3	95.8	2.1	2.1	0.0	0.0	0.0	85.4	2.1	0.0	12.5	2.1	25.0	37.5	10.4	12.5	12.5	89.6	6.3	0.0	4.2
Other (Meatal stenosis, NSU, etc.)	26.2	97.6	0.0	0.0	0.0	0.0	2.4	82.9	0.0	0.0	17.1	1.2	13.4	28.0	29.3	18.3	9.8	81.7	9.8	1.2	7.3
Sexual	84.0	97.3	0.4	1.1	0.0	0.4	0.8	78.3	3.4	0.0	18.3	0.8	12.5	28.5	32.7	16.0	9.5	90.1	5.3	1.1	3.4
Glans insensitivity	55.3	98.3	0.0	0.6	0.0	0.0	1.2	81.5	2.9	0.0	15.6	0.0	11.6	28.9	32.4	16.8	10.4	88.4	4.6	1.7	5.2
Excess stimulation to reach orgasm	38.0	96.6	0.8	0.8	0.0	0.8	0.8	81.5	1.7	0.0	16.8	0.8	16.8	31.1	24.4	17.6	9.2	89.1	4.2	0.8	5.9
Impotence	7.3	100	0.0	0.0	0.0	0.0	0.0	52.2	13.0	0.0	34.8	0.0	8.7	30.4	26.1	13.0	21.7	82.6	0.0	0.0	17.4
Other (Delayed ejac., painful sex, etc.)	15.0	97.9	0.0	2.1	0.0	0.0	0.0	66.0	6.4	0.0	27.7	0.0	14.9	31.9	36.2	6.4	10.6	87.2	8.5	0.0	4.3
Emotional	83.1	96.9	0.4	1.2	0.0	0.4	1.2	79.6	3.1	0.0	17.3	1.2	13.8	27.7	31.9	16.9	8.5	90.4	6.2	0.8	2.7
Anger	54.3	97.6	0.0	1.2	0.0	0.0	1.2	78.2	3.5	0.0	18.2	0.6	15.9	32.4	31.2	12.9	7.1	88.8	5.9	1.2	4.1
Frustration	53.0	98.2	0.0	1.2	0.0	0.0	0.6	80.7	3.6	0.0	15.7	0.0	16.9	27.7	32.5	14.5	8.4	88.0	6.6	1.2	4.2
Betrayal by parents	33.9	98.1	0.9	0.9	0.0	0.0	0.0	80.2	1.9	0.0	17.9	0.0	14.2	34.0	34.0	11.3	6.6	90.6	8.5	0.9	0.0
Dissatisfaction	69.0	97.2	0.0	0.9	0.0	0.5	1.4	79.2	4.6	0.0	16.2	0.9	14.8	24.5	34.7	16.2	8.8	87.5	6.5	1.4	4.6
Resentment	60.4	96.8	0.0	2.1	0.0	0.0	1.1	79.4	4.2	0.0	16.4	0.5	14.3	27.5	35.4	12.2	10.1	87.3	7.9	1.1	3.7
Other (Revenge, societal alienation, etc.)	12.1	100	0.0	0.0	0.0	0.0	0.0	71.1	5.3	0.0	23.7	2.6	13.2	31.6	36.8	7.9	7.9	97.4	0.0	2.6	0.0
Psychological	75.1	97.9	0.4	1.3	0.0	0.0	0.4	78.3	3.0	0.0	18.7	1.3	14.5	28.1	33.2	13.6	9.4	90.6	5.5	1.3	2.6
Feel mutilated	62.0	97.9	0.0	1.5	0.0	0.0	0.5	79.9	3.6	0.0	16.5	0.5	15.5	26.3	33.0	14.9	9.8	88.7	6.7	0.5	4.1
Body feels violated or raped	49.5	98.1	0.0	1.3	0.0	0.0	0.6	80.0	3.9	0.0	16.1	0.0	16.1	29.7	32.3	12.9	9.0	87.7	8.4	1.3	2.6
Human rights violated	60.1	96.3	0.5	2.1	0.0	0.0	1.1	79.8	3.2	0.0	17.0	1.1	17.0	30.3	31.4	10.6	9.6	89.9	7.4	0.5	2.1
Other (Victimization, mistrust, etc.)	10.2	96.9	0.0	0.0	0.0	0.0	3.1	75.0	9.4	0.0	15.6	0.0	9.4	34.4	28.1	15.6	12.5	93.8	0.0	3.1	3.1
Self-Esteem	74.4	98.7	0.4	0.4	0.0	0.4	0.0	79.8	1.7	0.0	18.5	0.9	14.6	24.5	34.3	16.3	9.4	90.1	6.4	0.9	2.6
Don't feel whole	60.7	98.9	0.0	1.1	0.0	0.0	0.0	82.1	2.1	0.0	15.8	0.5	13.7	26.8	32.6	15.3	11.1	89.5	6.3	1.1	3.2
Don't feel normal or natural	60.1	97.3	0.0	1.6	0.0	0.5	0.5	80.9	2.7	0.0	16.5	0.5	15.4	25.5	33.5	16.0	9.0	90.4	6.4	1.1	2.1
Feel inferior to intact men	47.3	98.0	0.7	0.7	0.0	0.0	0.7	81.1	3.4	0.0	15.5	1.4	15.5	24.3	35.8	14.2	8.8	90.5	8.1	0.7	0.7
Other (Deprivation, desire to restore)	7.7	100	0.0	0.0	0.0	0.0	0.0	58.3	4.2	0.0	37.5	4.2	12.5	29.2	29.2	12.5	12.5	87.5	8.3	4.2	0.0
Intimate Relationships	44.7	100	0.0	0.0	0.0	0.0	0.0	70.0	2.9	0.0	27.1	0.7	13.6	29.3	29.3	17.9	9.3	92.1	2.9	0.0	5.0
Impedes sexual relations	42.5	100	0.0	0.0	0.0	0.0	0.0	70.7	3.0	0.0	26.3	0.8	14.3	24.8	33.1	17.3	9.8	90.2	6.0	0.0	3.8
Affects nonsexual relat. with partner(s)	16.0	100	0.0	0.0	0.0	0.0	0.0	78.0	4.0	0.0	18.0	4.0	12.0	30.0	36.0	14.0	4.0	92.0	6.0	0.0	3.8
Other (Bondage or S-M desires, etc.)	4.2	100	0.0	0.0	0.0	0.0	0.0	76.9	7.7	0.0	15.4	0.0	7.7	61.5	7.7	15.4	7.7	84.6	0.0	0.0	15.4

NOHARMM STATISTICAL OVERVIEW of CIRCUMCISION HARM DOCUMENTATION RESPONSES

 Run Date: January 31, 1994 No. of Responses: 313 Average Age of Respondent: 42

DEMOGRAPHIC BREAKDOWN OF RESPONSES

QUESTION FOLLOWED BY % OF TOTAL		RACE						RELIGION				AGE						CIRCUMCISION AGE			
		WH	AA	HI	AS	AI	OT	CH	JW	MS	OT	-19	20-29	30-39	40-49	50-59	60+	INF	1-12	13-17	18+
Harm Claimed by Category (cont'd):																					
Addictions & Dependencies	25.6	98.8	1.3	0.0	0.0	0.0	0.0	77.5	2.5	0.0	20.0	0.0	10.0	37.5	37.5	10.0	5.0	90.0	7.5	0.0	2.5
Smoking	6.7	100	0.0	0.0	0.0	0.0	0.0	90.5	0.0	0.0	9.5	0.0	9.5	57.1	28.6	0.0	4.8	90.5	4.8	0.0	4.8
Drinking	4.2	100	0.0	0.0	0.0	0.0	0.0	92.3	0.0	0.0	7.7	0.0	7.7	61.5	23.1	0.0	7.7	84.6	15.4	0.0	0.0
Drugs	1.3	100	0.0	0.0	0.0	0.0	0.0	75.0	0.0	0.0	25.0	0.0	25.0	75.0	0.0	0.0	0.0	100	0.0	0.0	0.0
Eating	4.5	100	0.0	0.0	0.0	0.0	0.0	78.6	0.0	0.0	21.4	0.0	28.6	28.6	21.4	14.3	7.1	85.7	14.3	0.0	0.0
Intact partners	10.9	97.1	2.9	0.0	0.0	0.0	0.0	76.5	0.0	0.0	23.5	0.0	8.8	35.3	35.3	11.8	8.8	91.2	8.8	0.0	0.0
Other (Sexual compulsion, etc.)	6.1	100	0.0	0.0	0.0	0.0	0.0	73.7	10.5	0.0	15.8	0.0	0.0	42.1	42.1	15.8	0.0	89.5	10.5	0.0	0.0
Other Circumcision Harm	13.1	100	0.0	0.0	0.0	0.0	0.0	70.7	2.4	0.0	26.8	2.4	19.5	31.7	26.8	9.8	9.8	92.7	4.9	2.4	0.0
(Masculinity and self-confidence issues, spiritual separation, fear of MDs, etc.)																					
Have sought help or treatment - No	61.1	96.3	0.5	1.6	0.5	0.0	1.0	78.5	5.2	0.0	16.8	1.6	15.7	25.7	30.9	15.7	10.5	91.6	4.7	1.0	2.6
Reason: Not important enough	3.5	90.9	0.0	0.0	9.1	0.0	0.0	72.7	0.0	0.0	27.3	0.0	9.1	27.3	36.4	27.3	0.0	100	0.0	0.0	0.0
Reason: Embarassed	19.8	96.8	1.6	0.0	0.0	1.6	0.0	83.9	1.6	0.0	14.5	3.2	14.5	24.2	21.0	19.4	17.7	82.3	11.3	3.2	3.2
Reason: Feared ridicule	15.7	95.9	0.0	2.0	0.0	2.0	0.0	85.7	2.0	0.0	12.2	0.0	12.2	32.7	22.4	16.3	16.3	85.7	6.1	4.1	4.1
Reason: Felt nothing could be done	39.3	95.9	0.8	1.6	0.0	0.8	0.8	76.4	4.9	0.0	18.7	0.8	10.6	26.8	35.0	17.1	9.8	92.7	5.7	0.0	1.6
Reason: Other (Mistrust, no funds, etc.)	12.5	97.4	0.0	0.0	0.0	0.0	2.6	82.1	7.7	0.0	10.3	2.6	33.3	25.6	23.1	10.3	5.1	100	0.0	0.0	0.0
Have sought help or treatment - Yes	38.7	97.5	0.0	0.8	0.0	0.8	0.8	76.0	2.5	0.0	21.5	0.0	9.1	28.9	38.0	16.5	7.4	85.1	8.3	0.8	5.8
From Male	35.8	98.2	0.0	0.9	0.0	0.0	0.9	75.9	2.7	0.0	21.4	0.9	8.0	30.4	39.3	16.1	5.4	83.9	8.9	0.9	6.3
From Female	7.0	100	0.0	0.0	0.0	0.0	0.0	59.1	4.5	0.0	40.9	0.0	9.1	27.3	27.3	13.6	22.7	81.8	9.1	0.0	9.1
From Doctor	13.7	97.7	0.0	2.3	0.0	0.0	0.0	79.1	0.0	0.0	20.9	0.0	9.3	39.5	34.9	9.3	7.0	90.7	4.7	0.0	4.7
From Urologist	11.2	97.1	0.0	0.0	0.0	2.9	0.0	68.6	0.0	0.0	31.4	2.9	5.7	34.3	25.7	20.0	11.4	68.6	22.9	0.0	8.6
From Plastic Surgeon	6.4	95.0	0.0	0.0	0.0	5.0	0.0	75.0	0.0	0.0	25.0	0.0	5.0	25.0	40.0	15.0	15.0	75.0	15.0	0.0	10.0
From Sexologist	1.6	100	0.0	0.0	0.0	0.0	0.0	60.0	0.0	0.0	40.0	0.0	0.0	40.0	60.0	0.0	0.0	80.0	20.0	0.0	0.0
From Therapist	9.3	96.6	0.0	3.4	0.0	0.0	0.0	79.3	6.9	0.0	13.8	0.0	6.9	41.4	27.6	13.8	10.3	86.2	6.9	0.0	6.9
From Religious Counselor	1.0	100	0.0	0.0	0.0	0.0	0.0	66.7	0.0	0.0	33.3	0.0	0.0	0.0	66.7	33.3	0.0	66.7	33.3	0.0	0.0
From RECAP	9.3	100	0.0	0.0	0.0	0.0	0.0	65.5	3.4	0.0	31.0	0.0	13.8	27.6	41.4	13.8	3.4	89.7	3.4	3.4	3.4
From NOCIRC	2.9	100	0.0	0.0	0.0	0.0	0.0	66.7	0.0	0.0	33.3	0.0	11.1	22.2	44.4	22.2	0.0	88.9	0.0	0.0	11.1
Other Professional (Hypnotist, etc.)	7.7	95.8	0.0	0.0	0.0	0.0	4.2	79.2	0.0	0.0	20.8	0.0	8.3	33.3	33.3	20.8	4.2	87.5	8.3	0.0	4.2
Attitude was: Sympathetic/helpful	21.7	97.1	0.0	1.5	0.0	0.0	1.5	77.9	1.5	0.0	20.6	0.0	7.4	29.4	41.2	14.7	7.4	80.9	11.8	1.5	5.9
Nonjudgmental	8.3	100	0.0	0.0	0.0	0.0	0.0	84.6	3.8	0.0	11.5	0.0	15.4	34.6	26.9	15.4	7.7	84.6	11.5	0.0	3.8
Insensitive/unhelpful	11.2	94.3	0.0	2.9	0.0	2.9	0.0	74.3	0.0	0.0	25.7	2.9	5.7	37.1	31.4	20.0	2.9	88.6	2.9	0.0	8.6
Penalty for those who circumcise infants?																					
Nothing	2.2	100	0.0	0.0	0.0	0.0	0.0	57.1	14.3	0.0	28.6	0.0	0.0	0.0	28.6	14.3	57.1	71.4	14.3	0.0	14.3
Sued in court	42.5	97.0	0.8	0.8	0.0	0.0	1.5	79.7	1.5	0.0	18.8	1.5	12.0	24.8	37.6	12.0	12.0	89.5	5.3	1.5	3.8
Fined by law	42.2	97.0	0.0	1.5	0.8	0.0	0.8	78.8	2.3	0.0	18.9	2.3	12.9	23.5	32.6	14.4	14.4	89.4	6.1	0.8	3.8
License suspended	27.5	97.7	0.0	1.2	0.0	0.0	1.2	76.7	4.7	0.0	18.6	2.3	14.0	23.3	32.6	14.0	14.0	90.7	7.0	0.0	2.3
License revoked	32.9	98.1	0.0	1.0	0.0	0.0	1.0	74.8	3.9	0.0	21.4	1.0	16.5	28.2	34.0	14.6	5.8	91.3	5.8	1.0	1.9
Imprisoned	22.7	94.4	0.0	2.8	0.0	0.0	2.8	69.0	5.6	0.0	25.4	1.4	18.3	26.8	36.6	11.3	5.6	93.0	4.2	0.0	2.8
Other ("Education-Castration-Death Penalty")	42.8	98.5	0.7	0.7	0.0	0.0	0.0	75.4	6.0	0.0	18.7	0.7	9.7	28.4	40.3	12.7	8.2	91.0	4.5	0.0	4.5
Know about foreskin restoration - Yes	77.6	97.1	0.0	1.2	0.0	0.4	1.2	79.0	3.7	0.0	17.3	1.2	13.2	28.0	31.3	16.0	10.3	88.9	7.0	1.2	2.9
Know about foreskin restoration - No	21.4	95.5	1.5	1.5	1.5	0.0	0.0	68.7	7.5	0.0	23.9	0.0	14.9	23.9	40.3	16.4	4.5	91.0	3.0	0.0	6.0
Now restoring - Yes	50.2	98.1	0.0	0.6	0.0	0.6	0.6	79.0	2.5	0.0	18.5	0.0	13.4	28.0	32.5	17.8	8.3	86.6	8.3	1.9	3.2
Now restoring - No	26.2	95.1	0.0	2.4	0.0	0.0	2.4	80.5	4.9	0.0	14.6	3.7	12.2	28.0	31.7	9.8	14.6	91.5	4.9	0.0	3.7

SUMMARY OF RESPONDENTS BY STATE

Page 4 of 6 Run Date: January 31,1994 No. of Responses: 313

ID	STATE NAME	BY RESIDENCE RESPONSES	BY RESIDENCE % TOTAL	BY BIRTH STATE RESPONSES	BY BIRTH STATE % TOTAL
AL	ALABAMA	3	1.0	2	0.6
AK	ALASKA	1	0.3	1	0.3
AZ	ARIZONA	5	1.6	3	1.0
AR	ARKANSAS	2	0.6	1	0.3
CA	CALIFORNIA	103	32.9	47	15.0
CO	COLORADO	7	2.2	4	1.3
CT	CONNECTICUT	4	1.3	6	1.9
DE	DELAWARE	1	0.3	1	0.3
DC	DIST. COLUMBIA	2	0.6	1	0.3
FL	FLORIDA	7	2.2	5	1.6
GA	GEORGIA	5	1.6	2	0.6
HI	HAWAII	5	1.6	1	0.3
ID	IDAHO	0	0.0	0	0.0
IL	ILLINOIS	5	1.6	16	5.1
IN	INDIANA	4	1.3	7	2.2
IA	IOWA	1	0.3	4	1.3
KS	KANSAS	3	1.0	5	1.6
KY	KENTUCKY	2	0.6	2	0.6
LA	LOUISIANA	5	1.6	5	1.6
ME	MAINE	1	0.3	1	0.3
MD	MARYLAND	5	1.6	1	0.3
MA	MASSACHUSETTS	9	2.9	18	5.8
MI	MICHIGAN	6	1.9	11	3.5
MN	MINNESOTA	3	1.0	5	1.6
MS	MISSISSIPPI	0	0.0	2	0.6
MO	MISSOURI	2	0.6	3	1.0
MT	MONTANA	2	0.6	1	0.3
NE	NEBRASKA	1	0.3	3	1.0
NV	NEVADA	0	0.0	1	0.3
NH	NEW HAMPSHIRE	2	0.6	1	0.3
NJ	NEW JERSEY	4	1.3	10	3.2
NM	NEW MEXICO	6	1.9	2	0.6
NY	NEW YORK	15	4.8	32	10.2
NC	N. CAROLINA	2	0.6	2	0.6
ND	N. DAKOTA	0	0.0	2	0.6
OH	OHIO	9	2.9	18	5.8
OK	OKLAHOMA	3	1.0	5	1.6
OR	OREGON	4	1.3	7	2.2
PA	PENNSYLVANIA	9	2.9	12	3.8
PR	PUERTO RICO	1	0.3	0	0.0
RI	RHODE ISLAND	0	0.0	1	0.3
SC	S. CAROLINA	0	0.0	0	0.0
SD	S. DAKOTA	0	0.0	1	0.3
TN	TENNESSEE	4	1.3	2	0.6
TX	TEXAS	16	5.1	15	4.8
UT	UTAH	4	1.3	2	0.6
VT	VERMONT	0	0.0	2	0.6
VA	VIRGINIA	2	0.6	3	1.0
WA	WASHINGTON	13	4.2	7	2.2
WV	WEST VIRGINA	0	0.0	3	1.0
WI	WISCONSIN	12	3.8	8	2.6
WY	WYOMING	1	0.3	0	0.0
NON-U.S.:					
AB	ALBERTA	0	0.0	1	0.3
AU	AUSTRALIA	2	0.6	2	0.6
BC	BRIT. COLUMBIA	4	1.3	3	1.0
IT	ITALY	0	0.0	1	0.3
WG	GERMANY	0	0.0	1	0.3
MB	MANITOBA	0	0.0	1	0.3
ON	ONTARIO	2	0.6	3	1.0
RS	USSR (former)	0	0.0	1	0.3
TK	JAPAN (Tokyo)	1	0.3	0	0.0
UK	UNIT. KINGDOM	2	0.3	3	0.6

TECHNICAL EXPLANATIONS: Percentages are generally reflective of the total number of respondents (313). An exception to this is the question "Attitude of those from whom help was sought?" wherein percentages reflect only those who answered "yes" to the previous question, "Have you sought help or treatment?" Not all of the categories total to 100 percent because some respondents chose not to answer some questions, while provided more than one answer. Example: Help was sought from Male/Female. Some respondents sought help from both males and females, giving more than a 100% response. Also, men not aware of foreskin restoration were not included in the tally of "Are you now restoring?" Whenever possible, a100% total was provided.

Some respondents did not disclose the age at which they were circumcised. For the purposes of this survey, it was assumed these men were circumcised in infancy.

OBSERVATIONS: As acknowledged under SURVEY RESPONDENTS (pg. 1), this sampling is not a representative cross-section of circumcised American males. While it is surprisingly common in America for an adult male to not know or be unsure of his circumcision status, this survey is of those men who are uniquely aware of their circumcision status and are more educated than the average male about the benefits of the foreskin as well as circumcision's complications. Definitions for certain physical complications which can result from circumcision were provided to respondents to assist in identifying harm. These men are keenly aware of the normal, functional body part which they are missing. Most express remorse over its absence.

In addition to answers that could be easily marked, the Harm Documentation Form contains an area for open-ended comments which were taken into consideration when analyzing the data.

The average age of respondents is 42 years. Younger respondents appear to be less aware of perceived harm, while older respondents seem resigned to their fate. Both younger and older respondents seem less likely to be restoring their foreskin, even though aware of the possibility. The younger men seem less aware of glans insensitivity, perhaps due to the fact that desensitization, due to removal of the protective foreskin, becomes more noticeable with age. Many of the older men believe it is too late for them to begin foreskin restoration.

Most respondents are Christian, and they seem to be more aware of physical/sexual harm. Conversely, there seems to be a general trend for Jewish respondents to be less aware of the physical harm, but equally or more aware of emotional/psychological harm. Jewish respondents also seem to not hold their parents responsible for their harm, although they are exclusively circumcised in infancy. Those who neglected to indicate a religious background were counted as "Other." There was a notable higher level of hostility in those who did not indicate a religious background.

Respondents who were more articulate with medical terminology relating to penile anatomy and/or complications relating to circumcision seem to express more remorse, anger, frustration and sense of loss over their lack of a foreskin. The correlation seems to be that the more men are aware of what is missing, the more the grief over the loss. Conversely, those who seem unlearned on the subject of circumcision and/or normal penile anatomy and the benefits of foreskin, seem to express less sense of loss or hostility.

A common reason used today to justify circumcising infants is to protect them from feeling odd in the "locker room." Interestingly however, some of the most vehement responses about being "different" were from circumcised men who had intact relatives and/or friends. Some of the harshest language of "mutilation," rape," and "human rights violation" came from circumcised men who had personally known intact men. There seems to be a direct correlation between men familiar with the appearance, function and benefits of the intact penis and their desire to have been left intact.

A strong difference of opinion regarding the appropriateness of infant circumcision between respondents (as survivors of the practice) and family members or friends (as advocates of circumcision) has, in some cases, interfered with these relationships, causing various degrees of alienation between individuals.

Not many respondents were circumcised as adults. Of those who were however, there were many comments indicating a marked decrease in sexual enjoyment after circumcision. Many felt misled by their circumcisers regarding the benefit(s) of and/or actual need for circumcision. While some respondents did report feelings of violation and mutilation, it was far less than those who were circumcised as infants, perhaps because men circumcised as adults had done so with their own consent.

OBSERVATIONS (continued): Some of the respondents exhibited extreme hostility over their circumcision. Several mentioned, "not a day goes by..." (that they are not reminded of what was taken from them). Some men expressed rage, condemnation and various forms of ill-will toward their circumcisers. Many expressed a wish for revenge (to rob their circumcisers of a healthy body part). Some even recommended the death penalty for circumcisers. Many respondents indicated "Other" for the question, "What should be done about doctors who circumcise the healthy foreskins of infants?" Often times some form of education was mentioned, whether it be of the medical profession or parents.

Anger was more often expressed toward medical professionals than family members or religious groups. Many respondents circumcised as older children felt betrayed, raped, violated, or sexually abused by their parents and/or medical professionals. Of those who indicated anger or hostility toward parents, both parents were held more or less liable for the decision to circumcise, although anecdotal evidence finds fathers favor the surgery more than mothers. This is probably due to the fact that those men have themselves been subjected to the surgery and are unaware of their harm, therefore finding it acceptable to inflict upon their sons. On the other hand, comments calling into question "how a *mother* could agree to let this happen to her child" were quite common. Although a question concerning respondents' attitudes towards their mother was not included in this survey, several respondents offered harsh words about mothers and women in general who fail to protect their children from circumcision. This leaves open to further study the question of a potential link between awareness of circumcision harm and misogynist attitudes. Among Jewish respondents a sense of betrayal by parents was noted, but nowhere was there any hostility indicated toward mohels or the Jewish faith.

Approximately one-half of the men who perceived physical or emotional harm never sought professional help for their problem. This was also directly proportional to the age of the respondent, i.e., the older the respondent, the less likely he was to have sought professional help.

The attitude of the helping professional(s) was also measured. Females, sexologists, therapists, RECAP and NOCIRC were invariably found to be sympathetic and/or helpful. The traditional medical professionals were often rated insensitive (approximately 50%) and/or unhelpful. Plastic surgeons were a unique category. While they were often non-judgmental and possibly sympathetic, they were sometimes rated by respondents as unhelpful. Surgical reconstructions of the foreskin were rare and satisfaction with results seemed less than perfect. [Indeed, one respondent chose to have his unsatisfactory surgically-reconstructed foreskin re-circumcised. He then proceeded with skin-stretching methods.] Religious counsel was virtually never sought.

When asked if they would give personal or video testimony about their harm, a significant number answered in the affirmative. Others answered "No" or "Don't know." These latter responses perhaps reflect an attitude of men wanting their feelings to remain private. [NOHARMM founder Tim Hammond refers to this mentality as "being in the 'circumcision closet.'"] Often men with extreme or severe physical complications were reluctant to mark the box admitting to relationship problems with sexual partners. Sadly, one respondent indicated that he felt so badly mutilated that he did not have a sexual relationship with a woman until he was nearly 60.

There was a noted preference for the esthetic appearance of an intact over a circumcised penis throughout the general population of respondents. There was also mention of a belief that most American women were perceived as prefering the look of a circumcised penis.

In some cases, several physical complications, though not specifically articulated, were suspected from reading open-ended comments of respondents. These complications were not included in the tallies. It is probable that these men were either not aware of their problem(s) or did not know how to articulate them. If this survey were conducted by someone educated in penile complications which result from circumcision, via interview and/or physical examination, NOHARMM believes that physical complications would be many times those indicated in this survey. Of those indicating harm, there seems to be a deep-seated, grievous pain that remains either physically or emotionally hidden from the respondents' general sphere of family and acquaintances.

The above are observations, conclusions and trends perceived by the Harm Documentation Analyst. They are those we believe the avergae person would arrived at aftre reading these most personal feelings of men toward their circumcision experience. It is our belief that respondents would not have easily shared such intimate information in a face-to-face meeting. Rather, the relative confidentiality of the survey allowed a measure of freedom and safety in self-expression.

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HARM DOCUMENTATION FORM

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Please read instructions on reverse side before completing, then explain how you feel you've been harmed by circumcision. Copy this form if you know others who also want to share their stories. After completing, please mail it to the address below.

1. **PERSONAL DATA:** **Birth Year** 1951 **Birth State** CA **Country** (if born outside U.S.) _____
   Race ☑ White ☐ African-American ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other _____
   Religion ☑ Christian ☐ Jewish ☐ Moslem ☐ Hindu ☐ Other _____

2. **I SUSPECT CIRCUMCISION PREVENTS ME FROM EXPERIENCING THE FULL EXTENT OF SEXUAL PLEASURE FROM MY PENIS.** ☑ True ☐ False

3. **I FEEL I HAVE BEEN HARMED BY CIRCUMCISION IN THE FOLLOWING MANNER:**
   ☐ Emotionally ☑ Physically ☑ Psychologically ☐ Addictions or dependencies ☑ My own sexual pleasure
   ☑ Self-esteem ☐ Relationship(s) with sexual partner(s) ☐ Attitudes toward my parents ☐ Other: _____

4. **SPECIFIC HARM OR PROBLEM** (one sentence): I feel I've been mutilated and denied the full functioning of my penis because of an unnecessary and ignorant procedure.

5. **DETAILS OF HARM OR PROBLEM(S)** (please limit your response to this one page)
   (1) Skin on shaft too tight during erection
   (2) Scar prominent and dark brown
   (3) Skin puckering in scar which is "ragged."
   (4) Sense of mutilation and consequent embarrassment
   (5) Glans losing sensitivity
   (6) Hair growing half way up shaft.

6. **HAVE YOU SOUGHT HELP OR TREATMENT FOR THIS HARM OR PROBLEM?** ☐ Yes ☑ No

7. **IF NOT, WHY?** ☐ Not important ☐ Embarassed ☐ Feared ridicule ☑ Felt nothing can be done ☐ Other: _____

8. **IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS:** **Help was sought from a:** ☐ Male ☐ Female
   This person's profession was: ☐ Doctor ☐ Urologist ☐ Plastic Surgeon ☐ Sexologist ☐ Therapist
   ☐ Religious counseler ☐ Other _____
   The general attitude of this person was: ☐ Sympathetic or helpful ☐ Insensitive or unhelpful ☐ Nonjudgmental

9. **WHAT SHOULD BE DONE ABOUT DOCTORS WHO CIRCUMCISE THE HEALTHY FORESKINS OF INFANTS?**
   ☐ Nothing ☑ Sued in court ☑ Fined by law ☐ License suspended ☑ License revoked ☐ Imprisoned
   ☐ Other: _____

10. **DO YOU KNOW ABOUT FORESKIN RESTORATION?** ☑ Yes ☐ No **ARE YOU NOW RESTORING?** ☑ Yes ☐ No

11. **IF AN OPPORTUNITY AROSE, WOULD YOU LIKE TO GIVE PERSONAL OR VIDEOTAPED TESTIMONY ABOUT THIS HARM?** ☐ Yes ☑ No ☐ Don't know

For this documentation to be credible, we must have the following information. WRITTEN CONSENT

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HARM DOCUMENTATION FORM

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Please read instructions on reverse side before completing, then explain how you feel you've been harmed by circumcision. Copy this form if you know others who also want to share their stories. After completing, please mail it to the address below.

1. PERSONAL DATA: Birth Year 1946 Birth State OH Country (if born outside U.S.) _____
   Race ☒ White ☐ African-American ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other _____
   Religion ☒ Christian ☐ Jewish ☐ Moslem ☐ Hindu ☐ Other _____

2. I SUSPECT CIRCUMCISION PREVENTS ME FROM EXPERIENCING THE FULL EXTENT OF SEXUAL PLEASURE FROM MY PENIS. ☒ True ☐ False

3. I FEEL I HAVE BEEN HARMED BY CIRCUMCISION IN THE FOLLOWING MANNER:
   ☒ Emotionally ☒ Physically ☒ Psychologically ☐ Addictions or dependencies ☒ My own sexual pleasure
   ☒ Self-esteem ☐ Relationship(s) with sexual partner(s) ☒ Attitudes toward my parents ☐ Other: _____

4. SPECIFIC HARM OR PROBLEM (one sentence): My penis is unnatural this way!

5. DETAILS OF HARM OR PROBLEM(S) (please limit your response to this one page) After spending some years stretching my shaft skin, I can recover my glans when soft. It is much more sensitive and comfortable this way. But I wonder how much more sensitive it would be if it were never mutilated in the first place. The sense of violation does not go away. No one should be permitted to attack someone else like this. If a man wants to have his own penis circumcised, that's his business. But only his business.

6. HAVE YOU SOUGHT HELP OR TREATMENT FOR THIS HARM OR PROBLEM? ☐ Yes ☒ No

7. IF NOT, WHY? ☐ Not important ☐ Embarassed ☐ Feared ridicule ☐ Felt nothing can be done ☐ Other: _____

8. IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS: Help was sought from a: ☐ Male ☐ Female
   This person's profession was: ☐ Doctor ☐ Urologist ☐ Plastic Surgeon ☐ Sexologist ☐ Therapist
   ☐ Religious counseler ☐ Other _____
   The general attitude of this person was: ☐ Sympathetic or helpful ☐ Insensitive or unhelpful ☐ Nonjudgmental

9. WHAT SHOULD BE DONE ABOUT DOCTORS WHO CIRCUMCISE THE HEALTHY FORESKINS OF INFANTS?
   ☐ Nothing ☐ Sued in court ☒ Fined by law ☒ License suspended ☒ License revoked ☐ Imprisoned
   ☐ Other: _____

10. DO YOU KNOW ABOUT FORESKIN RESTORATION? ☒ Yes ☐ No ARE YOU NOW RESTORING? ☒ Yes ☐ No

11. IF AN OPPORTUNITY AROSE, WOULD YOU LIKE TO GIVE PERSONAL OR VIDEOTAPED TESTIMONY ABOUT THIS HARM? ☐ Yes ☐ No ☒ Don't know

In order for this documentation to be credible, we must have the following information.
[illegible] CONFIDENCE AND CANNOT BE RELEASED WITHOUT YOUR WRITTEN CONSENT.

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HARM DOCUMENTATION FORM

CONFIDENTIAL

Please read instructions on reverse side before completing, then explain how you feel you've been harmed by circumcision. Copy this form if you know others who also want to share their stories. After completing, please mail it to the address below.

1. PERSONAL DATA: Birth Year 45 Birth State CAL Country (if born outside U.S.) _____
Race ☒ White ☐ African-American ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other _____
Religion ☒ Christian ☐ Jewish ☐ Moslem ☐ Hindu ☐ Other _____

2. I SUSPECT CIRCUMCISION PREVENTS ME FROM EXPERIENCING THE FULL EXTENT OF SEXUAL PLEASURE FROM MY PENIS. ☒ True ☐ False

3. I FEEL I HAVE BEEN HARMED BY CIRCUMCISION IN THE FOLLOWING MANNER:
☒ Emotionally ☒ Physically ☐ Psychologically ☐ Addictions or dependencies ☒ My own sexual pleasure
☒ Self-esteem ☒ Relationship(s) with sexual partner(s) ☐ Attitudes toward my parents ☐ Other: ATTITUDE TOWARD AN UNETHICAL MEDICAL INDUSTRY.

4. SPECIFIC HARM OR PROBLEM (one sentence): LOSS OF GLANS SENSITIVITY TO THE EXTENT THAT BY MID 30'S I WOULD FREQUENTLY FAIL TO CLIMAX.

5. DETAILS OF HARM OR PROBLEM(S) (please limit your response to this one page) I HAD NO SHORTAGE OF PENILE SENSITIVITY AS A TEEN AGER, BUT STARTING IN MID 20s UNTIL MID 30s. I EXPERIENCED CONTINUOUS DECLINE IN SENSITIVITY AND SEXUAL PLEASURE TO THE POINT OF NOT BEING ABLE TO ORGASM WITHIN A PERIOD OF TIME COMFORTABLE TO MY WIFE. AFTER 30 OR 40 MINUTES SHE BECAME TOO SORE TO CONTINUE AND I NEVER CLIMAXED. FORTUNATELY ALL THIS HAS BEEN REVERSED BY MY "FORESKIN RECOVERY" AND I ONCE AGAIN HAVE THE SEXUAL PERFORMANCE OF A TEENAGER ☺

6. HAVE YOU SOUGHT HELP OR TREATMENT FOR THIS HARM OR PROBLEM? ☒ Yes ☐ No

7. IF NOT, WHY? ☐ Not important ☐ Embarassed ☐ Feared ridicule ☐ Felt nothing can be done ☐ Other: _____

8. IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS: Help was sought from a: ☒ Male ☐ Female
This person's profession was: ☒ Doctor ☐ Urologist ☐ Plastic Surgeon ☐ Sexologist ☐ Therapist
☐ Religious counseler ☒ Other SELF HELP
The general attitude of this person was: ☒ Sympathetic or helpful ☐ Insensitive or unhelpful ☐ Nonjudgmental

9. WHAT SHOULD BE DONE ABOUT DOCTORS WHO CIRCUMCISE THE HEALTHY FORESKINS OF INFANTS?
☐ Nothing ☒ Sued in court ☒ Fined by law ☒ License suspended ☐ License revoked ☐ Imprisoned
☐ Other: _____

10. DO YOU KNOW ABOUT FORESKIN RESTORATION? ☒ Yes ☐ No ARE YOU NOW RESTORING? ☒ Yes ☐ No

11. IF AN OPPORTUNITY AROSE, WOULD YOU LIKE TO GIVE PERSONAL OR VIDEOTAPED TESTIMONY ABOUT THIS HARM? ☒ Yes ☐ No ☐ Don't know I APPEARED ON "DR DEAN."

In order for this documentation to be credible, we must have the following information. [illegible] AND CANNOT BE RELEASED WITHOUT YOUR WRITTEN CONSENT.

CONFIDENTIAL

HARM DOCUMENTATION FORM

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1. PERSONAL DATA: Birth Year 66 Birth State NY Country (if born outside U.S.) _____
Race ☒ White ☐ African-American ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other _____
Religion ☒ Christian ☐ Jewish ☐ Moslem ☐ Hindu ☐ Other _____

2. I SUSPECT CIRCUMCISION PREVENTS ME FROM EXPERIENCING THE FULL EXTENT OF SEXUAL PLEASURE FROM MY PENIS. ☒ True ☐ False

3. I FEEL I HAVE BEEN HARMED BY CIRCUMCISION IN THE FOLLOWING MANNER:
☒ Emotionally ☒ Physically ☒ Psychologically ☐ Addictions or dependencies ☒ My own sexual pleasure
☒ Self-esteem ☒ Relationship(s) with sexual partner(s) ☐ Attitudes toward my parents ☐ Other: _____

4. SPECIFIC HARM OR PROBLEM (one sentence): Painful erections, scar tissue.

5. DETAILS OF HARM OR PROBLEM(S) (please limit your response to this one page)
- Little or no feeling from penis
- Painful erections (until restorative techniques used)
- Painful to masturbate
- Insecure - don't feel "complete"
- Always on my mind ... not one day goes by without me feeling abused / betrayed.

6. HAVE YOU SOUGHT HELP OR TREATMENT FOR THIS HARM OR PROBLEM? ☒ Yes ☐ No

7. IF NOT, WHY? ☐ Not important ☐ Embarassed ☐ Feared ridicule ☐ Felt nothing can be done ☐ Other: _____

8. IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS: Help was sought from a: ☒ Male ☐ Female
This person's profession was: ☒ Doctor ☐ Urologist ☐ Plastic Surgeon ☐ Sexologist ☐ Therapist
☐ Religious counseler ☐ Other _____
The general attitude of this person was: ☐ Sympathetic or helpful ☒ Insensitive or unhelpful ☒ Nonjudgmental

9. WHAT SHOULD BE DONE ABOUT DOCTORS WHO CIRCUMCISE THE HEALTHY FORESKINS OF INFANTS?
☐ Nothing ☐ Sued in court ☐ Fined by law ☐ License suspended ☒ License revoked ☐ Imprisoned
☐ Other: _____

10. DO YOU KNOW ABOUT FORESKIN RESTORATION? ☒ Yes ☐ No ARE YOU NOW RESTORING? ☒ Yes ☐ No

11. IF AN OPPORTUNITY AROSE, WOULD YOU LIKE TO GIVE PERSONAL OR VIDEOTAPED TESTIMONY ABOUT THIS HARM? ☒ Yes ☐ No ☐ Don't know

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[redacted] WITHOUT YOUR WRITTEN CONSENT.

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1. **PERSONAL DATA:** **Birth Year** 1967 **Birth State** TX **Country (if born outside U.S.)** _____
   Race ☒ White ☐ African-American ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other _____
   Religion ☒ Christian ☐ Jewish ☐ Moslem ☐ Hindu ☐ Other _____

2. **I SUSPECT CIRCUMCISION PREVENTS ME FROM EXPERIENCING THE FULL EXTENT OF SEXUAL PLEASURE FROM MY PENIS.** ☒ True ☐ False

3. **I FEEL I HAVE BEEN HARMED BY CIRCUMCISION IN THE FOLLOWING MANNER:**
   ☒ Emotionally ☒ Physically ☒ Psychologically ☐ Addictions or dependencies ☒ My own sexual pleasure
   ☒ Self-esteem ☒ Relationship(s) with sexual partner(s) ☒ Attitudes toward my parents ☐ Other: _____

4. **SPECIFIC HARM OR PROBLEM (one sentence):** Condition I think is called meatus Stenosis which required correction around the age 7 by more surg My body is my own. This addition constitutes rape to my mind.

5. **DETAILS OF HARM OR PROBLEM(S) (please limit your response to this one page)** _____
   The opening of the urethra grew partially shut from scar tissue which required a dilation of the urethra surgically, too much skin was removed from the R-side causing granulation of skin and discoloration of skin tissue, skin flap on L-side, complete destruction of frenulum which has resulted in a fistula in that area. Solid anger and psychological pain.

6. **HAVE YOU SOUGHT HELP OR TREATMENT FOR THIS HARM OR PROBLEM?** ☐ Yes ☒ No

7. **IF NOT, WHY?** ☐ Not important ☐ Embarassed ☐ Feared ridicule ☒ Felt nothing can be done ☒ Other: Lack of funds

8. **IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS:** **Help was sought from a:** ☐ Male ☐ Female
   This person's profession was: ☐ Doctor ☐ Urologist ☐ Plastic Surgeon ☐ Sexologist ☐ Therapist
   ☐ Religious counseler ☐ Other _____
   The general attitude of this person was: ☐ Sympathetic or helpful ☐ Insensitive or unhelpful ☐ Nonjudgmental

9. **WHAT SHOULD BE DONE ABOUT DOCTORS WHO CIRCUMCISE THE HEALTHY FORESKINS OF INFANTS?**
   ☐ Nothing ☒ Sued in court ☐ Fined by law ☐ License suspended ☐ License revoked ☐ Imprisoned
   ☒ Other: don't know, unless a law is passed against it.

10. **DO YOU KNOW ABOUT FORESKIN RESTORATION?** ☒ Yes ☐ No **ARE YOU NOW RESTORING?** ☒ Yes ☐ No (off & on)

11. **IF AN OPPORTUNITY AROSE, WOULD YOU LIKE TO GIVE PERSONAL OR VIDEOTAPED TESTIMONY ABOUT THIS HARM?** ☒ Yes ☐ No ☐ Don't know

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1. **PERSONAL DATA:** **Birth Year** 1930 **Birth State** NJ **Country (if born outside U.S.)** _____
   Race ☒ White ☐ African-American ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other _____
   Religion ☐ Christian ☐ Jewish ☐ Moslem ☐ Hindu ☒ Other NO ORGANIZED-RELIGION AFFILIATION

2. **I SUSPECT CIRCUMCISION PREVENTS ME FROM EXPERIENCING THE FULL EXTENT OF SEXUAL PLEASURE FROM MY PENIS.** ☒ True ☐ False

3. **I FEEL I HAVE BEEN HARMED BY CIRCUMCISION IN THE FOLLOWING MANNER:**
   ☒ Emotionally ☒ Physically ☒ Psychologically ☐ Addictions or dependencies ☒ My own sexual pleasure
   ☒ Self-esteem ☒ Relationship(s) with sexual partner(s) ☒ Attitudes toward my parents ☐ Other: _____

4. **SPECIFIC HARM OR PROBLEM (one sentence):** SKIN BRIDGE LARGE, Around 25% of GLANS - SHAFT (TOTAL SIZE about LIKE LARGE POSTAGE STAMP

5. **DETAILS OF HARM OR PROBLEM(S) (please limit your response to this one page)** _____
   THE ABOVE MUTILATION CAUSED SEVERE EMBARASSMENT DURING EARLY SEXUAL ENCOUNTERS, and ALSO CAUSED A BENDING OF THE PENIS, due to INELASTICITY of the SCAR TISSUE. AT AGE 40 I APPROACHED A COSMETIC SURGEON WHO DID A CREDITABLE JOB of REMOVING the SCAR TISSUE and I NOW HAVE A TYPICAL CIRCUMCISED PENIS.

6. **HAVE YOU SOUGHT HELP OR TREATMENT FOR THIS HARM OR PROBLEM?** ☒ Yes ☐ No

7. **IF NOT, WHY?** ☐ Not important ☐ Embarassed ☐ Feared ridicule ☐ Felt nothing can be done ☐ Other: _____

8. **IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS: Help was sought from a:** ☒ Male ☐ Female
   This person's profession was: ☒ Doctor ☐ Urologist ☒ Plastic Surgeon ☐ Sexologist ☐ Therapist
   ☐ Religious counseler ☐ Other _____
   The general attitude of this person was: ☒ Sympathetic or helpful ☐ Insensitive or unhelpful ☐ Nonjudgmental

9. **WHAT SHOULD BE DONE ABOUT DOCTORS WHO CIRCUMCISE THE HEALTHY FORESKINS OF INFANTS?**
   ☐ Nothing ☒ Sued in court ☒ Fined by law ☒ License suspended ☒ License revoked ☒ Imprisoned
   ☐ Other: _____
   TOO OLD TO START NOT

10. **DO YOU KNOW ABOUT FORESKIN RESTORATION?** ☒ Yes ☐ No **ARE YOU NOW RESTORING?** ☐ Yes ☒ No

11. **IF AN OPPORTUNITY AROSE, WOULD YOU LIKE TO GIVE PERSONAL OR VIDEOTAPED TESTIMONY ABOUT THIS HARM?** ☒ Yes ☐ No ☐ Don't know

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HARM DOCUMENTATION FORM

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1. **PERSONAL DATA:** Birth Year 1958 Birth State MI Country (if born outside U.S.) U.S.
   Race ☒ White ☐ African-American ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other_____
   Religion ☒ Christian ☐ Jewish ☐ Moslem ☐ Hindu ☐ Other_____

2. **I SUSPECT CIRCUMCISION PREVENTS ME FROM EXPERIENCING THE FULL EXTENT OF SEXUAL PLEASURE FROM MY PENIS.** ☒ True ☐ False

3. **I FEEL I HAVE BEEN HARMED BY CIRCUMCISION IN THE FOLLOWING MANNER:**
   ☐ Emotionally ☒ Physically ☒ Psychologically ☐ Addictions or dependencies ☒ My own sexual pleasure
   ☐ Self-esteem ☐ Relationship(s) with sexual partner(s) ☐ Attitudes toward my parents ☐ Other: _____

4. **SPECIFIC HARM OR PROBLEM** (one sentence): Scars still bleed to this day. Takes too long to orgasm due to desensitising of head

5. **DETAILS OF HARM OR PROBLEM(S)** (please limit your response to this one page) I feel VIOLATED THAT A PART OF MY BODY WAS CUT OFF FOR NO GOOD REASON AT ALL. IN SHOWERS, I'VE SEEN OTHER MEN WHO HAD THEIR FORESKINS AND LOOK AT THEM WITH ENVY. THE SCARS from the circumcision still bleed during sex. THE HEAD on my penis has become very desensitised and it's hard to achieve an orgasm. I was circumsised at age 13 so I know what it's like to have a foreskin. It felt a lot better to have had one both physicall and emotionally. Bottom line is I want it Back. My doctor took the easy way out and circumsised me instead of treating the infection I had.

6. **HAVE YOU SOUGHT HELP OR TREATMENT FOR THIS HARM OR PROBLEM?** ☐ Yes ☒ No

7. **IF NOT, WHY?** ☐ Not important ☒ Embarassed ☒ Feared ridicule ☐ Felt nothing can be done ☐ Other:_____

8. **IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS:** **Help was sought from a:** ☐ Male ☐ Female
   This person's profession was: ☐ Doctor ☐ Urologist ☐ Plastic Surgeon ☐ Sexologist ☐ Therapist
   ☐ Religious counseler ☐ Other_____
   The general attitude of this person was: ☐ Sympathetic or helpful ☐ Insensitive or unhelpful ☐ Nonjudgmental

9. **WHAT SHOULD BE DONE ABOUT DOCTORS WHO CIRCUMCISE THE HEALTHY FORESKINS OF INFANTS?**
   ☐ Nothing ☐ Sued in court ☒ Fined by law ☐ License suspended ☒ License revoked ☐ Imprisoned
   ☐ Other: _____

10. **DO YOU KNOW ABOUT FORESKIN RESTORATION?** ☒ Yes ☐ No **ARE YOU NOW RESTORING?** ☒ Yes ☐ No

11. **IF AN OPPORTUNITY AROSE, WOULD YOU LIKE TO GIVE PERSONAL OR VIDEOTAPED TESTIMONY ABOUT THIS HARM?** ☐ Yes ☐ No ☒ Don't know

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HARM DOCUMENTATION FORM

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1. **PERSONAL DATA:** **Birth Year** 62 **Birth State** N.J. **Country** (if born outside U.S.) _____
   Race ☒ White ☐ African-American ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other _____
   Religion ☒ Christian ☐ Jewish ☐ Moslem ☐ Hindu ☐ Other _____

2. **I SUSPECT CIRCUMCISION PREVENTS ME FROM EXPERIENCING THE FULL EXTENT OF SEXUAL PLEASURE FROM MY PENIS.** ☒ True ☐ False

3. **I FEEL I HAVE BEEN HARMED BY CIRCUMCISION IN THE FOLLOWING MANNER:**
   ☒ Emotionally ☒ Physically ☒ Psychologically ☐ Addictions or dependencies ☒ My own sexual pleasure
   ☒ Self-esteem ☒ Relationship(s) with sexual partner(s) ☒ Attitudes toward my parents ☒ Other: MEDICAL PROFF

4. **SPECIFIC HARM OR PROBLEM** (one sentence): The forskin wasn't cut evenly, causing my penis to pull to far to the right & I suffer rubbing abrasions from clothes irritating the head of my penis to a point of redness & great discomfort.

5. **DETAILS OF HARM OR PROBLEM(S)** (please limit your response to this one page) As stated above, I have always suffered great irritation, redness to the meatus of my penis, due to lack of forskin for protection. This also has a profound effect of destroying your sensitivity to this area as well and greater chance for infection.

   *** SINCE I HAVE STARTED THE RECAP PROGRAM, I NO LONGER SUFFER FROM CLOTHING ABRASIONS AND LIVE IN GREATER COMFORT. MOREOVER, I ALSO HAVE MUCH MORE SENSITIVITY, ALLOWING ME GREATER SEXUAL SATISFACTION.
   "THANKS TO NOCIRC & RECAP."

6. **HAVE YOU SOUGHT HELP OR TREATMENT FOR THIS HARM OR PROBLEM?** ☐ Yes ☒ No, NOT PROFF.

7. **IF NOT, WHY?** ☐ Not important ☒ Embarassed ☒ Feared ridicule ☒ Felt nothing can be done ☐ Other: _____

8. **IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS:** **Help was sought from a:** ☐ Male ☐ Female
   This person's profession was: ☐ Doctor ☐ Urologist ☐ Plastic Surgeon ☐ Sexologist ☐ Therapist
   ☐ Religious counseler ☐ Other _____
   The general attitude of this person was: ☐ Sympathetic or helpful ☐ Insensitive or unhelpful ☐ Nonjudgmental

9. **WHAT SHOULD BE DONE ABOUT DOCTORS WHO CIRCUMCISE THE HEALTHY FORESKINS OF INFANTS?**
   ☐ Nothing ☒ Sued in court ☒ Fined by law ☐ License suspended ☒ License revoked ☒ Imprisoned
   ☐ Other: _____

10. **DO YOU KNOW ABOUT FORESKIN RESTORATION?** ☒ Yes ☐ No **ARE YOU NOW RESTORING?** ☒ Yes ☐ No

11. **IF AN OPPORTUNITY AROSE, WOULD YOU LIKE TO GIVE PERSONAL OR VIDEOTAPED TESTIMONY ABOUT THIS HARM?** ☐ Yes ☐ No ☒ Don't know - Need more details. Note: I am in the video business. I use FCC Broadcast equip. If I can help, contact me.

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CONFIDENTIAL HARM DOCUMENTATION FORM CONFIDENTIAL

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1. PERSONAL DATA: Birth Year 1957 Birth State New York Country (if born outside U.S.) _____
Race ☒ White ☐ African-American ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other _____
Religion ☒ Christian ☐ Jewish ☐ Moslem ☐ Hindu ☐ Other _____

2. I SUSPECT CIRCUMCISION PREVENTS ME FROM EXPERIENCING THE FULL EXTENT OF SEXUAL PLEASURE FROM MY PENIS. ☒ True ☐ False

3. I FEEL I HAVE BEEN HARMED BY CIRCUMCISION IN THE FOLLOWING MANNER:
☒ Emotionally ☒ Physically ☐ Psychologically ☐ Addictions or dependencies ☒ My own sexual pleasure
☒ Self-esteem ☐ Relationship(s) with sexual partner(s) ☐ Attitudes toward my parents ☐ Other: _____

4. SPECIFIC HARM OR PROBLEM (one sentence): The scarring on my penis has caused painful erections because it tears open and bleeds.

5. DETAILS OF HARM OR PROBLEM(S) (please limit your response to this one page) I was cut way too tight When I get an erection the skin pulls so tight it gets many small tears that hurt like crazy. Any type of sexual activity tears it so bad it bleeds. My mutilation was explained to me at age five. My grandfather was not cut. Being that I was I was considered the odd one. This has bothered me all my life. Now I am ashamed to let my son, who is not cut, see my penis. One time when he did he said it looked funny. It hurts me to know I was tortured and mutilated against my will at a time I could not defend myself. I had lost much of the feeling in my glans. Since I have been undergoing restoration the amount of feeling that has returned is way beyond fabulous. I can't believe parents still allow their sons to be tortured and mutilated for no positive gain.

6. HAVE YOU SOUGHT HELP OR TREATMENT FOR THIS HARM OR PROBLEM? ☒ Yes ☐ No

7. IF NOT, WHY? ☐ Not important ☐ Embarassed ☐ Feared ridicule ☐ Felt nothing can be done ☐ Other: _____

8. IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS: Help was sought from a: ☒ Male ☐ Female
This person's profession was: ☒ Doctor ☒ Urologist ☒ Plastic Surgeon ☐ Sexologist ☐ Therapist
☐ Religious counseler ☐ Other three separate doctors
The general attitude of this person was: ☒ Sympathetic ~~extremely~~ ☐ Insensitive or unhelpful ☐ Nonjudgmental but not helpful

9. WHAT SHOULD BE DONE ABOUT DOCTORS WHO CIRCUMCISE THE HEALTHY FORESKINS OF INFANTS?
☐ Nothing ☒ Sued in court ☒ Fined by law ☐ License suspended ☒ License revoked ☐ Imprisoned
☐ Other: _____

10. DO YOU KNOW ABOUT FORESKIN RESTORATION? ☒ Yes ☐ No ARE YOU NOW RESTORING? ☒ Yes ☐ No

11. IF AN OPPORTUNITY AROSE, WOULD YOU LIKE TO GIVE PERSONAL OR VIDEOTAPED TESTIMONY ABOUT THIS HARM? ☒ Yes ☐ No ☐ Don't know

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1. **PERSONAL DATA:** **Birth Year** 1945 **Birth State** CT **Country** (if born outside U.S.) _____
   Race ☐ White ☐ African-American ☐ Hispanic ☐ Asian ☐ American Indian ☑ Other Human
   Parent's Religion ☐ Christian ☑ Jewish ☐ Moslem ☐ Other _____
   Age at circumcision ☑ Infancy ☐ Age 1 to 12 ☐ Age 13 to 17 ☐ 18 or older

2. **I ~~SUSPECT~~ KNOW CIRCUMCISION PREVENTS ME FROM EXPERIENCING THE FULL EXTENT OF SEXUAL PLEASURE FROM MY PENIS.** ☑ True ☐ False

3. **I FEEL I HAVE BEEN HARMED BY INFANT CIRCUMCISION:** ☑ True ☐ False ☐ Don't know

4. **THE SPECIFIC HARM I HAVE SUFFERED IS AS FOLLOWS:** (check all that apply)
   ☐ PHYSICALLY
   ☐ Skin tags ☐ Skin bridges ☐ Skin tone variance ☐ Prominent scar ☐ Cirumcised too tight ☐ Hypospadia
   ☐ Painful erections ☐ Bleeding ☐ Pubic hair on shaft ☐ Bowing/curvature ☐ Other: _____
   ☐ SEXUALLY
   ☐ Glans insensitivity ☐ Excess stimulation needed for orgasm ☐ Impotence ☐ Other: _____
   ☑ EMOTIONALLY
   ☐ Anger ☐ Frustration ☐ Betrayal by parents ☑ Dissatisfaction ☐ Resentment ☐ Other: _____
   ☑ PSYCHOLOGICALLY
   ☑ Feel mutilated ☑ Body feels violated/raped ☑ Human rights violated ☐ Other: _____
   ☑ SELF-ESTEEM
   ☐ Don't feel whole ☑ Not normal/natural ☑ Feel inferior to intact men ☐ Other: _____
   ☐ INTIMATE RELATIONSHIPS
   ☐ Impedes sexual relations ☐ Affects non-sexual relationship with partner(s) ☐ Other: _____
   ☐ ADDICTIONS OR DEPENDENCIES
   ☐ Smoking ☐ Drinking ☐ Drugs ☐ Eating ☐ Intact partners ☐ Other: _____
   ☐ OTHER: _____

5. **DETAILS OF ANY OF THE ABOVE HARM OR PROBLEM(S):** _____

6. **HAVE YOU SOUGHT HELP OR TREATMENT FOR THIS HARM OR PROBLEM?** ☐ Yes ☑ No

7. **IF NOT, WHY?** ☐ Not important ☐ Embarassed ☐ Feared ridicule ☑ Felt nothing can be done ☐ Other: _____

8. **IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS:** **Help was sought from a:** ☐ Male ☐ Female
   This person's profession was: ☐ Doctor ☐ Urologist ☐ Plastic Surgeon ☐ Sexologist ☐ Therapist
   ☐ Religious counselor ☐ Other _____
   The general attitude of this person was: ☐ Sympathetic or helpful ☐ Insensitive or unhelpful ☐ Nonjudgmental

9. **WHAT SHOULD BE DONE ABOUT DOCTORS WHO CIRCUMCISE THE HEALTHY FORESKINS OF INFANTS?**
   ☐ Nothing ☐ Sued in court ☐ Fined by law ☐ License suspended ☐ License revoked ☐ Imprisoned
   ☑ Other: Attitudes have to change first and laws passed or practices reconsidered before we talk about legal action.

10. **DO YOU KNOW ABOUT FORESKIN RESTORATION?** ☐ Yes ☑ No **ARE YOU NOW RESTORING?** ☐ Yes ☑ No

11. **IF AN OPPORTUNITY AROSE, WOULD YOU LIKE TO GIVE PERSONAL OR VIDEOTAPED TESTIMONY ABOUT THIS HARM?** ☐ Yes ☐ No ☑ Don't know

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1. **PERSONAL DATA:** Birth Year 1966 Birth State Ohio Country (if born outside U.S.) _____
   Race ☒ White ☐ African-American ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other _____
   Religion ☒ Christian ☐ Jewish ☐ Moslem ☐ Hindu ☐ Other _____

2. **I SUSPECT CIRCUMCISION PREVENTS ME FROM EXPERIENCING THE FULL EXTENT OF SEXUAL PLEASURE FROM MY PENIS.** ☒ True ☐ False

3. **I FEEL I HAVE BEEN HARMED BY CIRCUMCISION IN THE FOLLOWING MANNER:**
   ☒ Emotionally ☒ Physically ☐ Psychologically ☐ Addictions or dependencies ☒ My own sexual pleasure
   ☒ Self-esteem ☒ Relationship(s) with sexual partner(s) ☐ Attitudes toward my parents ☐ Other: _____

4. **SPECIFIC HARM OR PROBLEM (one sentence):** Unable to enjoy foreplay & sexual intercourse because my penis has no feeling ... it's just plain DEAD!

5. **DETAILS OF HARM OR PROBLEM(S) (please limit your response to this one page)** Sexual relations with woman are difficult for me in both physical & mental ways. Physically, my penis has no feeling and I don't enjoy foreplay because my penis becomes red and sore from too much manual manipulation from my female partner. In addition sexual intercourse is just as difficult and non-climactic. I enjoy no sensations on my shaft or glans, and the resulting orgasm (after painful thrusting) is both quick and very often painful. My penis curves to the right causing discomfort for my partner. Mentally, I feel embarrassed, ashamed & very, very upset that I'm not whole and intact as nature intended me to be. How can people keep hurting & ruining people's lives by continuing this deplorable practice of circumcision? My sexual life is indeed ruined!

6. **HAVE YOU SOUGHT HELP OR TREATMENT FOR THIS HARM OR PROBLEM?** ☐ Yes ☒ No

7. **IF NOT, WHY?** ☐ Not important ☒ Embarassed ☐ Feared ridicule ☐ Felt nothing can be done ☐ Other: _____

8. **IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS:** Help was sought from a: ☐ Male ☐ Female
   This person's profession was: ☐ Doctor ☐ Urologist ☐ Plastic Surgeon ☐ Sexologist ☐ Therapist
   ☐ Religious counselor ☐ Other _____
   The general attitude of this person was: ☐ Sympathetic or helpful ☐ Insensitive or unhelpful ☐ Nonjudgmental

9. **WHAT SHOULD BE DONE ABOUT DOCTORS WHO CIRCUMCISE THE HEALTHY FORESKINS OF INFANTS?**
   ☐ Nothing ☐ Sued in court ☐ Fined by law ☐ License suspended ☒ License revoked ☒ Imprisoned
   ☐ Other: _____

10. **DO YOU KNOW ABOUT FORESKIN RESTORATION?** ☒ Yes ☐ No **ARE YOU NOW RESTORING?** ☒ Yes ☐ No

11. **IF AN OPPORTUNITY AROSE, WOULD YOU LIKE TO GIVE PERSONAL OR VIDEOTAPED TESTIMONY ABOUT THIS HARM?** ☐ Yes ☐ No ☐ Don't know

In order for this documentation to be credible, we must have the following information.

[redacted] IS HELD IN STRICTEST CONFIDENCE AND CANNOT BE RELEASED WITHOUT YOUR WRITTEN CONSENT.

Please read instructions on reverse side before completing, then explain how you feel you've been harmed by circumcisio
Copy this form if you know others who also want to share their stories. After completing, please mail it to the address below.

1. PERSONAL DATA: Birth Year 1953 Birth State OREGON Country (if born outside U.S.) _____
Race ☒ White ☐ African-American ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other _____
Religion ☒ Christian ☐ Jewish ☐ Moslem ☐ Hindu ☐ Other _____

2. I SUSPECT CIRCUMCISION PREVENTS ME FROM EXPERIENCING THE FULL EXTENT OF SEXUAL PLEASURE FROM MY PENIS. ☒ True ☐ False

3. I FEEL I HAVE BEEN HARMED BY CIRCUMCISION IN THE FOLLOWING MANNER:
☐ Emotionally ☒ Physically ☒ Psychologically ☐ Addictions or dependencies ☒ My own sexual pleasure
☐ Self-esteem ☐ Relationship(s) with sexual partner(s) ☐ Attitudes toward my parents ☐ Other: _____

4. SPECIFIC HARM OR PROBLEM (one sentence): DESENSITIZATION & AND PHYSICAL EXPOSURE OF GLANS. SHELTER & PROTECTION OF MOST SENSITIVE PART OF MY SEXUALITY WAS STRIPPED AWAY!

5. DETAILS OF HARM OR PROBLEM(S) (please limit your response to this one page) _____
CONSTANT, CONTINUAL CHAFING AND DESENSITIZATION OF GLANS.
~~PHYSICAL~~ SYMBOL OF MY MANHOOD WAS STRIPPED AWAY. PART OF WHAT MADE ME A MAN WAS THE SHELTER NATURALLY PROVIDED FOR MY GLANS
FORESKIN RESTORATION HAS SHOWN ME THAT THIS CENTER AND PROMINENCE OF MY SEXUALITY WAS INTENDED TO REMAIN IN ITS OWN NATURAL COVERING.

HAVE YOU SOUGHT HELP OR TREATMENT FOR THIS HARM OR PROBLEM? ☐ Yes ☒ No

IF NOT, WHY? ☐ Not important ☐ Embarassed ☐ Feared ridicule ☐ Felt nothing can be done ☒ Other: BUFF METHOD OF RESTORATION IN PROGRESS

IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS: Help was sought from a: ☐ Male ☐ Female
This person's profession was: ☐ Doctor ☐ Urologist ☐ Plastic Surgeon ☐ Sexologist ☐ Therapist
☐ Religious counselor ☐ Other _____
The general attitude of this person was: ☐ Sympathetic or helpful ☐ Insensitive or unhelpful ☐ Nonjudgmental

WHAT SHOULD BE DONE ABOUT DOCTORS WHO CIRCUMCISE THE HEALTHY FORESKINS OF INFANTS?
☐ Nothing ☐ Sued in court ☒ Fined by law ☐ License suspended ☐ License revoked ☐ Imprisoned
☐ Other: _____

6. DO YOU KNOW ABOUT FORESKIN RESTORATION? ☒ Yes ☐ No ARE YOU NOW RESTORING? ☒ Yes ☐ No

7. IF AN OPPORTUNITY AROSE, WOULD YOU LIKE TO GIVE PERSONAL OR VIDEOTAPED TESTIMONY ABOUT THIS HARM? ☐ Yes ☒ No ☐ Don't know

In order for this documentation to be credible, we must have the following information.
FORMATION IS HELD IN STRICTEST CONFIDENCE AND CANNOT BE RELEASED WITHOUT YOUR WRITTEN CONSENT.
[illegible] if would like foreskin restoration information ☐

CONFIDENTIAL **HARM DOCUMENTATION FORM** CONFIDENTIAL

Please read instructions on reverse side before completing, then explain how you feel you've been harmed by circumcision. Copy this form if you know others who also want to share their stories. After completing, please mail it to the address below.

1. PERSONAL DATA: Birth Year 30 Birth State NYC Country (if born outside U.S.) _____
Race ☑ White ☐ African-American ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other _____
Religion ☑ Christian ☐ Jewish ☐ Moslem ☐ Hindu ☐ Other _____

2. I SUSPECT CIRCUMCISION PREVENTS ME FROM EXPERIENCING THE FULL EXTENT OF SEXUAL PLEASURE FROM MY PENIS. ☑ True ☐ False

3. I FEEL I HAVE BEEN HARMED BY CIRCUMCISION IN THE FOLLOWING MANNER:
☑ Emotionally ☑ Physically ☑ Psychologically ☐ Addictions or dependencies ☑ My own sexual pleasure
☑ Self-esteem ☐ Relationship(s) with sexual partner(s) ☑ Attitudes toward my parents ☐ Other: _____

4. SPECIFIC HARM OR PROBLEM (one sentence): LEFT WITH A SENSE OF IMPOTENCE POWERLESSNESS AND A FEAR ABOUT THE POWER OF OTHERS TO HURT ME SERIOUSLY.

5. DETAILS OF HARM OR PROBLEM(S) (please limit your response to this one page) _____
I WAS CIRCUMCISED WHEN I WAS SEVEN. I WAS NOT PREPARED AT ALL FOR THE SURGERY AND IT ACCOMPANIED A TONSILLECTOMY. I REMEMBER STRUGGLING AGAINST THE ANESTHESIA (ETHER) & BEING OVERPOWERED BY A NUMBER OF ORDERLIES, LEAVING MY BODY & FINALLY WAKING UP FEELING SICK, IN PAIN & TOTALLY TERRIFIED ABOUT WHAT THEY HAD DONE TO MY PENIS. THERE WAS NO VALID REASON TO DO THE PROCEDURE - MY MEMORY IS THAT IT WAS RELATED TO BEDWETTING OR A FORESKIN THAT GOT STUCK ONCE IN A WHILE. THIS WAS PROBABLY ONE OF THE MOST DAMAGING EVENTS IN MY LIFE, PSYCHOLOGICALLY & EMOTIONALLY.

6. HAVE YOU SOUGHT HELP OR TREATMENT FOR THIS HARM OR PROBLEM? ☑ Yes ☐ No

7. IF NOT, WHY? ☐ Not important ☐ Embarassed ☐ Feared ridicule ☐ Felt nothing can be done ☐ Other: _____

8. IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS: Help was sought from a: ☑ Male ☑ Female
This person's profession was: ☐ Doctor ☐ Urologist ☐ Plastic Surgeon ☐ Sexologist ☑ Therapist
☐ Religious counseler ☐ Other _____
The general attitude of this person was: ☑ Sympathetic or helpful ☐ Insensitive or unhelpful ☑ Nonjudgmental

9. WHAT SHOULD BE DONE ABOUT DOCTORS WHO CIRCUMCISE THE HEALTHY FORESKINS OF INFANTS?
☐ Nothing ☑ Sued in court ☑ Fined by law ☑ License suspended ☐ License revoked ☐ Imprisoned
☐ Other: _____

10. DO YOU KNOW ABOUT FORESKIN RESTORATION? ☑ Yes ☐ No ARE YOU NOW RESTORING? ☑ Yes ☐ No

11. IF AN OPPORTUNITY AROSE, WOULD YOU LIKE TO GIVE PERSONAL OR VIDEOTAPED TESTIMONY ABOUT THIS HARM? ☐ Yes ☐ No ☑ Don't know

In order for this documentation to be credible, we must have the following information. [illegible] WITHOUT YOUR WRITTEN CONSENT.

CONFIDENTIAL

HARM DOCUMENTATION FORM

CONFIDENTIAL

Please read instructions on reverse side before completing, then explain how you feel you've been harmed by circumcision. Copy this form if you know others who also want to share their stories. After completing, please mail it to the address below.

1. **PERSONAL DATA:** Birth Year 1952 Birth State MA Country (if born outside U.S.) _____
   Race ☒ White ☐ African-American ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other _____
   Religion ☒ Christian ☐ Jewish ☐ Moslem ☐ Hindu ☐ Other _____

2. **I SUSPECT CIRCUMCISION PREVENTS ME FROM EXPERIENCING THE FULL EXTENT OF SEXUAL PLEASURE FROM MY PENIS.** ☒ True ☐ False

3. **I FEEL I HAVE BEEN HARMED BY CIRCUMCISION IN THE FOLLOWING MANNER:**
   ☐ Emotionally ☒ Physically ☐ Psychologically ☐ Addictions or dependencies ☒ My own sexual pleasure
   ☒ Self-esteem ☐ Relationship(s) with sexual partner(s) ☐ Attitudes toward my parents ☐ Other: _____

4. **SPECIFIC HARM OR PROBLEM (one sentence):** Pain during erections due to tightness of remaining shaft skin, limiting sexual pleasure

5. **DETAILS OF HARM OR PROBLEM(S) (please limit your response to this one page)**

   1. Physical pain with full erections, as skin near glans is stretched too far. Treatment consists of avoiding becoming this fully erect, but this limits sexual pleasure.

   2. From talking with other men, I feel that my sexual pleasure is limited due to overstimulation of the glans; therefore it is more difficult to become aroused sometimes.

   3. I feel that the natural (uncircumcised) penis is more attractive.

6. **HAVE YOU SOUGHT HELP OR TREATMENT FOR THIS HARM OR PROBLEM?** ☒ Yes ☐ No

7. **IF NOT, WHY?** ☐ Not important ☐ Embarassed ☐ Feared ridicule ☐ Felt nothing can be done ☐ Other: _____

8. **IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS: Help was sought from a:** ☒ Male ☐ Female
   This person's profession was: ☒ Doctor ☐ Urologist ☐ Plastic Surgeon ☐ Sexologist ☐ Therapist
   ☐ Religious counseler ☐ Other _____
   The general attitude of this person was: ☐ Sympathetic or helpful ☐ Insensitive or unhelpful ☒ Nonjudgmental

9. **WHAT SHOULD BE DONE ABOUT DOCTORS WHO CIRCUMCISE THE HEALTHY FORESKINS OF INFANTS?**
   ☐ Nothing ☐ Sued in court ☐ Fined by law ☐ License suspended ☐ License revoked ☐ Imprisoned
   ☒ Other: Educated about side effects and other options available

10. **DO YOU KNOW ABOUT FORESKIN RESTORATION?** ☐ Yes ☒ No **ARE YOU NOW RESTORING?** ☐ Yes ☐ No

11. **IF AN OPPORTUNITY AROSE, WOULD YOU LIKE TO GIVE PERSONAL OR VIDEOTAPED TESTIMONY ABOUT THIS HARM?** ☒ Yes ☐ No ☐ Don't know

In order for this documentation to be credible, we must have the following information.
[illegible] CONFIDENCE AND CANNOT BE RELEASED WITHOUT YOUR WRITTEN CONSENT.

CONFIDENTIAL **HARM DOCUMENTATION FORM** CONFIDENTIAL

Please read instructions on reverse side before completing, then explain how you feel you've been harmed by circumcision. Copy this form if you know others who also want to share their stories. After completing, please mail it to the address below.

1. **PERSONAL DATA:** **Birth Year** 1963 **Birth State** AK **Country (if born outside U.S.)** _____
Race ☒ White ☐ African-American ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other_____
Parent's Religion ☐ Christian ☒ Jewish ☐ Moslem ☐ Other_____
Age at circumcision ☒ Infancy ☐ Age 1 to 12 ☐ Age 13 to 17 ☐ 18 or older

2. **I SUSPECT CIRCUMCISION PREVENTS ME FROM EXPERIENCING THE FULL EXTENT OF SEXUAL PLEASURE FROM MY PENIS.** ☒ True ☐ False

3. **I FEEL I HAVE BEEN HARMED BY INFANT CIRCUMCISION:** ☒ True ☐ False ☐ Don't know

4. **THE SPECIFIC HARM I HAVE SUFFERED IS AS FOLLOWS:** (check all that apply)
☐ PHYSICALLY
☒ Skin tags ☐ Skin bridges ☐ Skin tone variance ☒ Prominent scar ☒ Cirumcised too tight ☐ Hypospadia
☐ Painful erections ☐ Bleeding ☒ Pubic hair on shaft ☐ Bowing/curvature ☐ Other:_____
☐ SEXUALLY
☒ Glans insensitivity ☒ Excess stimulation needed for orgasm ☐ Impotence ☐ Other:_____
☐ EMOTIONALLY
☒ Anger ☒ Frustration ☐ Betrayal by parents ☒ Dissatisfaction ☒ Resentment ☒ Other: Grief
☐ PSYCHOLOGICALLY
☒ Feel mutilated ☒ Body feels violated/raped ☒ Human rights violated ☐ Other:_____
☐ SELF-ESTEEM
☒ Don't feel whole ☒ Not normal/natural ☐ Feel inferior to intact men ☐ Other:_____
☐ INTIMATE RELATIONSHIPS
☒ Impedes sexual relations ☐ Affects non-sexual relationship with partner(s) ☐ Other:_____
☐ ADDICTIONS OR DEPENDENCIES
☐ Smoking ☐ Drinking ☐ Drugs ☐ Eating ☐ Intact partners ☒ Other: Sex - to make sure it still works
☐ OTHER: cold glans during winter sports

5. **DETAILS OF ANY OF THE ABOVE HARM OR PROBLEM(S):** Skin tags - where the scar intersects the frenulum there is bump that is frequently irritated especially during sex. Pubic hair on shaft causes irritation for my wife, she is frequently raw after sex.

6. **HAVE YOU SOUGHT HELP OR TREATMENT FOR THIS HARM OR PROBLEM?** ☐ Yes ☒ No

7. **IF NOT, WHY?** ☐ Not important ☐ Embarassed ☒ Feared ridicule ☒ Felt nothing can be done ☐ Other:_____

8. **IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS:** **Help was sought from a:** ☐ Male ☐ Female
This person's profession was: ☐ Doctor ☐ Urologist ☐ Plastic Surgeon ☐ Sexologist ☐ Therapist
☐ Religious counselor ☐ Other_____
The general attitude of this person was: ☐ Sympathetic or helpful ☐ Insensitive or unhelpful ☐ Nonjudgmental

9. **WHAT SHOULD BE DONE ABOUT DOCTORS WHO CIRCUMCISE THE HEALTHY FORESKINS OF INFANTS?**
☐ Nothing ☐ Sued in court ☐ Fined by law ☒ License suspended ☐ License revoked ☐ Imprisoned
☐ Other: _____

10. **DO YOU KNOW ABOUT FORESKIN RESTORATION?** ☒ Yes ☐ No **ARE YOU NOW RESTORING?** ☐ Yes ☒ No

11. **IF AN OPPORTUNITY AROSE, WOULD YOU LIKE TO GIVE PERSONAL OR VIDEOTAPED TESTIMONY ABOUT THIS HARM?** ☒ Yes ☐ No ☐ Don't know

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CONFIDENTIAL

HARM DOCUMENTATION FORM

CONFIDENT

Please read instructions on reverse side before completing, then explain how you feel you've been harmed by circumci
Copy this form if you know others who also want to share their stories. After completing, please mail it to the address belc

1. PERSONAL DATA: Birth Year 45 Birth State KS Country (if born outside U.S.) _____
Race ☒ White ☐ African-American ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other _____
Parent's Religion ☒ Christian ☐ Jewish ☐ Moslem ☐ Other _____
Age at circumcision ☒ Infancy ☐ Age 1 to 12 ☐ Age 13 to 17 ☐ 18 or older

2. I SUSPECT CIRCUMCISION PREVENTS ME FROM EXPERIENCING THE FULL EXTENT OF SEXUAL PLEASURE FROM MY PENIS. ☒ True ☐ False

3. I FEEL I HAVE BEEN HARMED BY INFANT CIRCUMCISION: ☒ True ☐ False ☐ Don't know

4. THE SPECIFIC HARM I HAVE SUFFERED IS AS FOLLOWS: (check all that apply)
☐ PHYSICALLY
☐ Skin tags ☐ Skin bridges ☐ Skin tone variance ☐ Prominent scar ☒ Cirumcised too tight ☐ Hypospadia
☐ Painful erections ☒ Bleeding ☐ Pubic hair on shaft ☐ Bowing/curvature ☐ Other: _____
☐ SEXUALLY
☐ Glans insensitivity ☐ Excess stimulation needed for orgasm ☐ Impotence ☐ Other: _____
☐ EMOTIONALLY
☒ Anger ☒ Frustration ☐ Betrayal by parents ☐ Dissatisfaction ☒ Resentment ☐ Other: _____
☐ PSYCHOLOGICALLY
☐ Feel mutilated ☐ Body feels violated/raped ☒ Human rights violated ☐ Other: _____
☐ SELF-ESTEEM
☐ Don't feel whole ☐ Not normal/natural ☒ Feel inferior to intact men ☐ Other: _____
☐ INTIMATE RELATIONSHIPS
☒ Impedes sexual relations ☐ Affects non-sexual relationship with partner(s) ☐ Other: _____
☐ ADDICTIONS OR DEPENDENCIES
☐ Smoking ☐ Drinking ☐ Drugs ☐ Eating ☐ Intact partners ☐ Other: _____
☐ OTHER: _____

5. DETAILS OF ANY OF THE ABOVE HARM OR PROBLEM(S): TOTALLY DEPENDENT ON SUFFICIENT LUBRICATION FOR MASTURBATION

6. HAVE YOU SOUGHT HELP OR TREATMENT FOR THIS HARM OR PROBLEM? ☐ Yes ☒ No

7. IF NOT, WHY? ☐ Not Important ☐ Embarassed ☐ Feared ridicule ☒ Felt nothing can be done ☐ Other: _____

8. IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS: Help was sought from a: ☐ Male ☐ Female
This person's profession was: ☐ Doctor ☐ Urologist ☐ Plastic Surgeon ☐ Sexologist ☐ Therapist
☐ Religious counselor ☐ Other _____
The general attitude of this person was: ☐ Sympathetic or helpful ☐ Insensitive or unhelpful ☐ Nonjudgmenta

9. WHAT SHOULD BE DONE ABOUT DOCTORS WHO CIRCUMCISE THE HEALTHY FORESKINS OF INFANTS?
☐ Nothing ☒ Sued in court ☐ Fined by law ☐ License suspended ☒ License revoked ☐ Imprisoned
☐ Other: _____

10. DO YOU KNOW ABOUT FORESKIN RESTORATION? ☐ Yes ☒ No ARE YOU NOW RESTORING? ☐ Yes ☒ Nc

11. IF AN OPPORTUNITY AROSE, WOULD YOU LIKE TO GIVE PERSONAL OR VIDEOTAPED TESTIMONY ABOUT THIS HARM? ☐ Yes ☐ No ☒ Don't know

In order for this documentation to be credible, we must have the following information.
INFORMATION IS HELD IN STRICTEST CONFIDENCE

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HARM DOCUMENTATION FORM

CONFIDENTIAL

Please read instructions on reverse side before completing, then explain how you feel you've been harmed by circumcision. Copy this form if you know others who also want to share their stories. After completing, please mail it to the address below.

1. **PERSONAL DATA:** Birth Year 1954 Birth State WA. Country (if born outside U.S.) _____
   Race ☒ White ☐ African-American ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other _____
   Religion ☒ Christian ☐ Jewish ☐ Moslem ☐ Hindu ☐ Other _____

2. **I SUSPECT CIRCUMCISION PREVENTS ME FROM EXPERIENCING THE FULL EXTENT OF SEXUAL PLEASURE FROM MY PENIS.** ☒ True ☐ False

3. **I FEEL I HAVE BEEN HARMED BY CIRCUMCISION IN THE FOLLOWING MANNER:**
   ☐ Emotionally ☒ Physically ☐ Psychologically ☐ Addictions or dependencies ☒ My own sexual pleasure
   ☐ Self-esteem ☐ Relationship(s) with sexual partner(s) ☒ Attitudes toward my parents ☐ Other: _____

4. **SPECIFIC HARM OR PROBLEM** (one sentence): The physical appearance of no foreskin & loss of sexual sensitivity.

5. **DETAILS OF HARM OR PROBLEM(S)** (please limit your response to this one page) _____
   Have to be at the point of abuse & pain to my penis to reach orgasm because it is so desensitized from circumcision. - Also do not like the look of my circumcised penis.

6. **HAVE YOU SOUGHT HELP OR TREATMENT FOR THIS HARM OR PROBLEM?** ☒ Yes ☐ No

7. **IF NOT, WHY?** ☐ Not important ☐ Embarassed ☐ Feared ridicule ☐ Felt nothing can be done ☐ Other: _____

8. **IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS:** **Help was sought from a:** ☒ Male ☐ Female
   This person's profession was: ☐ Doctor ☐ Urologist ☐ Plastic Surgeon ☐ Sexologist ☐ Therapist
   ☐ Religious counseler ☒ Other friend
   The general attitude of this person was: ☒ Sympathetic or helpful ☐ Insensitive or unhelpful ☒ Nonjudgmental

9. **WHAT SHOULD BE DONE ABOUT DOCTORS WHO CIRCUMCISE THE HEALTHY FORESKINS OF INFANTS?**
   ☐ Nothing ☒ Sued in court ☐ Fined by law ☐ License suspended ☐ License revoked ☐ Imprisoned
   ☐ Other: _____

10. **DO YOU KNOW ABOUT FORESKIN RESTORATION?** ☒ Yes ☐ No **ARE YOU NOW RESTORING?** ☐ Yes ☒ No But, have tried in the Past

11. **IF AN OPPORTUNITY AROSE, WOULD YOU LIKE TO GIVE PERSONAL OR VIDEOTAPED TESTIMONY ABOUT THIS HARM?** ☒ Yes ☐ No ☐ Don't know

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1. **PERSONAL DATA:** **Birth Year** 1965 **Birth State** MO **Country (if born outside U.S.)** _____
   Race ☒ White ☐ African-American ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other_____
   Parent's Religion ☐ Christian ☒ Jewish ☐ Moslem ☐ Other_____
   Age at circumcision ☒ Infancy ☐ Age 1 to 12 ☐ Age 13 to 17 ☐ 18 or older

2. **I SUSPECT CIRCUMCISION PREVENTS ME FROM EXPERIENCING THE FULL EXTENT OF SEXUAL PLEASURE FROM MY PENIS.** ☒ True ☐ False

3. **I FEEL I HAVE BEEN HARMED BY INFANT CIRCUMCISION:** ☒ True ☐ False ☐ Don't know

4. **THE SPECIFIC HARM I HAVE SUFFERED IS AS FOLLOWS:** (check all that apply)
   ☒ PHYSICALLY
   ☒ Skin tags ☒ Skin bridges ☒ Skin tone variance ☒ Prominent scar ☒ Cirumcised too tight ☐ Hypospadia
   ☒ Painful erections ☒ Bleeding ☒ Pubic hair on shaft ☒ Bowing/curvature ☐ Other:_____
   ☒ SEXUALLY
   ☐ Glans insensitivity ☒ Excess stimulation needed for orgasm ☐ Impotence ☐ Other:_____
   ☒ EMOTIONALLY
   ☒ Anger ☒ Frustration ☒ Betrayal by parents ☒ Dissatisfaction ☒ Resentment ☒ Other: Overwhelmed
   ☒ PSYCHOLOGICALLY
   ☒ Feel mutilated ☐ Body feels violated/raped ☐ Human rights violated ☐ Other:_____
   ☐ SELF-ESTEEM
   ☐ Don't feel whole ☐ Not normal/natural ☐ Feel inferior to intact men ☐ Other:_____
   ☐ INTIMATE RELATIONSHIPS
   ☐ Impedes sexual relations ☐ Affects non-sexual relationship with partner(s) ☐ Other:_____
   ☐ ADDICTIONS OR DEPENDENCIES
   ☐ Smoking ☐ Drinking ☐ Drugs ☐ Eating ☐ Intact partners ☐ Other:_____
   ☒ OTHER: I feel circumcisism set me up to be sexually abused by parents.

5. **DETAILS OF ANY OF THE ABOVE HARM OR PROBLEM(S):** I always thought that when felt I masturbated and would bleed that there was something wrong with me.

6. **HAVE YOU SOUGHT HELP OR TREATMENT FOR THIS HARM OR PROBLEM?** ☐ Yes ☒ No could not

7. **IF NOT, WHY?** ☐ Not important ☐ Embarassed ☐ Feared ridicule ☐ Felt nothing can be done ☒ Other: identify

8. **IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS:** **Help was sought from a:** ☐ Male ☐ Female
   This person's profession was: ☐ Doctor ☐ Urologist ☐ Plastic Surgeon ☐ Sexologist ☐ Therapist
   ☐ Religious counselor ☐ Other_____
   The general attitude of this person was: ☐ Sympathetic or helpful ☐ Insensitive or unhelpful ☐ Nonjudgmental

9. **WHAT SHOULD BE DONE ABOUT DOCTORS WHO CIRCUMCISE THE HEALTHY FORESKINS OF INFANTS?**
   ☐ Nothing ☐ Sued in court ☐ Fined by law ☐ License suspended ☐ License revoked ☐ Imprisoned
   ☒ Other: I only care about myself.

10. **DO YOU KNOW ABOUT FORESKIN RESTORATION?** ☐ Yes ☒ No **ARE YOU NOW RESTORING?** ☐ Yes ☒ No

11. **IF AN OPPORTUNITY AROSE, WOULD YOU LIKE TO GIVE PERSONAL OR VIDEOTAPED TESTIMONY ABOUT THIS HARM?** ☐ Yes ☐ No ☒ Don't know

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CONFIDENTIAL **HARM DOCUMENTATION FORM** CONFIDENTIAL

Please read instructions on reverse side before completing, then explain how you feel you've been harmed by circumcision. Copy this form if you know others who also want to share their stories. After completing, please mail it to the address below.

1. **PERSONAL DATA:** Birth Year 47 Birth State Ca Country (if born outside U.S.) _____
Race ☒ White ☐ African-American ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other _____
Religion ☒ Christian ☐ Jewish ☐ Moslem ☐ Hindu ☐ Other _____

2. **I SUSPECT CIRCUMCISION PREVENTS ME FROM EXPERIENCING THE FULL EXTENT OF SEXUAL PLEASURE FROM MY PENIS.** ☒ True ☐ False

3. **I FEEL I HAVE BEEN HARMED BY CIRCUMCISION IN THE FOLLOWING MANNER:**
☒ Emotionally ☒ Physically ☒ Psychologically ☐ Addictions or dependencies ☒ My own sexual pleasure
☒ Self-esteem ☐ Relationship(s) with sexual partner(s) ☒ Attitudes toward my parents ☒ Other: attitude toward doctors + minors who practice this

4. **SPECIFIC HARM OR PROBLEM** (one sentence): The physical scar is hidious but the emotional scar equates to Rape.

5. **DETAILS OF HARM OR PROBLEM(S)** (please limit your response to this one page) _____
1. For my first 10 years I had an overwhelming terror of the Doctor even though I was very healthy & had never been hurt By the Dr except For circumcision.
2. Too much skin was removed – I have painful erections – the circumcision scar gets so tight it feels like it might Burst. During an erection skin From pubic area is drawn up onto shaft making condoms very hard to wear since they Catch pubic hair That shouldn't be on my penis shaft
3. Urethra always irritated – comes in contact with underwear & is held open & dries out also can get contamination in it

6. **HAVE YOU SOUGHT HELP OR TREATMENT FOR THIS HARM OR PROBLEM?** ☒ Yes ☐ No

7. **IF NOT, WHY?** ☐ Not important ☐ Embarassed ☐ Feared ridicule ☐ Felt nothing can be done ☐ Other: _____

8. **IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS:** Help was sought from a: ☒ Male ☐ Female
This person's profession was: ☒ Doctor ☐ Urologist ☐ Plastic Surgeon ☐ Sexologist ☐ Therapist
☐ Religious counseler ☐ Other _____
The general attitude of this person was: ☐ Sympathetic or heipful ☒ Insensitive or unhelpful ☐ Nonjudgmental

9. **WHAT SHOULD BE DONE ABOUT DOCTORS WHO CIRCUMCISE THE HEALTHY FORESKINS OF INFANTS?**
☐ Nothing ☒ Sued in court ☒ Fined by law ☒ License suspended ☒ License revoked ☒ Imprisoned
☐ Other: _____

10. **DO YOU KNOW ABOUT FORESKIN RESTORATION?** ☒ Yes ☐ No **ARE YOU NOW RESTORING?** ☐ Yes ☒ No

11. **IF AN OPPORTUNITY AROSE, WOULD YOU LIKE TO GIVE PERSONAL OR VIDEOTAPED TESTIMONY ABOUT THIS HARM?** ☒ Yes ☐ No ☐ Don't know

In order for this documentation to be credible, we must have the following information.
[illegible] RELEASED WITHOUT YOUR WRITTEN CONSENT.

CONFIDENTIAL

HARM DOCUMENTATION FORM

CONFIDENTIAL

Please read instructions on reverse side before completing, then explain how you feel you've been harmed by circumcision. Copy this form if you know others who also want to share their stories. After completing, please mail it to the address below.

1. **PERSONAL DATA:** Birth Year 1953 Birth State GA. Country (if born outside U.S.) U.S.
   Race ☒ White ☐ African-American ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other_____
   Religion ☒ Christian ☐ Jewish ☐ Moslem ☐ Hindu ☐ Other_____

2. **I SUSPECT CIRCUMCISION PREVENTS ME FROM EXPERIENCING THE FULL EXTENT OF SEXUAL PLEASURE FROM MY PENIS.** ☒ True ☐ False

3. **I FEEL I HAVE BEEN HARMED BY CIRCUMCISION IN THE FOLLOWING MANNER:**
   ☒ Emotionally ☒ Physically ☒ Psychologically ☒ Addictions or dependencies ☒ My own sexual pleasure
   ☒ Self-esteem ☐ Relationship(s) with sexual partner(s) ☒ Attitudes toward my parents ☐ Other: _____

4. **SPECIFIC HARM OR PROBLEM (one sentence):** A DEEP LONGING TO BE COMPLETE & INTACT

5. **DETAILS OF HARM OR PROBLEM(S) (please limit your response to this one page)** _____

6. **HAVE YOU SOUGHT HELP OR TREATMENT FOR THIS HARM OR PROBLEM?** ☒ Yes ☐ No

7. **IF NOT, WHY?** ☐ Not important ☐ Embarassed ☐ Feared ridicule ☐ Felt nothing can be done ☐ Other:_____

8. **IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS: Help was sought from a:** ☒ Male ☐ Female
   This person's profession was: ☐ Doctor ☐ Urologist ☐ Plastic Surgeon ☐ Sexologist ☒ Therapist
   ☐ Religious counseler ☐ Other_____
   The general attitude of this person was: ☒ Sympathetic or helpful ☐ Insensitive or unhelpful ☐ Nonjudgmental

9. **WHAT SHOULD BE DONE ABOUT DOCTORS WHO CIRCUMCISE THE HEALTHY FORESKINS OF INFANTS?**
   ☐ Nothing ☒ Sued in court ☐ Fined by law ☐ License suspended ☐ License revoked ☐ Imprisoned
   ☐ Other: _____

10. **DO YOU KNOW ABOUT FORESKIN RESTORATION?** ☐ Yes ☒ No **ARE YOU NOW RESTORING?** ☐ Yes ☒ No

11. **IF AN OPPORTUNITY AROSE, WOULD YOU LIKE TO GIVE PERSONAL OR VIDEOTAPED TESTIMONY ABOUT THIS HARM?** ☒ Yes ☐ No ☒ Don't know

In order for this documentation to be credible, we must have the following information.
INFORMATION IS HELD IN STRICTEST CONFIDENCE AND CANNOT BE RELEASED WITHOUT YOUR WRITTEN CONSENT.

CONFIDENTIAL **HARM DOCUMENTATION FORM** CONFIDENTIAL

Please read instructions on reverse side before completing, then explain how you feel you've been harmed by circumcision. Copy this form if you know others who also want to share their stories. After completing, please mail it to the address below.

1. **PERSONAL DATA:** **Birth Year** 1956 **Birth State** Ma. **Country** (if born outside U.S.) USA
   Race ☑ White ☐ African-American ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other_____
   Religion ☑ Christian ☐ Jewish ☐ Moslem ☐ Hindu ☐ Other_____

2. **I SUSPECT CIRCUMCISION PREVENTS ME FROM EXPERIENCING THE FULL EXTENT OF SEXUAL PLEASURE FROM MY PENIS.** ☑ True ☐ False

3. **I FEEL I HAVE BEEN HARMED BY CIRCUMCISION IN THE FOLLOWING MANNER:**
   ☑ Emotionally ☑ Physically ☑ Psychologically ☑ Addictions or dependencies ☑ My own sexual pleasure
   ☑ Self-esteem ☑ Relationship(s) with sexual partner(s) ☑ Attitudes toward my parents ☐ Other: _____

4. **SPECIFIC HARM OR PROBLEM** (one sentence): Circumcision is Not Normal, and has done more harm to ~~my~~ me and my life than you could ever know!

5. **DETAILS OF HARM OR PROBLEM(S)** (please limit your response to this one page) I have never had much Feeling in my Penis because OF Circumcision. Woman would have oral sex with me and I would Never reach orgasm. I never took gym in High School because OF having to take showers. I Felt so exposed. My glans which were supposed to be Covered were out in Plain View For the World to see. How degrading! My Penis has two skin Shades the scar is much lighter than the shaft & the scar is the only Place on my Penis where I have Feelings because severed Nerve Endings and it very dull. I Feel IF I were normal I would have more Self Confidence. I wish they Left My body Alone. God designed it to be A Certain Way. No Man can improve on Something God has created.

6. **HAVE YOU SOUGHT HELP OR TREATMENT FOR THIS HARM OR PROBLEM?** ☑ Yes ☐ No

7. **IF NOT, WHY?** ☐ Not important ☑ Embarassed ☑ Feared ridicule ☑ Felt nothing can be done ☐ Other:_____

8. **IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS:** **Help was sought from a:** ☐ Male ☐ Female
   This person's profession was: ☐ Doctor ☐ Urologist ☐ Plastic Surgeon ☐ Sexologist ☐ Therapist
   ☐ Religious counseler ☐ Other_____
   The general attitude of this person was: ☐ Sympathetic or helpful ☐ Insensitive or unhelpful ☐ Nonjudgmental

9. **WHAT SHOULD BE DONE ABOUT DOCTORS WHO CIRCUMCISE THE HEALTHY FORESKINS OF INFANTS?**
   ☐ Nothing ☑ Sued in court ☑ Fined by law ☑ License suspended ☑ License revoked ☑ Imprisoned
   ☐ Other: Severe Penaltys For child Abuse

10. **DO YOU KNOW ABOUT FORESKIN RESTORATION?** ☑ Yes ☐ No **ARE YOU NOW RESTORING?** ☑ Yes ☐ No

11. **IF AN OPPORTUNITY AROSE, WOULD YOU LIKE TO GIVE PERSONAL OR VIDEOTAPED TESTIMONY ABOUT THIS HARM?** ☑ Yes ☐ No ☐ Don't know

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[illegible] CONFIDENCE AND CANNOT BE RELEASED WITHOUT YOUR WRITTEN CONSENT.

CONFIDENTIAL **HARM DOCUMENTATION FORM** CONFIDENTIAL

Please read instructions on reverse side before completing, then explain how you feel you've been harmed by circumcision. Copy this form if you know others who also want to share their stories. After completing, please mail it to the address below.

1. **PERSONAL DATA:** **Birth Year** 1953 **Birth State** Colorado **Country** (if born outside U.S.) _____
   Race ☒ White ☐ African-American ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other _____
   Religion ☒ Christian ☐ Jewish ☐ Moslem ☐ Hindu ☐ Other _____

2. **I SUSPECT CIRCUMCISION PREVENTS ME FROM EXPERIENCING THE FULL EXTENT OF SEXUAL PLEASURE FROM MY PENIS.** ☒ True ☐ False

3. **I FEEL I HAVE BEEN HARMED BY CIRCUMCISION IN THE FOLLOWING MANNER:**
   ☒ Emotionally ☒ Physically ☒ Psychologically ☐ Addictions or dependencies ☒ My own sexual pleasure
   ☒ Self-esteem ☒ Relationship(s) with sexual partner(s) ☒ Attitudes toward my parents ☐ Other: _____

4. **SPECIFIC HARM OR PROBLEM** (one sentence): Isn't mutilation enough? — Let Circumcision be the CHOICE of the Circumcised!

5. I was born in 1953 in Colorado. I was circumcised at birth, and from the time I can remember, I hated that fact. I didn't know the term for the operation for several years, but growing up, I knew that something was missing, and I was very uncomfortable about it. At 10 years, I hated not being like my Dad.
   Until I was a teenager, I resented my parents for allowing something like the amputation of part of my penis to happen to me. Finally, I asked my Dad why it was done. He responded, sadly that he had argued with the Doctor about it, but he insisted that it was "needed." I transferred my resentment to Doctors.
   I'm college educated, I hold a good job, but emotionally I would feel a lot more complete if I had my foreskin. I still feel traumatized at the thought of circumcision. I feel violated when I look at my own body. I am sickened at the thought of someone twenty times bigger than I was, ripping off one of the potentially most pleasurable parts of my body. I find it incredulous that anyone, especially Doctors, find it acceptable to amputate such a personal part of my body without my consent, and certainly with my protests. I am angry at the excuses people use to justify this horrible practice.

6. **HAVE YOU SOUGHT HELP OR TREATMENT FOR THIS HARM OR PROBLEM?** ☒ Yes ☐ No

7. **IF NOT, WHY?** ☐ Not important ☐ Embarassed ☐ Feared ridicule ☐ Felt nothing can be done ☐ Other: _____

8. **IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS:** **Help was sought from a:** ☒ Male ☐ Female
   This person's profession was: ☐ Doctor ☐ Urologist ☒ Plastic Surgeon ☐ Sexologist ☒ Therapist
   ☐ Religious counseler ☐ Other _____
   The general attitude of this person was: ☒ Sympathetic or helpful ☒ Insensitive or unhelpful ☒ Nonjudgmental

9. **WHAT SHOULD BE DONE ABOUT DOCTORS WHO CIRCUMCISE THE HEALTHY FORESKINS OF INFANTS?**
   ☐ Nothing ☒ Sued in court ☒ Fined by law ☒ License suspended ☒ License revoked ☒ Imprisoned
   ☐ Other: _____

10. **DO YOU KNOW ABOUT FORESKIN RESTORATION?** ☒ Yes ☐ No **ARE YOU NOW RESTORING?** ☐ Yes ☒ No

11. **IF AN OPPORTUNITY AROSE, WOULD YOU LIKE TO GIVE PERSONAL OR VIDEOTAPED TESTIMONY ABOUT THIS HARM?** ☐ Yes ☒ No ☐ Don't know

In order for this documentation to be credible, we must have the following information.
[illegible] WITHOUT YOUR WRITTEN CONSENT.

ESTIMATED INCIDENCE OF NEONATAL CIRCUMCISION COMPLICATIONS (PHYSICAL ONLY) AFFECTING MALES BORN IN THE U.S. BETWEEN 1940 AND 1990

Year	Male Births[1]	Circumcision Rate[2]	Estimated No. of Circumcisions[2]	Estimated No. of Complications[3] (2-10%)
1940	1,200,000	60%	720,000	14,400 to 72,000
1941	1,200,000	60%	720,000	14,400 to 72,000
1942	1,200,000	60%	720,000	14,400 to 72,000
1943	1,200,000	60%	720,000	14,400 to 72,000
1944	1,200,000	60%	720,000	14,400 to 72,000
1945	1,400,000	60%	840,000	16,800 to 84,000
1946	1,400,000	60%	840,000	16,800 to 84,000
1947	1,400,000	60%	840,000	16,800 to 84,000
1948	1,400,000	60%	840,000	16,800 to 84,000
1949	1,400,000	60%	840,000	16,800 to 84,000
1950	1,800,000	70%	1,260,000	25,200 to 126,000
1951	1,800,000	70%	1,260,000	25,200 to 126,000
1952	1,800,000	70%	1,260,000	25,200 to 126,000
1953	1,800,000	70%	1,260,000	25,200 to 126,000
1954	1,800,000	70%	1,260,000	25,200 to 126,000
1955	2,100,000	70%	1,470,000	29,400 to 147,000
1956	2,100,000	70%	1,470,000	29,400 to 147,000
1957	2,100,000	70%	1,470,000	29,400 to 147,000
1958	2,100,000	70%	1,470,000	29,400 to 147,000
1959	2,100,000	70%	1,470,000	29,400 to 147,000
1960	2,200,000	75%	1,650,000	33,000 to 165,000
1961	2,200,000	75%	1,650,000	33,000 to 165,000
1962	2,200,000	75%	1,650,000	33,000 to 165,000
1963	2,200,000	75%	1,650,000	33,000 to 165,000
1964	2,200,000	75%	1,650,000	33,000 to 165,000
1965	1,900,000	75%	1,425,000	28,500 to 142,500
1966	1,900,000	75%	1,425,000	28,500 to 142,500
1967	1,900,000	75%	1,425,000	28,500 to 142,500
1968	1,900,000	75%	1,425,000	28,500 to 142,500
1969	1,900,000	75%	1,425,000	28,500 to 142,500
1970	1,900,000	80%	1,520,000	30,400 to 152,000
1971	1,800,000	80%	1,440,000	28,800 to 144,000
1972	1,700,000	80%	1,360,000	27,200 to 136,000
1973	1,600,000	80%	1,280,000	25,600 to 128,000
1974	1,600,000	80%	1,280,000	25,600 to 128,000
1975	1,600,000	80%	1,280,000	25,600 to 128,000
1976	1,600,000	80%	1,280,000	25,600 to 128,000
1977	1,700,000	80%	1,360,000	27,200 to 136,000
1978	1,700,000	80%	1,360,000	27,200 to 136,000
1979	1,800,000	80%	1,440,000	28,800 to 144,000
1980	1,800,000	85%	1,530,000	30,600 to 153,000
1981	1,900,000	85%	1,615,000	32,300 to 161,500
1982	1,900,000	82%	1,558,000	31,160 to 155,800
1983	1,900,000	79%	1,501,000	30,020 to 150,100
1984	1,900,000	76%	1,444,000	28,880 to 144,400
1985	1,900,000	73%	1,387,000	27,740 to 138,700
1986	1,900,000	70%	1,330,000	26,600 to 133,000
1987	1,900,000	67%	1,273,000	25,460 to 127,300
1988	2,000,000	64%	1,280,000	25,600 to 128,000
1989	2,100,000	61%	1,281,000	25,620 to 128,100
1990	2,100,000	59%	1,239,000	24,780 to 123,900
Total Estimated Number of Circumcisions (conservative)			**65,863,000**	
Total Estimated Number of Complications (conservative)				**1,317,260 to 6,586,300**

[The American Academy of Pediatrics states, "The exact incidence of postoperative complications is unknown[4]" leading one to question why these incidences are not recorded. AAP's estimated incidence however, is an extraordinarily low 0.2%.[5] Applying AAP estimates to the period, over 131,726 males are so affected. Above estimates do not include sexual or psychological complications from neonatal circumcision arising later in life.]

Estimated Incidence of Neonatal Circumcision Complications (Physical Only) Affecting Males Born 1940 - 1990

Incidence estimates in the table above represent aggregate figures for a wide range of lifelong physical complications including excessive skin loss, laceration of penile and scrotal skin, beveling deformities of the glans, hypospadias, epispadias, chordee (bowing/curvature), keloid formation (prominent scars), lymphedema (chronic swelling of glans), concealed penis, skin bridges, skin tags, preputial cysts, meatal stenosis (with urinary obstruction), and loss of penis (with likely gender reassignment). The true incidence of each of these complications is not known. **In the likely event that at least 1% of circumcisions performed in this period resulted in a physical complication with a negative lifelong impact, the number of males affected during the period totals to a staggering 658,630.**

Many of these complications go unreported by surgeons, either because they are not immediately recognized or are of little significance to surgeons who circumcise hundreds of males annually. These usually remain unreported throughout a male's life due to ignorance of, or inhibitions to report, penile complications.

These figures also include the most common complications of hemorrhage and infection. Serious hemorrhage, which can lead to brain damage, occurs in about 2% of circumcised infants[6]. Thus, over 1.3 million males born between 1940 and 1990 have experienced some form of serious hemorrhage resulting from neonatal circumcision, with an unreported and unknown incidence of long-term effect. Infections, which can result in bacteremia, meningitis, osteomyelitis, lung absecess, diptheria and tuberculosis[7], occurs in up to 10% of patients[8]. Thus, up to 6.5 million males born between 1940 and 1990 have experienced some infectious complication resulting from circumcision, with an unreported and unknown incidence of long-term effect.

Williams notes that "Although hemorrhage and sepsis are the main causes of morbidity, the variety of complications is enormous. The literature abounds with reports of morbidity and even death as a result of circumcision[9]." In his statement, Williams of course did not account for other lifelong circumcision pathology.

Apropos of lifelong effects, these figures do not include infant circumcision complications that may manifest themselves sexually or psychologically in the male later in life. As with physical effects, these sexual or psychological complications may go unacknowledged, unspoken, or unreported by the average circumcised male.

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1 Figures rounded. Source: *Vital Statistics of the United States, Vol. 1-Natality, 1989, U.S. Dept. of Health and Human Services* and *Statistical Abstracts of the United States, 113th Edition, 1993, U.S. Dept. of Commerce, Bureau of the Census*. [Exact number of births was not listed for years 1 to 4 and 6 to 9 in each decade from 1940 to 1970. Thus, a constant and conservative birth rate was assumed for these years based on the rate which was previously reported in years 0 and 5 of each decade respectively.]

2 *Bigelow J, PhD, The Joy of Uncircumcising!, Hourglass, Aptos, CA, 1992, Fig. 3-1 (adapted from Wallerstein), p.19.* [Circumcision rate for each of the nine years in each decade from 1940 to 1980 was assumed to be as conservative as that known at the turn of each decade respectively. From 1981 to 1988, a constant average annual decline of 3% was also assumed, and a slower decline of only 2% was assumed from 1989 to 1990, the period immediately after the AAP modified it strong anti-circumcision policy.]

3 *Williams N, MD, Complications of Circumcision, Brit J Surg, vol.80, October, 1993, pp.1231-1236.*

4 *Report of the AAP Task Force on Circumcision, Pediatrics, vol.84, no.4, August 1989, pp.388-391.*

5 *Ibid.*

6 *Wilcox N, RN, Male Breast & Pelvic Exam, Intro. to Clin. Med., School of Med., UC/San Francisco, 1994, p.25*

7 *Ibid., p.27*

8 *Williams N, MD, Complications of Circumcision, Brit J Surg, vol.80, October, 1993, pp.1231-1236.*

9 *Ibid*

The American medical establishment has consistently failed over the past 100 years to prove conclusively and unequivocally that infant circumcision carries any significant advantage over the intact state for the vast majority of males. The question is then . . .

WHY DOES INFANT CIRCUMCISION PERSIST IN NORTH AMERICA?

There is no absolute medical indication for routine circumcision of newborns.

American Academy of Pediatrics, Report of the Ad Hoc Task Force on Circumcision, Pediatrics, vol. 56 no. 4, (October 1975): pp. 610-611

Circumcision is a custom in our society.

Herrera, Alfredo J., MD, "Parental Information and Circumcision in Highly Motivated Couples with Higher Education" Pediatrics, vol. 71 no. 2, (February 1983): pp.233-234.

The cultural, social and historical imperatives surrounding routine neonatal circumcision seem to be in control for both physicians and parents.

Stein, Martin T. MD, et al., "Routine Neonatal Circumcision: The Gap Between Contemporary Policy and Practice" The Journal of Family Practice vol. 15, no. 1 (1982): pp. 47-53.

We in the United States are culturally acclimated to regard the foreskin as non-essential and even pathologic. We must not forget that the burden of proof is on the circumcision advocates. Showing disease association is not sufficient. They must show cause and effect. Furthermore, they must prove (not conjecture) that the advantages of circumcision outweigh the risks.

Altschul, Martin S., MD, "The Circumcision Controversy" American Family Physician, vol. 41, no. 3 (March 1990): pp. 817-820.

FACT: The American medical establishment has never researched the long-term physical, sexual, emotional or psychological consequences to males of infant circumcision, a surgery to which those males did not consent.

The circumcision decision in the United States is emerging as a cultural ritual rather than the result of medical misunderstanding among parents It is more an emotional than a rational decision.

Brown, Mark S. MD, & Cheryl A. Brown, RN, MS, "Circumcision Decision: Prominence of Social Concerns" Pediatrics vol. 80, no. 2 (August 1987): pp. 215-219.

We conclude there is no medical indication for or against circumcision. The decision may most reasonably be made on nonmedical factors such as parent preference.

Lawler, Frank H., MD, et al., "Circumcision: A Decision Analysis of Its Medical Value" Family Medicine vol. 23, no. 8 (1991): pp. 587-593

Circumcision has essentially no effect on either dollar costs or health. For this reason, personal factors other than health and dollars could justly be brought into the decision process. These factors may not be of interest to third-party payers.

Ganiats, Theodore G., MD, et al., "Routine Neonatal Circumcision: A Cost-Utility Analysis" Medical Decision Making vol. 11, no. 4 (October - December 1991): pp. 282-289.

If health insurance coverage for routine circumcision were to be terminated, parents would then be forced to make a conscious decision about circumcision which takes into account the lack of any medical indication for this procedure.

Lindeke L. et al., "Neonatal Circumcision: A Social and Medical Dilemma" Maternal-Child Nursing Journal vol. 15 (1985): pp. 991-992.

Omitting circumcision in the neonatal period should not be considered medical neglect. The ultimate decision may hinge on nonmedical considerations.

Poland, Ronald L., MD., "The Question of Routine Neonatal Circumcision"
The New England Journal of Medicine, vol. 322, no. 18 (May 3, 1990): pp. 1312-1314.

Other factors will affect the parents' decisions, including esthetics, religion, cultural attitudes, social pressures and tradition.

American Academy of Pediatrics, "AAP Releases Circumcision Statement" (news release) March 6, 1989.

Clearly, the foreskin is considered dispensable. It is not surprising that attempts to provide information to parents have had little impact on the frequency of circumcision, because the decision is not a rational one. Its acceptability is rooted in traditional and cultural values.

Circumcision should not be routinely prescribed on the basis of beliefs disguised as science.

Dozor, Robert, MD, Routine Neonatal Circumcision: "Boundary of Ritual and Science"
American Family Physician, vol. 41, no. 3 (March 1990): pp. 820-822

The authors conclude that many mothers in this population choose circumcision because of inadequate medical information or strong social motives.

Rand C. et al, "The Effect of Educational Intervention on the Rate of Neonatal Circumcision"
Obstetrics & Gynecology, vol. 62, no. 1 (July 1983): pp.64-67.

FACT: Each day in the U.S., over 3,330 male newborns (60%) have their foreskin forcibly amputated without anesthesia; annually over 1.25 million babies, costing over $200 million.

To save a boy later locker room embarrassment seems unrealistic. He can always be circumcised later. At any rate, it will be his choice and he will know why he chooses it.

Preston, Noel E., MC, "Whither the Foreskin? A Consideration of Routine Neonatal Circumcision"
Journal of The American Medical Association vol. 213, no. 11 (September 14, 1970): pp. 1853-1858.

The operation frequently features illogical bases for patient selection, neglect of the requirement to obtain informed consent, disregard for pain, dubious objectives, and unknown cost-effectiveness. Until the benefits of the procedure can be proved worth the risk and cost, medical resources should probably be allocated to health measures of demonstrated value.

Grimes, David A., MD, "Routine Circumcision of the Newborn Infant: A Reappraisal"
American Journal of Obstetrics and Gynecology, vol. 130, no. 1 (January 15, 1978): pp. 125-129.

Until demonstrated otherwise, prophylactic neonatal circumcision should be regarded as cosmetic surgery, paid for directly by parents wishing it, and public health care dollars should be expended on preventive and therapeutic measures of more certain health or economic benefit.

Cadman, David, MD, et al., "Newborn Circumcision: An Economic Perspective"
Canadian Medical Association Journal vol. 131 (December 1, 1984): pp. 1353-1355.

Attempts to provide information to parents have not had much impact on frequency of circumcision. Many third-party payers have begun to refuse payment for the procedure, and there are indications that this action will diminish the number of circumcisions.

Rockney, Randy, MD, "Newborn Circumcision" American Family Physician vol. 38, no. 4 (October 1988): pp. 151-155.

The American medical establishment has consistently failed over the past 100 years to prove conclusively and unequivocally that infant circumcision carries any significant advantage over the intact state for the vast majority of males. In fact...

A REVIEW OF MEDICAL LITERATURE EXPOSES CIRCUMCISION MYTHS

Why don't doctors know this? If they do, why don't they tell you?

> *We place the medical community on notice that it is being held accountable for misconstruing the scientific database available on human circumcision.*
> Declaration of the First International Symposium on Circumcision, March 3, 1989

AMERICAN ACADEMY OF PEDIATRICS (AAP) REVERSED ITS OPPOSITION TO ROUTINE INFANT CIRCUMCISION: FALSE

1989: *"We have not reversed our position," Donald W. Schiff, MD, AAP president.* Trager J. *Forget Those Headlines About Circumcision*, Medical Tribune, vol.30, no.16, June 8, 1989.

A RATIONAL, MEDICAL DECISION BY PHYSICIANS AND PARENTS: FALSE

1991: *We conclude there is no medical indication for or against circumcision. The decision may most reasonably be made on non-medical factors such as parent preference.* Lawler FH, MD. *Circumcision: A Decision Analysis of its Medical Value*, Family Medicine, vol.23, no.8, 1991, pp.587-593.

1991: *Circumcision has essentially no effect on either dollar costs or health. For this reason, personal factors could justly be brought into the decision process. These factors may not be of interest to third-party payers.* Ganiats TG, MD *Routine Neonatal Circumcision: A Cost-Utility Analysis*, Med Decision Making, vol.11, no.4, Oct-Dec, 1991, pp.282-289.

1990: *We in the United States are culturally acclimated to regard the foreskin as non-essential and even pathologic. We must not forget that the burden of proof is on the circumcision advocates. Showing disease association is not sufficient. They must show cause and effect.* Altschul MS, MD. *The Circumcision Controversy*, Amer Fam Phys, vol.41., no.3, March, 1990, pp.817-820.

1990: *Omitting circumcision in the neonatal period should not be considered medical neglect. The ultimate decision may hinge on nonmedical considerations.* Poland RL, MD. *The Question of Routine Neonatal Circumcision*, New Eng J Med, vol.322, no.8, May 3, 1990, pp.1312-1314.

1990: *Clearly the foreskin is considered dispensable. Circumcision should not be routinely prescribed on the basis of beliefs disguised as science.* Dozor R, MD. *Routine Neonatal Circumcision: Boundary of Ritual and Science*, Amer Fam Phys, vol.41, no.3, March, 1990, pp.820-822.

1989: *Other factors will affect the parents' decisions, including esthetics, religion, cultural attitudes, social pressures and tradition.* *AAP Releases Circumcision Statement*, News Release, March 6, 1989.

1987: *The circumcision decision in the United States is emerging as a cultural ritual rather than the result of medical misunderstanding among parents. It is more an emotional than a rational decision.* Brown MS, MD. *Circumcision Decision: Prominence of Social Concerns*, Pediatrics, vol.80, no.2, August,1987, pp.215-219.

1985: *Now that all health claims have been refuted, circumcision today has become cultural surgery, not very different from ear- and nose-piercing and tattooing.* Wallerstein E. *Circumcision: The Uniquely American Medical Enigma*, Symposium on Advances in Pediatric Urology, Urologic Clinics of North America, vol.12, no.1, February, 1985, pp. 123-132.

1983: ***Circumcision is a custom in our society.*** Herrera AJ, MD. *Parental Information and Circumcision in Highly Motivated Couples with Higher Education*, Pediatrics, vol.71, no.2, February,1983, pp.233-234.

1982: ***The cultural, social and historical imperatives surrounding routine neonatal circumcision seem to be in control for both physicians and parents.*** Stein MT, MD. Routine Neonatal Circumcision: The Gap Between Contemporary Policy and Practice, J Fam Pract, vol.15, no.1, 1982, pp.47-53.

1978: ***The operation frequently features illogical bases for patient selection, neglect of the requirement to obtain informed consent, disregard for pain, dubious objectives, and unknown cost-effectiveness. Until the benefits of the procedure can be proved worth the risk and cost, medical resources should probably be allocated to health measures of demonstrated value.*** Grimes, D A., MD. *Routine Circumcision of the Newborn Infant: A Reappraisal*, American Journal of Obstetrics and Gynecology, vol. 130, no. 1 (January 15, 1978): pp. 125-129.

1975: ***There is no absolute medical indication for routine circumcision of the newborn.*** *Report of the Ad Hoc Task Force on Circumcision*, Pediatrics, vol.56, no.4, October, 1975, pp.610-611.

1969: ***In our own civilization, two procedures are widely performed on a nonscientific basis. One is circumcision. Infants and children cannot be considered willing participants in nontherapeutic procedures performed on their bodies, no matter what mystical or social goals may be involved. Many ritualistic procedures are performed on the very young.*** Bolande RP, MD. *Ritualistic Surgery: Circumcision and Tonsillectomy*, New Engl J Med, vol.280, no.11, March, 1969, pp.591-596.

PREVENTS MASTURBATION: DISPROVEN, AND DOCUMENTED IN:

1992: ***In the English-speaking countries, where routine circumcision of infants was initially adopted to prevent masturbation, medical "reasons" were postulated to justify a practice most of the world has never considered.*** Milos M, RN. *Circumcision: A Medical or Human Rights Issue?*, J Nurse-Midwifery, vol.37, no.2, March/April,1992, pp.87S-96S.

1978: ***In the United States the current medical rationale for circumcision developed after the operation was in wide practice. The original reason for the surgical removal of the foreskin was to control "masturbatory insanity."*** Paige K, PhD. *The Ritual of Circumcision*, Human Nature, May,1978, pp.40-48.

FEMALE CIRCUMCISION BENEFICIAL: DISCREDITED SURGERY, PREVIOUSLY PROMOTED IN:

1959: ***Redundancy or phimosis of the female prepuce can prevent proper enjoyment of sexual relations...with resulting cure of psychosomatic illness and prevention of divorces.*** Rathmann WG, MD. *Female Circumcision, Indications and a New Technique*, GP, vol.20, no.3, September,1959, pp. 115-120.

1958: ***A variety of symptoms can develop, attributable to accumulation and contamination of smegma. If the male needs circumcision for cleanliness and hygiene, why not the female? I have operated on perhaps 40 patients who needed this attention. The same reasons that apply for the circumcision of males are generally valid when considered for the female.*** McDonald CF, MD. *Circumcision of the Female*, GP, vol.18, no.3, September,1958, pp.98-99.

FORESKIN USELESS: DISPROVEN

1992: ***This skin sheath acts as a gliding mechanism for the penis inside the vagina. As a result, the natural moisture provided by the female remains by and large within the vagina and is not dried up by the repeated thrusting of the male. This condition allows the female to be far more comfortable and to enjoy prolonged intercourse.*** Bigelow J, PhD. *The Joy of Uncircumcising!*, Hourglass, Aptos, CA, 1992.

1992: ***In the fully erect uncircumcised penis, the erotogenic inner foreskin, which is now exposed, comes into contact with the vagina in intercourse, thus clearly serving to increase pleasure.*** Ritter TJ, MD. *Say No to Circumcision!*, Hourglass, Aptos, CA, 1992.

1991: ***The glans is always thought to be the organ endo of the penis, but when in fact you look at it histologically and in every way, it takes a very poor second to the prepuce. The glans has no sensation of light touch and is good at detecting what we call complex sensations - rubbing - but certainly compared with the prepuce, it is a very dumb organ. The prepuce is way ahead from the point of view of surface vascularity and innervation by these very specialized genital corpuscles than is in fact the glans.*** Taylor J, MD. *What is Removed in Circumcision?*, Presentation at the Second International Symposium on Circumcision, San Francisco, May 21, 1991.

1985: ***The foreskin is useful, erogenous, and protective tissue.*** Wallerstein E. *Circumcision: The Uniquely American Medical Enigma*, Symposium on Advances in Pediatric Urology, Urologic Clinics of North America, vol.12, no.1, February, 1985, pp.123-132.

1960: ***The free end of the prepuce contains mucocutaneous end-organs. The mucocutaneous end-organ is the primary organized sensory ending of the human skin.*** Winkelmann RK, MD. *Nerve Endings in Normal and Pathologic Skin*, Contributions to the Anatomy of Sensation, (Section of Dermatology, Mayo Clinic, Rochester, MN) Springfield, IL, Charles C. Thomas, 1960, pp.50&102.

MINIMAL RISKS FROM CIRCUMCISION: FALSE

1993: ***Some authors have reported a complication rate as low as .06%, while at the other extreme, rates of up to 55% have been quoted. This reflects the differing and varying diagnostic criteria employed; a realistic figure is 2-10%. Although hemorrhage and sepsis are the main causes of morbidity, the variety of complications is enormous. The literature abounds with reports of morbidity and even death as a result of circumcision.*** Williams N, MD. *Complications of Circumcision*, Brit J Surgery, vol.80, October, 1993, pp.1231-1236.

1989: ***Circumcision should not be regarded as a minor operation. [E]xtensive burning of the glans with sloughing of the penis following the use of cautery rarely is reported.*** Gearhart GP, MD. *Total Ablation of the Penis after Circumcision with Electrocautery: A Method of Management and Long-Term Follow-up*, J of Urology, vol.142, September, 1989, pp.799-801.

1978: ***It is an incontestable fact at this point that there are more deaths each year from complications of circumcision than from cancer of the penis.*** Gellis S, MD. *Circumcision*, Am J Dis Childh, vol.132, no.12, December, 1978, p.1168.

BABIES DON'T FEEL PAIN: DISPROVEN

1993: ***Despite evidence that neonates perceive pain and that there is a physiologic stress response to circumcision which can be reduced if analgesia is employed, the vast majority of physicians either do not employ analgesics or employ analgesics of questionable efficacy.*** Wellington N, MD. *Attitudes and Practices Regarding Analgesia for Newborn Circumcision*, Pediatrics, vol.92, no.4, October 4, 1993, pp. 541-543.

1987: ***Newborn infant responses to pain are similar to but greater than those in adult subjects. The persistence of specific behavioral changes after circumcision in neonates implies the presence of memory.*** Anand KJS, MD, Hickey PR, MD. *Pain and its Effects in the Human Neonate and Fetus*, N Engl J Med, November 19, 1987, vol.317, pp.1321-1329.

1986: ***Circumcision, as performed in this country, is a painful, traumatic event. Anyone who has observed or performed the procedure recognizes how distressed and pained the infants are. Those of us practising the usual method of foreskin removal have to consciously and unconsciously suppress our own emotions. The concepts that infants do not feel discomfort and will not remember the procedure cannot be substantiated.*** Wiswell TE, MD. letter reply to *Circumcision Debate*, Pediatrics, vol.78, no.5, November, 1986, pp.951-952.

PHIMOSIS and/or LATER NEED: UNFOUNDED

1994: ***The normal prepuce should be left alone, with no attempt to retract it until the boy is able to do so himself. Problems such as phimosis are not common, and can usually be treated medically without resorting to circumcision.*** Wright JE, MD. *Further to "The Further Fate of the Foreskin" Update on the Natural History of the Foreskin,* Med J of Australia, vol.160, February 7, 1994, pp.134-135.

1993: ***The rarity of pathological phimosis under the age of 5 is an important observation since most circumcisions are performed before this age.*** Gordon A. *Save the Normal Foreskin, Widespread Confusion Over What the Medical Indications for Circumcision Are*, BMJ, vol. 306, January 2, 1993.

1986: ***Uncircumcised children have more complications, although, most of the problems were minor and the numbers are too small to reach statistical significance.*** Herzog LW, MD and Alvarez SR, MD. *The Frequency of Foreskin Problems in Uncircumcised Children*, Amer J Dis Child, vol.140, March, 1986, pp. 254-256.

1983: ***All medically advanced countries treat adult foreskin problems medically, rarely surgically.*** Wallerstein E. *Circumcision: Ritual Surgery or Surgical Ritual?*, Medicine and Law, vol.2, 1983, pp.85-97.

1968: ***Ability to retract the foreskin is a natural progression. Ninety-two percent of boys are able to retract their foreskin by age 6; 94% by ages 8 to 11, and 99% by ages 14-17.*** Øster J, MD. *Further Fate of the Foreskin*, Arch Dis Childh, vol.43, 1968, pp.200-201.

1949: ***During the first few years of life, the normally non-retractile prepuce is still developing, yet fulfills an essential function in protecting the glans. The prepuce of the young infant should therefore be left in its natural state.*** Gairdner D, MD. *The Fate of the Foreskin*, Br Med J, December 24, 1949, pp.1433-1437.

PSYCHOLOGICAL WELL-BEING and/or SOCIAL CONFORMITY: SPECIOUS

1991: ***Uncircumcised boys accurately reported their status more often than did circumcised boys (79% v. 66%) and circumcised boys were unsure of their status more often than were uncircumcised boys (28% v. 8%). The factors affecting satisfaction with circumcision status are currently not known and...research to address questions about psychosocial outcomes related to circumcision status is apparent.*** Schlossberger NM, MD. *Early Adolescent Knowledge and Attitudes About Circumcision: Methods and Implications for Research*, J Adol Health, vol.12, 1991, pp. 293-297.

1985: ***The special myth that the boy's penis must be identical to his father's ignores the historic truth that no objection was raised, and no problem arose, when circumcising millions of boys whose fathers were uncircumcised.*** Wallerstein E. *Circumcision: The Uniquely American Medical Enigma*, Symposium on Advances in Pediatric Urology, Urologic Clinics of North America, vol.12, no.1, February, 1985, pp. 123-132.

1984: ***They [parents] don't want their son to look different and be subject to ridicule in the locker room. It therefore seems to be a matter of educating the public.*** Ichter JT, MD. letter *Neonatal Circumcision*, Pediatrics, vol. 73, no. 1, January 1, 1984, p.110.

1983: ***If the father has an appendectomy scar, should the child be similarly endowed? Surgery should be performed for benefit, not to have a child look like someone else.*** Wallerstein E. *Circumcision: Ritual Surgery or Surgical Ritual?*, Medicine and Law, vol.2, 1983, pp.85-97.

1979: ***My guess is that in any locker room confrontation, circumcised boys are more uncomfortable because they appear to themselves to be missing something.*** Colletti RB, MD. Reply letter to *Circumcision*, Am J Dis Child, vol.133, October, 1979, p.1080.

1970: ***Justification of circumcision in order to save a boy later locker room embarrassment seems unrealistic. This is the latter half of the 20th century, a time supposedly to celebrate individuality and freedom of choice.*** Preston, Noel E, MD. *Whither the Foreskin? A consideration of Routine Neonatal Circumcision*, JAMA, vol.23, no.11, September,1970, pp.1853-58.

1967: ***Arguments based on psychological conformity or uniformity exemplify the technique of our culture to rationalize its stance by scientism.*** Robertson WO, MD. *Should Circumcision Be Done Routinely?*, Med Asp of Hum Sex, December, 1967, pp.26-33.

CERVICAL CANCER: DISCREDITED

1988: ***No data support the claim that circumcision is a preventive measure against carcinoma of the cervix. Israeli and Scandinavian women have an equally low incidence of this cancer, even though most Israeli men are circumcised and most Scandinavian men are not.*** Rockney R, MD. *Newborn Circumcision*, AFP, October,1988, pp.151-155.

1980: ***Correlations exist between cervical cancer and poor state of health, poor nutrition and hygiene, poverty, early onset of sexual activity, promiscuity, number and spacing of children, etc., but not circumcision.*** Wallerstein, E *Circumcision: An American Health Fallacy*, Springer Publishing, New York, 1985, pp.91-99.

1973: ***The findings fail to provide evidence that circumcision status is related to invasive carcinoma of the cervix, carcinoma in situ, or cervical dysplasia.*** Terris, M, MD. *Relation of Circumcision to Cancer of the Cervix*, Am J Obstet Gyn, vol.117, no.8, December,1973, pp.1056-1065.

1970: ***Circumcision is considered with respect to carcinoma of the cervix, penis and prostate; there is little evidence that circumcision of the newborn affords protection against subsequent development of these cancers in individuals who practice good personal hygiene.*** Preston NE, MD. *Whither the Foreskin?*, JAMA, vol.213, no.11, September 14, 1970, pp.1853-1858.

PROSTATE CANCER: DISPROVEN

1982: ***There are no other studies that convincingly show a relationship between noncircumcision and prostatic cancer.*** Patel, D, MD. *Factors Affecting the Practice of Circumcision*, Am J Dis Child, vol.36, July 1982, pp. 634-636.

1980: ***There is a large body of epidemiological data on prostatic cancer, but none of it shows any relationship to circumcision.*** Wallerstein, E. *Circumcision: An American Health Fallacy*, Springer Publishing, New York, 1985, pp.100-104.

1970: ***Ravich...attempted to show a correlation between uncircumcision and prostatic carcinoma.(but failed to match for age). Since prostatic cancer is a disease associated with advanced age, the omission of this information renders his data inconclusive.*** Preston, Noel E, MD. *Whither the Foreskin? A consideration of Routine Neonatal Circumcision,* JAMA, vol.23, no.11, September,1970, pp.1853-58.

PENILE CANCER: DISCREDITED

1993: ***We report other risk factors independent of circumcision status. Our results suggest that at least some cases of cancer at this site are associated with the presence of other conditions that occur in circumcised men as well.*** Maden C, *History of Circumcision, Medical Conditions, and Sexual Activity and Risk of Penile Cancer*, J Nat Cancer Instit, vol.85, no.1, January 6, 1993, pp. 19-24.

1992: ***Recommending circumcision for all newborn boys to avoid penile carcinoma ignores the possibility of alternative strategies to lower this risk.*** Chessare J, MD. *Is the Risk of UTI Really the Pivotal Issue?*, Clin Ped, February, 1992, pp. 100-104.

1992: ***The idea of performing 100,000 mutilative procedures on newborns to possibly prevent cancer in one elderly man is absurd.*** Denniston G, MD. *Unnecessary Circumcision*, The Female Patient, vol.17, July,1992, pp.13-14.

1991: ***Additional analyses suggested that reported benefits in preventing penile cancer and infant UTI are insignificant compared to the surgical risks.*** Lawler F, MD. *Circumcision: A Decision Analysis of its Medical Value*, Family Medicine, vol.23, no.8, Nov-Dec, 1991, pp.587-593.

1988: ***In Sweden, where circumcision is rare but standards of hygiene are high, the incidence of penile cancer is the same as in the United States.*** Rockney R, MD. *Newborn Circumcision*, AFP, October,1988, pp.151-155.

1984: ***The real cost of preventing each case (of penile cancer by routine neonatal circumcision is) $13.6 million.*** Cadman D, MD. *Newborn Circumcision: An Economic Perspective*, Can Med Assoc J, vol.131, December 1,1984, pp. 1353-1355.

URINARY TRACT INFECTIONS (UTI): DISCREDITED

1992:*The preferred choice would remain no circumcision...unless the risk of urinary tract infection...was at least 29% or greater. (UTIs affect only 1% to 4% of intact male infants)* Chessare J, MD. *Is the Risk of UTI Really the Pivotal Issue?*, Clin Ped, February, 1992, pp. 100-104.

1991: *Circumcision is not an appropriate general prophylaxis against urinary tract infections. Although infection rates are higher initially in uncircumcised infants, there is little to show that this leads to subsequent urologic problems.* Snyder III H, MD. *To Circumcise or Not*, Hospital Practice, January 15, 1991, pp.201-207.

1991: *According to Wiswell's most recent figures, (i)t would therefore be necessary to perform 419 routine circumcisions to prevent each UTI and 5,263 routine circumcisions to prevent each serious sequela.* Knight JF, MD. *Urinary Tract Infection*, Current Opinion in Pediatrics, vol.3, 1991, pp. 42-46.

1991: *A smaller incidence of UTI is not a reason to perform circumcision, from a cost-effectiveness perspective, and reported benefits are insignificant compared to the surgical risks.* Lawler F, MD. *Circumcision: A Decision Analysis of its Medical Value*, Family Medicine, vol.23, no.8, Nov-Dec, 1991, pp.587-593.

1990: *None of the males, cases or controls, had been circumcised. These are the first data suggesting a protective effect of breastfeeding against UTI.* Pisacane A. *Breastfeeding and Urinary Tract Infection*, Lancet, July 7, 1990, p.50.

1989: *As an alternative to circumcision to prevent early infantile male UTI, more natural colonization (with maternal strains of immune-enhancing bacteria) could be promoted by strict rooming-in of mother and baby.* Winberg J, MD. *The Prepuce: A Mistake of Nature?* The Lancet, March 18, 1989, pp.589-590.

1989: *Because the long-term outcome of UTI in uncircumcised male infants is unknown, it is inappropriate at this time to recommend circumcision as a routine medically indicated procedure.* McCracken GH, MD. *Options in Antimicrobial Management of Urinary Tract Infections in Infants and Children*, Pediatr Infect Dis J, vol.8, August, 1989, pp. 552-555.

1989: *All of the confirmed cases (of UTI I found) occurred in infants who had clear-cut urinary birth defects. The incidence of UTI seems to vary widely depending on whether the investigator passively collects cases or goes fishing for them. Male physicians in the U.S. who discuss this issue are almost all circumcised. It is therefore inevitable that these circumcised physicians have an "I'm OK, you're OK" attitude about the state of being circumcised.* Altschul M, MD. *Cultural Bias and the UTI Circumcision Controversy*, The Truth Seeker, vol.1, no.3, July,1989, pp.43-45.

SEXUALLY TRANSMITTED DISEASES: SPECIOUS

1994: *The results of this study do not show a definitive benefit of circumcision.* Cook L, MS. *Circumcision and Sexually Transmitted Diseases*, Am J Pub Health, vol.84, no.2, February,1994, pp. 197-201.

1990: *Avoiding infection by limiting one's sexual contacts and by using condoms appropriately is more likely to be effective in prevention.* Poland RL, MD. *The Question of Routine Neonatal Circumcision*, New Engl J Med, vol.322, no.18, May 3, 1990, pp.1312-1314.

1980: *Blaming the foreskin for the high incidence of venereal disease obscures the real issues. The major problem of venereal disease is to prevent it, and failing that, to treat it promptly. The surgical removal of a possible infection site is not a solution.* Wallerstein, E. *Circumcision: An American Health Fallacy*, Springer Publishing, New York, 1985, pp.80-87.

AIDS: SPECIOUS

1993: *Remember, the circumcised man who has unsafe sex is at much greater risk for HIV than the uncircumcised man who has safe sex.* Nyitray AG, MS Public Health Educator, Oklahoma State Dept. of Health *Are Uncircumcised Men at Higher Risk for HIV?*, The Electronic Gay Community Magazine, July 18, 1993.

1992: *While the risk of AIDS attributable to non-circumcision is unknown, it is unlikely that it would be large enough that circumcision as a primary prevention strategy would have much effect.* Chessare J, MD. *Is the Risk of UTI Really the Pivotal Issue?*, Clin Ped, February, 1992, pp. 100-104.

1990: ***Avoiding infection by limiting one's sexual contacts and by using condoms appropriately is more likely to be effective in prevention.*** Poland RL, MD. *The Question of Routine Neonatal Circumcision*, New Engl J Med, vol.322, no.18, May 3, 1990, pp.1312-1314.

1989: ***AIDS is unlikely to be an issue for a child born in 1989 until at least the year 2005, and we have no idea what the epidemiology of AIDS will be 16 years from now.*** Ganiats TG, MD. *Circumcision*, Western J Med, vol.151, no.3, September, 1989, p.331.

1987: ***Circumcision removes the protection normally provided by the foreskin (which) may actually protect against the transmission of AIDS by protecting the urethral mucosa.*** Enzenauer RW, MD. *Circumcision and Heterosexual Transmission of HIV Infection to Men*, New Eng J Med, vol.316, no.36, June 11, 1987, p.1545-1546.

HYGIENE: DISCREDITED

1990: ***No special cleaning of the foreskin [is recommended] other than that involved in regular bathing. The foreskin is seldom retractable at birth, and full spontaneous separation of the foreskin from the glans may not occur until the age of five [or later]. Forced retraction [of the foreskin] should be avoided. Once full retraction can be carried out with ease, only occasional retraction and cleaning are required until puberty.*** Poland RL, MD. *The Question of Routine Neonatal Circumcision*, New Eng J Med, vol.322, no.18, May 3, 1990, pp.1312-1314.

1986: ***The uncircumcised penis is easy to keep clean. No special care is required!*** American Academy of Pediatrics, *Care of the Uncircumcised Penis*, Elk Grove, IL, 1986.

1986: ***These results support the (AAP) recommendation that good hygiene can offer many of the advantages of circumcision.*** Krueger H, MD. *Effects of Hygiene Among the Uncircumcised*, J Fam Pract, vol.22, no.4, 1986, pp.353-355.

SEXUAL RESPONSE UNAFFECTED BY CIRCUMCISION: DISCREDITED

1994: ***Of 313 circumcised male respondents surveyed, 84% reported some degree of sexual harm they attribute to being circumcised as an infant; 55% noted progressive loss of glans sensitivity; 38% cited excess stimulation needed to reach orgasm; 15% experienced painful coitus; and 7% reported impotence.*** Hammond T, Survey Coordinator. *Awakenings: A Preliminary Poll of Circumcised Men - Revealing the Long-Term Harm and Healing the Wounds of Infant Circumcision*, NOHARMM, Spring, 1994.

1992: ***Most American males have been left with little or no mobile skin on the shaft of their circumcised penis. Too little skin for comfortable erections and intercourse is the most common complaint we hear from males circumcised in this country.*** Bigelow J, PhD. *The Joy of Uncircumcising!*, Hourglass, Aptos, CA, 1992.

1990: ***Our survey suggests that the uncircumcised male has a more favorable sexual compatibility in his marriage.*** Hughes G, MD. *Circumcision-Another Look*, Ohio Med, vol.86, no.2, February,1990, p.92.

1983: ***What has been lost in circumcision is the stretch receptors that provide proprioceptive stretch sensation from the foreskin. Other variable sequelae were diminished penile sensitivity, less penile gratification, more penile pain, and cosmetic deformity.*** Money J. *Adult Penile Circumcision: Erotosexual and Cosmetic Sequelae*, J Sex Res, vol.19, no.3, August, 1983, pp.289-292.

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RARELY ASKED QUESTIONS ABOUT ROUTINE INFANT CIRCUMCISION

- Is it medically advisable or ethical to surgically amputate health body parts, especially from an unconsenting minor, as a way of preventing disease in that person?
- Is it responsible medicine to amputate healthy body parts from one person, especially an unconsenting minor, to prevent disease in another person?
- Medicine believes that Human Papilloma Virus (HPV) causes both penile and cervical cancer, which can be sexually transmitted from female to male as well. What part(s) of the female genitalia might be circumcised to prevent women from spreading sexually transmitted diseases like HPV to men?
- In some cultures, girls undergo "simple circumcision" (removal of the clitoral hood/female foreskin or the labia) with parental knowledge, allegedly to suppress sexuality, improve hygiene, prevent disease and to "fit in" with other circumcised girls. Can these be valid reasons to circumcise girls, or boys?
- Infant male circumcision is done routinely without anesthesia, although physicians are slowly recognizing that analgesics can be safely used on infants. If we were discussing the amputation of female genitalia however, would anesthesia be the issue?
- Do children, regardless of age, gender or culture, have an inherent human right to body ownership?
- Why are American children not covered by the U.S. Constitutional guarantees of Equal Protection? Would we circumcise an unconsenting female infant or an adult against their will?
- Why does the media continue to report that the American Academy of Pediatrics endorses newborn circumcision, when in fact, the AAP states that there is "no absolute medical indication for routine circumcision of the newborn," and that circumcision's benefits are only "potential" and not proven?
- Why do American medical associations continue to refuse to hear the complaints of men about the long-term negative effects of infant circumcision?

WHAT ARE MEN SAYING ABOUT INFANT CIRCUMCISION?

The poor hygiene practices and irresponsible sexual behaviors of a few do not justify circumcising the majority of newborn males. It violates basic human rights of body ownership.

Tim Hammond *And Suddenly Men Began to Scream*, brochure of NOHARMM

Society cannot hear what men do not say. Men can't say what we don't feel; and we can't get in touch with our feelings until we raise our awareness of an issue.

Warren Farrell, PhD, author *The Myth of Male Power,* 1993

They are coming back in droves, those who were circumcised, wishing to be uncircumcised. Many are intelligent individuals who cannot understand this early assault. They are challenging our primitive habits and attempting to elevate us out of the ignorance of the past.

Anthony Orlandella, MD Letter to NOHARMM, March 14, 1993

My first major loss was being severed forever from a sensitive part of my boy's body - my foreskin removed by the brutal circumcision ritual. This mutilation is an initiation into the warrior cult, which pre-dates its medical and religious meanings. This wounding, early in boys' lives and to such a sensitive part of the body, begins the wounding of our boys into manhood. We would benefit from finding better ways to treat our boys and initiate them into manhood, without circumcision's mutilation and the military's authoritarianism and detachment.

Shepherd Bliss, *My War Story: A Child's Trauma,* Journeymen, p.33, Summer 1993

When we commit violence against an infant girl, we call it child abuse; against an infant boy, we call it circumcision. If babies make it through this initial period of trauma, what is the long-term impact? Unstudied. This ignorance persists despite the fact that a nationwide study on the long-term impact of male circumcision could be conducted for less than it cost us to conduct any two minutes of the Persian Gulf War. In countries where an intact penis is the norm, a boy learns to clean his penis. Females produce smegma identical to males under their clitoral hood. As a result, odor and infection can occur if it is not cleaned. But we do not circumcise the female's clitoral hood. Rabbis often justify continuing the tradition of circumcision for health reasons. But if a boy dies before the eighth day, circumcision is performed before he is buried. Obviously it is not for health reasons. Something else is going on. America's reflexive continuation of circumcision-without-research reflects the continuation of our tradition to desensitize boys to feelings of pain, to prepare them to question the disposability of their bodies no more than they would question the disposability of their foreskins.

Warren Farrell, PhD, author *The Myth of Male Power*, p.221-223, 1993

Could the trauma from this event have anything to do with our later feelings of shame about our bodies, our concern about the size of our penises, our anguish over sexual performance, our frozen feelings, or the male ability (liability?) to ignore pain? In order to begin healing our wounds we need to remember what happened to us and name it correctly. Cutting the genitals of newborn male babies is child sexual abuse. I encourage all men to join in ending this practice.

Jed Diamond, *The Silent Knife: Why Isn't Circumcision a Men's Issue?*
The Warrior's Journey Home: Healing Men, Healing the Planet, p.139, 1994

The cultural task of turning a boy into a man begins by the disruption of the primal bond between mother and son. The implicit message given to a boy when he is circumcised, whether the ritual is performed when he is seven days old or at puberty, is that your body henceforth belongs to the tribe and not merely to yourself. What indelible message...would be carved on your body, encoded within the scar tissue of your symbolic wound? .We do not want to look at the cruelty that is systematically inflicted on babies or the wound that is deemed a necessary price of manhood.

Sam Keen, *Fire in the Belly*, pp.29-31, 1991

It still amazes me that I could so completely repress such an intense experience. I am even more amazed as I look around at my fellow men, aware that most of them are circumcised and unaware of the powerful trauma repressed in their psyches. I believe no man would allow his beloved son to be circumcised if he were in touch with the terror he experienced during his own. There is a way out of the unconscious avenging of repressed trauma. It is to make fully conscious the denied and repressed emotion. It is possible to feel and express the horror, release the irrational guilt and shame, and hold the perpetrators accountable.

John Breeding, *The Unkindest Cut- Altering Male Genitalia*, MAN!, p. 25, Winter 1991

This sort of institutionalized, legal child abuse like circumcision, which in this country legitimizes the sexual mutilation of about 60% of male infants, is rarely implemented against girls. Were girls so treated it is likely that there would be widespread protests. In my opinion, the socially tolerated abuse of males is one of the primary causes of unconscious male rage and violence.

Aaron Kipnis, PhD *Male Privilege or Privation?* ReSource, p. 1, Summer 1992

Circumcision represents a subtraction. It removes one-third or more of the entire skin of the penis - a tragic loss of erogenous tissue. The worst thing about circumcision is that it produces circumcisers. There is a segment of physicians who have the psychic compulsion to circumcise so they themselves do not feel genitally inferior or different. Could it be that the father who is circumcised is the one whose psyche is so disturbed that he suggests circumcision so that his little son's genital status would not surpass his own?

Thomas Ritter, MD *Say No to Circumcision!*, p.19-1, 1992

To me, the idea of performing 100,000 mutilative procedures on newborns to possibly prevent cancer in one elderly man is absurd.

George Denniston, MD *Unnecessary Circumcision,* The Female Patient, p. 14, July 1992

Having sex with a circumcised penis has been likened to "trying to appreciate one of Goya's masterpieces by looking at a black and white photograph."

Kenneth Purvis, MD, PhD The Male Sexual Machine: An Owner's Manual, 1992

Men who say 'I'm circumcised and just fine' are either unaware as to how circumcision diminishes the penis or are in denial to block out the pain and feelings of hopelessness. Foreskin restoration offers men one means by which to regain authority over their own body.

Jim Bigelow, PhD, author, *The Joy of Uncircumcising!*, 1992

Submitting your son to the procedure to prevent urinary infections makes only a little more sense than buying insurance against being gored by a unicorn in Riverside.

Eugene Robin, MD Stanford University Medical School

Historians of the future will find it incredible that in our day we mutilated babies by cutting off the end of their penises in the name of medicine. There are now serious concerns that this procedure may actually deprive adult men of a vital part of their sexual sensitivity.

Dean Edell, MD Radio and Television Physician

If you haven't one, there is a whole range of covered-glans nuances you can't recapture.

Alex Comfort, MD The New Joy of Sex, 1991

It no longer provides a mark of (tribal or social) allegiance because it has been carried out on males from so many cultures and societies. If it "makes a boy feel regular" to be mutilated in this way, then we are back to the primitive condition of tribal scarring that we now find abhorrent.

Desmond Morris *Why are Babies Circumcised?,* Babywatching, p.192-195, 1991

The risks of newborn circumcision are an underreported and ignored factor in this argument. Most often a poor surgical result is not recognized until years after the event. The adverse long-term consequences of infant circumcision on the sexual health of American men must be recognized by physicians, parents and legislators.

James Snyder, MD *The Problem of Circumcision in America*
The Truth Seeker, p. 39-42, July/August 1989

My preference, if I had the good fortune to have another son, would be to leave his little penis alone.
Benjamin Spock, MD Baby and Child Care, as quoted in Redbook, p.53, April 1989

Circumcision is not primarily a medical issue but rather has its roots in deeply held religious belief and social customs that defy rational and humane understanding.

James Prescott, PhD *Genital Pain vs. Genital Pleasure: Why the One and Not the Other?*
The Truth Seeker, pp.14-21, July/August 1989

No male on this earth begins life without a covered penis, but then rituals and ignorance take over and many lose their foreskins. Wouldn't it be more meaningful for each male to decide his own fate as an adult?

James Whipple, MD, *Circumcision: Conspiracy of Silence,* New Men/New Minds, p.110, 1987

We were outraged at the medical community and blamed its men for not researching the full price of the pill before allowing women to take it. Thousands of articles claimed such a thing would never have been done to men. Their penises are taken to the blade of a knife and cut. This is done to the male child prior to the age of consent. The fact that we do not know the long-term impact of this surgery and have not asked to know tells us about our attitude toward males.

Warren Farrell, PhD, *Why Men Are the Way They Are*, p.232-233, 1986

The same type of cultural astigmatism which prevented past generations from perceiving their actions as child abuse prevents contemporary Americans from perceiving or acknowledging the most widespread form of child abuse in society today: child mutilation through routine neonatal circumcision.

W.E. Brigman *Circumcision as Child Abuse: The Legal and Constitutional Issues*
University of Louisville Journal of Family Law, vol. 23, no. 3, p.337-357, 1984-85

All of the Western world raises its children uncircumcised and it seems logical that, with the extent of health knowledge in those countries, such a practice must be safe.

C. Everett Koop, MD Former Surgeon General of the United States
Saturday Evening Post, July, 1982

Once we remember that all that takes place during the first days of life on the emotional level shapes the pattern of all future reactions, we cannot but wonder why such a torture has been inflicted on the child. How could a being who has been aggressed in this way, while totally helpless, develop into a relaxed, loving, trusting person?

Dr. Frederick Leboyer *Letter to Rosemary Romberg*, June 4, 1980

Circumcision is a very cruel, very painful practice with no benefit whatsoever.

Ashley Montagu, PhD, Anthropologist

No one is aware of the deep implications and life-lasting effect (of circumcision). The torture is experienced in a state of total helplessness which makes it even more frightening and unbearable.

Dr. Frederick Leboyer Birth Without Violence, 1975

Justification of circumcision to save a boy locker room embarassment seems unrealistic. This is the latter half of the 20th century, a time to celebrate individuality and freedom of choice.

Capt. E. Noel Preston, MC, USAF, *Whither the Foreskin?*, JAMA, p.1853, Sept. 14, 1970

OTHER VOICES

Isn't it insulting to the average male's intelligence to think that surgery is preferable because he can't be entrusted with washing his genitals when somehow he manages to brush his teeth, clean his ears and blow his nose?

Louanne Cole, PhD Sexologist/Columnist,San Francisco Examiner, p. B-7, August 11, 1993

Any mother in touch with herself and the needs of her infant could only be aghast that any genital surgery so horrible that a grown man cannot take it should be inflicted on a tiny, helpless newborn instead

Rosemary Romberg *Male Circumcision as a Feminist Issue,* 1993

An infant does retain significant memory traces of traumatic events. When a child is subjected to intolerable, overwhelming pain, it conceptualizes mother as both participatory and responsible regardless of mother's intent. The perception of the infant of her culpability and willingness to have him harmed is indelibly emplaced. The consequences for impaired bonding are significant.

Rima Laibow, MD *Circumcision and its Relationship to Attachment Impairment*
Syllabus of Abtracts, Second International Symposium on Circumcision, April 30, 1991

We recognize the inherent right of all human beings to an intact body. Without religious or racial prejudice, we affirm this basic human right. Parents or guardians do not have the right to consent to the surgical removal or modification of their children's normal genitalia. Physicians and other health care providers have a responsibility to refuse to remove or mutilate normal body parts.

Declaration of the First International Symposium on Circumcision, May 3, 1989

Childhood genital mutilations are anachronistic blood rituals inflicted on the helpless bodies of non-consenting children of both sexes.

Hanny Lightfoot-Klein Prisoners of Ritual:
An Odyssey into Female Genital Circumcision in Africa, 1989

It is not easy to see evil in something that has the sanction of long tradition, but traditions can be bad or good. They represent inherited error as well as inherited truth.

Archbishop Lang United Kingdom

What's done to children, they will do to society. **Karl Menninger**

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article V of the United Nations Universal Declaration of Human Rights

MEN, TAKE BACK THE KNIFE!

Jed Diamond, author *The Warrior's Journey Home*

NOHARMM *Men Organized Against Infant Circumcision*
National Organization to Halt the Abuse and Routine Mutilation of Males
NOHARMM P.O. Box 460795 San Francisco, CA 94146 - Tel/Fax 415-826-9351 A Children's Rights Project of NOCIRC

We are a national, non-violent, direct-action network of men organized against routine infant circumcision. We educate men about the function and value of normal male genitalia and the deception behind circumcision to help Americans recognize its impact on human rights. We support and empower men to voice their concerns by involvement in local and national efforts to end infant circumcision.

RESOURCES TO RAISE CONSCIOUSNESS!

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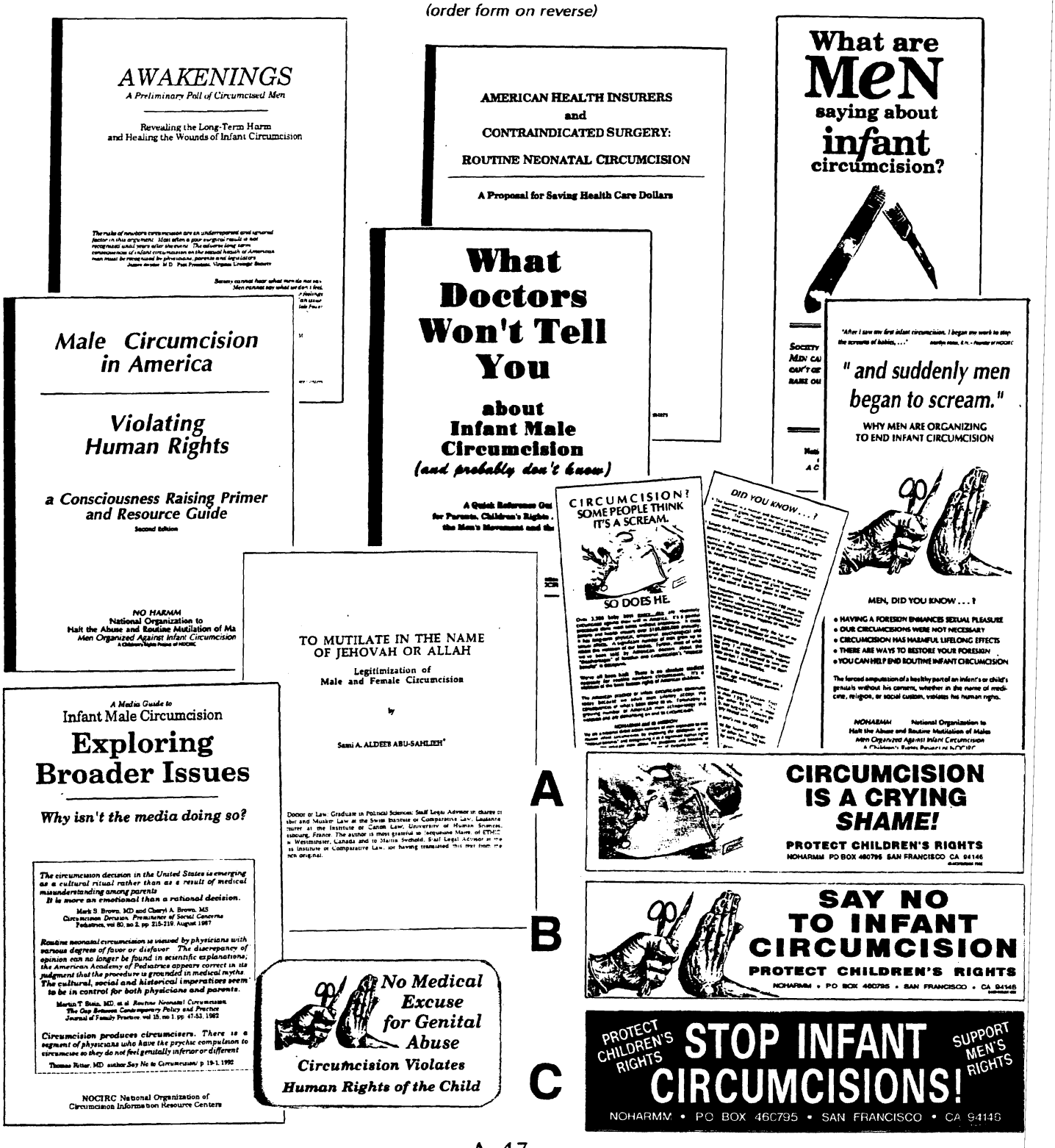

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First of its kind to reveal adverse physical, sexual and psychological effects on men of a surgery they did not choose.

_____ **American Health Insurers and Contraindicated Surgery:**
Routine Neonatal Circumcision $17.50 $7.50 _____
Essential document to better inform one's health insurer, company employee benefits department, or elected government officials how to save health care dollars by eliminating this wasteful surgery.

_____ **Male Circumcision in America-Violating Human Rights**
A Consciousness-Raising Primer & Resource Guide $12.00 $8.00 _____
Over 50 articles, essays and reports from medicine, religion, law, men's rights and parenting perspectives. Lists other relevant organizations, professional associations and media contacts. Contains order forms for pamphlets, books, tapes, shirts, and more. Ideal for men's groups and expectant parents. 180+ pages, bound.

_____ **To Mutilate in the Name of Jehovah or Allah:**
Legitimization of Male and Female Circumcision $8.00 $5.00 _____
Recognizes the inherent similarities between all childhood genital mutilations, regardless of gender, as violations of both the natural genital integrity of unconsenting children and the child's basic human right to body ownership.

_____ **What Doctors Won't Tell You about Infant Circumcision**
(and probably don't know): A Quick Reference Guide $5.00 $3.00 _____
Handy medical and popular journal articles and books with useful quotes, completely referenced.

_____ ***Media Guide: Infant Male Circumcision**
Exploring Broader Issues $3.00 $1.00 _____
Essential guide to enlighten the media.. Contains crucial questions, facts and figures, examples of biased journalism, suggested topics, bilbliography, and resource organizations. A must for enclosing with letters to the editor!

_____ ***And Suddenly Men Began to Scream** $1.00 $ .50 _____
A mini-encyclopedia addressing all issues vital to understanding infant male genital mutilation. Prime target: men.

_____ ***What are Men Saying about Infant Circumcision?** $1.00 $ .50 _____
What do men's leaders, writers, physicians and others think about infant male mutilation? It's all here!

_____ ***Circumcision. Some People Think it's a Scream** $1.00 for 4 _____
Easily read double-sided flier that bullets primary issues men should know about male genital mutilation. Ideal for urban faires, political demons, street leafletting, etc.

_____ **Button** [1-3/4" x 2-3/4"] *No Medical Excuse for Genital Abuse* $1.00 $ .50 _____
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The Anxiety Makers Alex Comfort, MD, Panther Modern Society, London, 1967

RESOURCE ORGANIZATIONS

(partial listing)

Information for Parents & Professionals

National Organization of Circumcision Information Resource Centers
PO Box 2512, San Anselmo, CA 94979 Tel 415-488-9883 Fax 415-488-9660 (centers nationwide)
(also sponsors bi-annual international symposia)

Circumcision Resource Center (CRC) PO Box 232, Boston, MA 02133 Tel 617-523-0088

ETHIC Box 10, Grp. 546, RR 5, Winnipeg, MB Canada R2C 2Z2 Tel 204-224-3857 *and*
PO Box 42526, 1005 Columbia St., New Westminster, BC Canada V3M 6H5 Tel 604-521-4195

Medical Ethics Network Box 578, Yorkton, SK Canada S3N 2W7

NOCIRC of Australia
PO Box 248, Menai, NSW 2234 Australia Tel 61-2-543-0222 Fax 61-2-543-0510

Alternative Bris Information and Support

Ron Goldman (see *CRC-Boston*)

R.N. Conscientious Objectors

Nurses of Santa Fe 918-D Acequia Madre, Santa Fe, NM 87501

Uncircumcision Information

UNCIRC, PO Box 52138, Pacific Grove, CA 93950 Tel/Fax 408-375-4326

Uncircumcision Support Groups

RECAP, 3205 Northwood Dr., #209, Concord, CA 94520 Tel 510-827-4077 Fax 510-827-4119

Men's Awareness and Activism

NOHARMM - National Organization to Halt the Abuse and Routine Mutilation of Males
PO Box 460795, San Francisco, CA 94146 Tel/Fax 415-826-9351 (organizers nationwide)

Declaration Of The First International Symposium On Circumcision

We recognize the inherent right of all human beings to an intact body. Without religious or racial prejudice, we affirm this basic human right.

We recognize the foreskin, clitoris and labia are normal, functional body parts.

Parents and/or guardians do not have the right to consent to the surgical removal or modification of their children's normal genitalia.

Physicians and other health-care providers have a responsibility to refuse to remove or mutilate normal body parts.

The only persons who may consent to medically unnecessary procedures upon themselves are the individuals who have reached the age of consent (adulthood), and then only after being fully informed about the risks and benefits of the procedure.

We categorically state that circumcision has unrecognized victims.

In view of the serious physical and psychological consequences that we have witnessed in victims of circumcision, we hereby oppose the performance of a single additional unnecesary foreskin, clitoral, or labial amputation procedure.

We oppose any further studies which involve the performance of the circumcision procedure upon unconsenting minors. We support any further studies which involve identification of the effects of circumcision.

Physicians and other health-care providers do have a responsibility to teach hygiene and the care of normal body parts and explain their normal anatomical and physiological development and function throughout life.

We place the medical community on notice that it is being held accountable for misconstruing the scientific database available on human circumcision in the world today.

Physicians who practice routine circumcisions are violating the first maxim of medical practice, "PRIMUM NON NOCERE," "First, Do No Harm," and anyone practicing genital mutilation is violating *Article V of the United Nations Universal Declaration of Human Rights:* "NO ONE SHALL BE SUBJECTED TO TORTURE OR TO CRUEL, INHUMAN OR DEGRADING TREATMENT. . ."

Adopted by the General Assembly
First International Symposium on Circumcision
March 3, 1989 — Anaheim, California