

■ NOCIRC OF MICHIGAN ■

INFORMANT

PREVENTING INFANT CIRCUMCISION — FOR THE WELL-BEING OF ALL

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Saying No to Circumcision

by Anne Yambor

We decided not to circumcise our son soon after we discovered we were having a boy at my 20-week OB appointment. There was no compelling reason for us to consider circumcision – no medical organization anywhere in the world recommends routine circumcision of boys.

Several memorable conversations occurred throughout my pregnancy and beyond regarding circumcision.

My sister is getting her PhD in French and has dated several European men. “You aren’t having him circumcised, are you?” I said no. “OOOooh, that is so European!” she rejoiced.

My Jewish aunt upon learning our decision: “Oy! Uncircumcised penises are dirty! He is going to spread HPV and cause cervical cancer.” (The risk factors for cervical cancer are cigarette smoking and exposure to various strains of the human papilloma virus through unprotected sex.)



Max Yambor

My friend told me, “You know, the foreskin has no nerves (NOT true), so it doesn’t even hurt.” (Circumcision is extremely painful to infants.)

I will never forget my husband’s work holiday party. A group of us were gathered around the dessert table, a big cheesecake in the center. My husband’s boss, pregnant with a boy, declared that she hated circumcision. A heated argument ensued.

“A boy needs to look like his dad ‘down there,’ ” one co-worker said. “Uncircumcised penises are dirty, and they are hard to clean. Everyone circumcises their boys, and you should too.”

There was an awkward pause, and a male co-worker asked my husband “so, are you circumcised?” And my husband was suddenly

talking about his circumcised penis at his work’s holiday party!

As a follow up to the circumcision debate, my husband copied information from **NOCIRC of Michigan** and passed it out to his co-workers at the office. One of his co-workers sheepishly admitted after reading the information that she had made a mistake by circumcising her son.

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DIRECTOR’S MESSAGE

Much of what doctors and nurses do in the practice of child-birth comes more from habit than from science. The practice of circumcision, unlike any other surgery, is permanently stained by its cultural origins. Those who try to defend it with big claims of “potential health benefits” should be reminded of the fact that it was embraced in their culture and supported by false claims long before modern medicine could actually research it.

Studies of circumcision are designed and completed by circumcised men whose cultural and religious interests masquerade as science. These researchers continue to seduce parents into

circumcision with rare but scary diseases depicted as common ailments. Unfortunately, the mainstream media loves the “circumcision prevents AIDS” claim because it is easily reducible to soundbites. These pseudoscience soundbites are offered up by researchers seeking to make a name for themselves, but they leave no time to discuss research flaws and cost-effectiveness.

Fortunately, informed American parents are rejecting the lies and deceit of the wanton circumcisers and embracing the wisdom that if boys need a foreskin, then they are born with one.

On behalf of all the children, Norm Cohen, Director

Provocative Comparisons

Male and Female Mutilation

by Norm Cohen

It is only natural and practical that **NOCIRC of Michigan** focus its efforts on the culture in which it finds itself. Nevertheless, we are often accused of paying “too much attention” to male circumcision, followed by statements about how much more awful female genital mutilation is in Africa.

These statements often mask a deeper intent to trivialize or defend male circumcision as unworthy of legitimate concern. Comparisons of the two procedures from a physiological, cultural, or psychological point of view often make Americans angry or even outraged. Those who deny that there are any similarities between the two simply don't want to admit any problems with male circumcision.

This article attempts to present a more complete picture of the two mutilations, which, as it turns out, can only be properly understood side-by-side. There are many who like to express disgust about female mutilation, but frequently they never seek any deeper understanding of the problem. No truth has ever been apprehended, and no problem has ever been solved, by one's abhorrence alone.

First, we must pick our choice of words carefully in order to both get at, and express, the truth.

By mutilation, we mean a noticeable, manmade deviation from naturally occurring human anatomy. The acceptance or prevalence of a mutilation in the culture in which it occurs does not alter this objective definition of mutilation. The intent of the person who performs or orders the mutilation also does not alter this definition. Therefore, male circumcision qualifies as male genital mutilation.

Next, we can logically dispense with the use of the word “genital” as unnecessary in the phrases “female genital mutilation” or “male genital mutilation” because seldom are any other routine forms of mutilation practiced and because it is precisely the genitals that tells us if a baby is a male or a female. There-

fore, “male mutilation” or “female mutilation” will easily suffice.

Male mutilation in almost all cultures is limited to circumcision, the removal of the foreskin of the penis. On the other hand, female genital mutilation refers to a wide range of invasive procedures that depend on the culture, the tribe, and the circumciser.

Typically, critics and the media focus on the very worst procedure, *infibulation*, the removal of all external genitalia and a narrowing of the vaginal opening. This gives the impression that infibulation is the most common female mutilation, which actually accounts for only 15% of the mutilations. Sunna circumcision, a partial or full *clitoridectomy* (removal of the clitoris), accounts for about 80%.

The ratio of 13 million boys and 3 million girls who are victims of mutilation worldwide every year speaks to the significance of mutilations in both genders. All are performed at the request of parents. The parents and the circumcisers all claim that they have the best interests of the child in mind when they mutilate them.

The origins of the two mutilations are more closely related to each other than we in the West would like to think. Both practices are over 6,000 years old and both originated in Northern Africa. Female mutilation is considered to be a relative of male mutilation in the 36 countries where it is widespread. Every country that practices female mutilation also practices male mutilation. Their words for male and female mutilation are basically the same. Those words translate to our own well-known word: circumcision.

The fact is that whether you are attacking female mutilation or defending male mutilation, you are playing in the same intellectual ballpark. All of the same big-league players show up there: History, Culture, Religion, Sex, Hygiene, and Medicine. All of the same rehashed excuses about hygiene, disease prevention, social custom, appearance, identity, and religion that are used in the United States to stubbornly defend male

mutilation are also used in modern-day Africa, Indonesia, and Malaysia to defend female mutilation.

From a purely anatomical perspective, male mutilation is equivalent to female mutilation in its mildest form, the removal of the foreskin of the clitoris. Both of these mutilations remove normal, healthy tissue from children who are unable to give their consent. Both require the use of restraint and force on a child. Both involve a physical intrusion into a child's genitals and future sexual life. The female version is illegal in over 20 countries. The male version is legal anywhere in the world.

Hard-core advocates of female mutilation now defend it both as a valid health measure as well as a necessary prerequisite for marriage. Fewer infections are claimed from bacteria and viruses gathering under the foreskin of the clitoris.

Any “potential” medical benefits from female mutilation have never been specifically studied, even though research evidence exists for them, and there is a large population in which to carry out studies. If we were to believe the weak arguments that urinary tract infections (UTIs) and AIDS are prevented by male circumcision as a result of the removal of the foreskin, then without inner labia and a foreskin of the clitoris, women would have a lower incidence of UTIs and AIDS as well.

In the United States, male mutilation is legal and widespread, while female mutilation is illegal and rare. The US law against female mutilation, which took effect in March 1997, bars claims of custom or ritual as a defense against the crime. Sixteen states have also established criminal laws against the practice.

Amnesty International repeatedly refuses to recognize male circumcision as a human rights violation, while rushing to condemn female genital mutilation. Observers in countries where female mutilation is rare assume that circumcision is detrimental to

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girls but beneficial to boys. They assume that they know what is essential for sexual pleasure and, based on these assumptions, consider it wrong to deny a girl the use of her clitoris, but acceptable to deny a boy the use of his foreskin. The assumption that the male foreskin is not useful to a man is only a guess by women and circumcised men who have no firsthand information about its function.

Deputy Secretary-General of the United Nations, Asha-Rose Migiro proclaimed about female mutilation, "The consequences of genital mutilation are unacceptable anywhere, anytime and by any moral and ethical standard." In sharp contrast, United Nations agencies have started promoting male mutilation as a practical measure to prevent AIDS, despite the enormous costs.

This "all bad/all good" hypocrisy is best illustrated by the writings of Tina Rosenberg, an editorial writer for the New York Times. She wrote, "All types of female circumcision have huge psychological and physical dangers." However, for male circumcision she proclaimed, "It is, in fact, the real-world equivalent of an AIDS vaccine." This latter statement is an absurd fallacy that makes it obvious that as a native New Yorker, Ms. Rosenberg is writing from her own cultural and religious bias.

The damaging effects claimed about female mutilation are maximized and those of male mutilation are minimized in order to suit the agenda of those who criticize female mutilation but wish to keep it completely separate from male mutilation. The role of the clitoris is stressed as a necessary source of stimulation in women while any role of the foreskin as a source of stimulation in men is absolutely denied. However, there are valid studies now that contradict both claims.

A 2007 study of fine-touch pressure sensitivity in circumcised and uncircumcised adult men, published in the *British Journal of Urology International*, found that:

Five locations on the uncircumcised penis that are routinely removed at circumcision were more sensitive than the most sensitive location on the circumcised penis. . . . Circumcision removes the most sensitive parts of the penis and decreases the fine-touch pressure sensitivity of glans penis. The most sensitive

regions in the uncircumcised penis are those parts ablated by circumcision.

It may be surprising to many that female mutilation does *not* eliminate sexual satisfaction for women who suffer from it. A 2002 survey of over 1800 Nigerian women found there was no significant difference in the proportions of women reporting an orgasm during intercourse for those who had undergone a clitoridectomy and those who had not.

Dr. Lucrezia Catania, a gynecologist and sexologist at the Research Center for Preventing and Curing Complications of Female Genital Mutilation/Cutting in Italy, has spent more than two decades treating complications from female mutilations. Dr. Catania published the results of four studies in the *Journal of Sexual Medicine* that examined the sexual responses and attitudes of women who had undergone various forms of female mutilation. She wrote in 2007:

Our findings suggest, without doubt, that healthy, 'mutilated'/'circumcised' women who did not suffer grave long-term complications and who have a good and fulfilling relationship, may enjoy sex and have no negative impact on psychosexual life (fantasies, desire and pleasure, ability to experience orgasm).

Anyone who is truly concerned about protecting female sexual satisfaction should also be opposed to male circumcision. During intercourse, the mucous membranes of a man's foreskin move back and forth over the mucous membranes of the vagina, reducing friction, improving lubrication, and stimulating specialized-nerve endings present in both partners.

The male foreskin plays a significant role in generating sexual sensation for a woman during vaginal intercourse. Without a foreskin, a circumcised man must stimulate the most sensitive part of his penis with longer strokes that take a man's body away from a woman's clitoris. The movement necessary for a circumcised man to reach orgasm is not easily compatible with the movement a woman needs to reach orgasm. One-third of American women report that they never have an orgasm from intercourse.

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MISSION STATEMENT

NOCIRC of Michigan

NOCIRC of Michigan is a nonprofit, consumer rights advocacy group that educates people about circumcision and about the benefits of intact genitals.

We inform parents and healthcare providers in Michigan about the impact of circumcision and about the proper care of intact genitals. We protect consumers from fraudulent medical claims. We promote the benefits of normal genitals and foreskin restoration.

We know the removal of normal, healthy tissue from a child's genitals—in the name of medicine, religion or social custom—results in a loss of sexual function and is a violation of human rights.

We are a group of dedicated consumer activists and health care professionals. We are committed to effective education, advocacy, and activism on behalf of children to protect them from harm. We are part of a worldwide movement to end all forms of male and female genital mutilation.

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NOCIRC of Michigan
Educating a New Generation

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Saying No, continued from page 1

In April 2008 I gave birth to Max. He is wonderful and healthy, and he has intact genitals. To this day my mother will say, "It is not too late! You could still have it done, I know a great doctor . . ."

Just the other day a friend called and announced that his wife is pregnant and that they thought it was a girl but that they weren't sure. This friend has stated in the past that he is pro-circumcision. To make a point, my husband asked if they were going to have her circumcised. Confused, the friend said that was just awful – why would they mutilate their daughter's genitals? But if you have a baby boy you will have him circumcised?" we asked. The friend replied, "Of course, everyone does."

One conversation at a time . . .

A new 20-minute educational video featuring Dr. Dean Edell speaking about circumcision is now available for viewing online at www.NOCIRC.org.

Volunteers are Needed

"All that is required for evil to prevail is for good people to do nothing."

Volunteers are needed to help staff the **NO-CIRC of Michigan** booths at the exhibitions below. Please join us and enjoy sharing our message with others! Training will be provided. Please call (248) 642-5703.

Beaumont Hospital Baby Fair

Royal Oak, MI April 25th, 2009

Ann Arbor Art Fair

Ann Arbor, MI July 15th – 18th, 2009

Provocative, continued from page 3

There remains much anxiety and guilt around sexual pleasure. Sex is still frequently devalued as dangerous and a necessary evil. Our cultural beliefs reflect ambivalence, fear, and often an outright hostility towards sexual pleasure, particularly in regards to men.

Routine female mutilations in the form of episiotomies, unnecessary hysterectomies, and scheduled caesarean sections have all been discredited by research. Despite the fact that these procedures likely affect sexual functioning, they are still promoted by doctors and accepted by women. Furthermore, hormone replacement therapy in women has been proven to raise the incidence of breast cancer, resulting in mutilations from surgery.

Worldwide, there is great anxiety surrounding the sexual fidelity of wives. In Africa, a symptom of this anxiety is female mutilation. In the Western world, a symptom of this anxiety is the expected name-change by a new wife. This unequal name-change is a token of the covenant for sexual fidelity with her husband. It is her sign of her sexual commitment to him. However, foreigners might judge this mutilation of her name as a sign that she is submissive to her husband and that she is his property. She, like the circumcised wife she shudders to think about, has given up something of herself to get a husband in return.

A woman can be de-sexualized and de-personalized by her culture without any help from a circumciser. As we cast stones at the practices of other cultures, remember that there are those, with good reason, who cast stones at our own.

Sexual pleasure is not an area that can be easily understood. It is very difficult to survey and study. It appears in so many ways, in so many forms, that it is naïve to say that a woman cannot enjoy sex without a clitoris or to presume that a man is crazy if he says that circumcision ruined his sex life.

Nevertheless, adults cause all kinds of trouble whenever they cut into the tissue that identifies a baby as a male or a female. All people should have the opportunity to enjoy their bodies with their genitals intact. That can only happen if all children are protected from mutilating procedures.

The real goal for all anti-mutilation activists is championing the rights of the child. In dismissing comparisons of male mutilation with female mutilation, who is implying that there is some lesser amount of a girl's genitals that would be OK for parents to have cut off?

After we have finished wagging our finger in disgust at African practices, there is no escaping a fundamental human rights question that needs to be answered today right here in the United States: "Why can I cut my son but not my daughter?"

For more information on getting involved in the fight against female mutilation worldwide, please visit the Foundation for Women's Health, Research and Development (FORWARD) at www.forwarduk.org.uk.

Citations for the studies referred to here are at www.NOCIRCofMI.org/Essay4.htm.

BAD IDEAS FROM THE HISTORY OF MEDICINE

Real Quotes From Real Doctors

"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."

Dr. C.F. McDonald, MD, Milwaukee, WI
General Practitioner, vol. XVIII, no. 3, p. 98-99
September 1958

TELL THE TRUTH ABOUT CIRCUMCISION

How to Become An Informant

- ◆ You can now donate online to help us educate parents and healthcare providers. A *tax-deductible* membership fee of \$30 at www.NOCIRCofMI.org will make you an **Informant**.
- ◆ Free pamphlets and newsletters are available in bulk to anyone wishing to distribute them to parents and care providers.
- ◆ We exhibit at many conferences and health fairs each year. Please call to volunteer to help staff our information tables.
- ◆ Please let us know about relevant conferences or fairs that **NOCIRC of Michigan** may exhibit at anywhere in the state.

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