

They Cut Off the Very Best Part

Michael Mendizza and a very candid conversation with Marilyn Milos, RN, founder of NOCIRC, a nonprofit clearing house of up-to-date information on this centuries old procedure that has no medical justification.



Not one national or international medical association in the world, including the American Academy of Pediatrics and the American Medical Association, recommends routine infant circumcision and now, recognizing the harm and life-long consequences, some are recommending against it.

M: You've been challenging the prevailing assumption that circumcision is normal and necessary for many years. What brought you to the point where you focused your life on this issue? Was there an experience that caused you to take up this challenge?

Mi: I have three circumcised sons and, when they were 20, 17, and 10, I was a nursing student. I'd gone back to school to become a Certified Nurse Midwife. While I was in my last rotation, in May of 1979, I saw a circumcision for the first time. Students filed into the room, which was actually the nursery, and the baby was on a Circumstraint, the plastic molded board that holds the baby down, strapped spread-eagle and struggling against the restraints. Nobody was with the baby. He was just on the counter by himself, making the same kinds of sounds you or I would if we were being restrained—and getting louder and louder and more and more frightened.

I said to my instructor, "May I comfort the baby?" She said, "No, wait until the doctor gets here." I looked to see where the doctor was, and he was scrubbing his hands and telling a dirty joke to the nurses who were standing by. I thought, isn't that interesting? When he came in, I said, "May I comfort the baby?" He said sure, "Stick your finger in the baby's mouth," which I did, and I stroked the baby's head. I said the same things to the baby that I had heard before my sons had been circumcised, "It doesn't hurt, it only takes a moment, and it's crucial for good health."

So, I was stroking him and saying these things, lying to him, really, because, when the doctor started to do the cutting, the baby opened his mouth and let out a scream I'd never heard come out of the mouth of a baby—and I had four children.

There I was, standing in front of my instructor and all the other nursing students, realizing that I was not going to be able to hold it together. My bottom lip started to quiver, my chin started to shake, and then tears just welled up and streamed down my face. The doctor looked at me and said, "You know, there's no medical reason for doing this." Perhaps, had I not heard those words, I would have reacted to this like I did so many other things in nursing school. You watch and think, oh, this is awful, but it's for something good. But, to hear those words sent me into a tailspin, and the realization that I had to find out what this was about.

I began to research the issue. In the next months, I wrote to everybody I could think of, trying to get some information on the subject. Edward Wallerstein's book, *Circumcision an American Health Fallacy*, was sent to me, and I read it in three days. Wallerstein's gift to us, in recognizing that circumcision is not a medical issue, was to go back through all the research with a fine-tooth comb and point out methodological flaws and researcher bias for all the research that validated circumcision.

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At this point, the American Academy of Pediatrics had said there is no medical reason for doing it. Once I started to work in the labor and delivery and postpartum areas of the hospital, I began to tell parents what I wish someone had told me.

It was six months or so, then, when they said, "Marilyn, there's somebody on your shift upsetting patients with circumcision information." I said, "Nobody would do that. No one would do anything to upset patients." I came to find out they were talking about me! And, they told me to keep my mouth shut. I said, "I'm educating, and I'm doing it nicely. I'm not hounding anybody! I think every parent has a right and an obligation to know what's going to be done to their son behind closed doors, not only to protect their son from a traumatic experience, but also to prevent mothers from feeling the same way I felt about not knowing enough to protect my own babies.

M: What kinds of things were you saying to the parents?

Mi: "I see that your baby is scheduled for a circumcision in the morning. Are there specific reasons that you've chosen to have him circumcised?" "Well it's cleaner." I would say, "Do you know that the American Academy of Pediatrics says soap and water offer all the advantages of circumcision, all the benefits, without the risks of surgery?"

"Circumcision is a surgery? Does it hurt?" "Yes, it hurts the baby." "Do they cry?" "Yes, they scream." "I didn't know that." So, you can see why people would be upset with this new information. I was told by the hospital that new mothers are very fragile and this is not the place for them to hear this information or to be upset. They told me, "It's the doctor's responsibility to teach the parent about these things." "If the doctor hasn't done that, somebody better," I said. "If they haven't heard it before now, this is the last chance. Somebody had better say something to them." Again,

This is not an easy message. What mother wants to hear her baby is going to suffer needlessly? What man wants to hear he was strapped down, tortured, mutilated, and the most sensitive part of his penis was thrown into the trash can? Nobody wants to hear that. What doctor wants to admit he's done this for no medical reason? I was very alone during those early days, giving out information that most people didn't want to hear. By the way, it's gotten a lot easier.

M: Why don't people want to hear this information?

Mi: No one wants to hear the truth about what we're doing to babies behind closed doors. We're torturing and mutilating babies and nobody's talking about it.

One of the things I wonder about a lot is—why me? How many thousands of years has circumcision been going on? Why am I the person who stood up and said, "Wait a minute, this is not a nice thing to do to babies"? Why haven't more people, over the years, stood up and shouted and screamed from the rooftops?

At one point, when I was fired from my job for not keeping my mouth shut, my mother said to me, "Don't you want to get another nursing job? Don't you want to be a nurse? Don't you want to be able to buy your children Christmas presents? You're now an impoverished crusader."

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I said to her, “If I could give my children one thing, it would be for them to know that, if they find something in society that is so horrific they can’t stand it, that they can do something about it. They’ve watched me struggle with this issue for all of these years, and I wonder if they ever would pick up a banner themselves? I’m not so sure that they would. But it is easier now, and I just keep talking.

I was ridiculed. I was scorned. I’ve been called all kinds of names. The “Penis Lady” is one. My brother fondly calls me “Florence Foreskin.” The doctors used to ridicule me in the hospital. “Hey Marilyn, I’m going to circ a baby this morning, and it’s a girl. You want to help?” I really was challenging the dominant paradigm. I was challenging the status quo. And I was challenging the current medical model. I was challenging the money the doctors were making. I was challenging the fees that the hospital was charging.

M: Let’s go back to your basic question—why you? What are the prevailing belief systems that perpetuated this thing and why did you end up being so unusual?

Mi: The origins of circumcision have been lost in antiquity. We don’t know exactly how it began. The oral tradition comes from the Dogon tribe in Africa, who believed that each person came in dual gendered. In other words, there was a female part of the male body (clitoris) and a male part of the female body (foreskin). If they cut those parts off, the clitoris of a female and the foreskin, couples could come together to procreate. That’s the oral tradition we know.

Some people say that the Egyptians did circumcise, others say they didn’t. Some say they circumcised the slaves; others say it was done by the priestly caste. Nobody knows for sure, but we do have the bas relief from the tomb of Ankmahor that predates Abraham’s covenant with God (Genesis 17), which is why the Jews and the Muslims circumcise. That history is not specific.

We know exactly why and when circumcision infiltrated Western medicine. It was during the mid-1800’s. There was a theory that everybody was born with only so much energy and, if you expended your energy frivolously, you would get sick. That’s what caused disease. Two French physicians put forth this idea, and the books they had written became popular in the mid-1800’s and made their way to England, where the idea of spilling the seed in masturbation was considered self-abuse.

These ideas dovetailed, and the practice began in an effort to restrain children from masturbating. It seemed like a good idea. If they could not masturbate, they wouldn’t get polio, they wouldn’t get syphilis, they wouldn’t get tuberculosis, (or hair growing on the palms of their hands), suffer from masturbatory insanity, or go blind. We’re not all blind, but there’s a whole lot of us wearing glasses!

Circumcision began in England and then traveled to the other English-speaking countries. We didn’t initially pick it up. What we did was strap kids down and used a cauterizing instrument, called a bougie, to cauterize the urethra of both boys and girls because both genders could get sick. They cauterized the urethra with this bougie—“Don’t let the bougie man get you.” Ultimately, we adopted circumcision, as did New Zealand, Australia, and Canada.

M: There remains a strong anti-pleasure current in many of the world’s religions. Spirit is celestial and anything having to do with the body is bad or evil.

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Mi: Circumcision has always been done to control and certainly to control sexuality. That's what we are doing with the children. "If you touch yourself 'down there,' you're going to get sick. We're going to control that." I also think there are also deeper urgings about the fear of sexuality.

M: What are we afraid of?

Mi: Sex is one of the strongest urges we have. Nature uses pleasure to ensure survival of the species. That urge is strong. The controlling forces that create culture said, 'something had to be done to control this.' In fact, Moses Maimonides talked about this centuries ago, that circumcision is to reduce sensation. He was a rabbi and a teacher. He said, if a woman is ever with a man with a foreskin, she'll never rid herself of him because it's so pleasurable.

The Victorians believed this as well. Yes, the anti-sexuality and anti-pleasure aspects has a lot to do with circumcision.

We have used many excuses to justify circumcision down through the ages. Again, medical circumcision originated in the mid-1800's. By the turn of the century, the microscope had been developed. You'd think, okay, now they know what causes diseases, it's germs, so they'll stop circumcising. No, that didn't happen. In fact, more and more children were continuing to be circumcised, girls as well as boys.

The next excuse for circumcision, however, became "A boy's going to have germs under his foreskin." Yes, like under his fingernails, his eyelids, and everywhere else, but that was the excuse. It wasn't a big jump, following the germ theory of disease, to "We'll get rid of the foreskin, there won't be any germs, and they won't get diseases." It's not a far jump from germs to being dirty, so, the next excuse was hygiene. That probably was enhanced by World War I, when men lived in trenches for four years and maybe they lost their foot, an arm, or an eye, but the one thing that they would talk about was the infection in their foreskin. They came home and had their sons circumcised.

By the thirties, the feared disease of the day was penile cancer. The American Cancer Society says that penile cancer is a rare disease of elderly men. The penile cancer rate in circumcised Americans and the penile cancer rate in intact Scandinavian countries are the same. One in one hundred thousand old men will get penile cancer, but that became the excuse for circumcision. By the forties, birth had been pathologized and women were giving birth in the hospital. Circumcision took a huge jump then, and it did because not only were mothers in the hospital, the babies were, too. Foreskins were available to attending physicians and, one more component to this now, was third party payers—insurance companies—were paying for it.

M: In the forties, you said we pathologized birth.

Mi: In the forties and following WWII, we had pathologized birth. Instead of birthing at home, women were going to the hospital, thinking they were going to be spared problems, receive wonderful care, and so forth. Foreskins were available. An article, written in 1953 by a couple of obstetricians, said mothers are given analgesia at birth, and a lot of times you end up with a floppy baby. Once you're done sewing up the mother from the episiotomy, you walk across the hall, and circumcise the baby. If he's been floppy, this has wonderful results because he comes alive right away. He's awake and alert, and you're done with the whole thing. This shows insensitivity to both mother and baby, with the obstetrician's talking to one another about how they can just go in and soon be done with the whole thing. The circumcision rate went up dramatically during the forties.

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- M: Before we go there let's talk about the introduction of third party insurance and how that has impacted circumcision.
- Mi: Now that mothers and babies were in the hospital with attending physicians able to access the foreskin. At the same time, you've got insurance company's, who are the third party payers, paying for these procedures. That hadn't happened before. Business was booming, which by the way, from the forties till today has become a billion-dollar-a-year industry.
- M: We're spending a billion dollars in insurance payments on circumcision once a year.
- Mi: Circumcision itself that's a billion-dollar-a-year industry.
- M: For a procedure that's not necessary.
- Mi: For a procedure that's not necessary. Not only is it not necessary, it's harmful. Not only does it traumatize the baby that moment and sends a shock wave to that being that with you the rest of your life.
- M: Let's finish the chronology.
- Mi: During the fifties the next scare was cervical cancer. Women were being diagnosed with cervical cancer and we knew something was wrong. It was suggested that Jewish women had a low incidence of cervical cancer because their husbands were circumcised. Oh, so now let's chop off a part of the male to protect the female. Today we understand that cervical cancer is caused by the HP virus, and safe sex and condom use prevent it, not amputating an important part of the body of the opposite sex.

The cervical cancer excuse was interesting because it was promoted in the mid-1950's and, within a year was refuted. They repeated the studies and, by examining the husbands of the women who were reporting, they found that 50% had no idea or were wrong about whether he was circumcised or not. 34% of the men didn't know their own status. That study was refuted within months after it was put forth, but today, 50 years later, cervical cancer is still being used as an excuse to circumcise. We have an HPV vaccine coming out, so they can't use that as an excuse anymore.

During the sixties and the sexual revolution, sexually transmitted diseases became the excuse. Everybody was having a good time and passing whatever they had on to their friends and their friends' friends. The next excuse was, "Let's circumcise him so he won't get venereal disease." I don't know where you were during the sixties, but that didn't protect me from sexually transmitted diseases, transmitted to me by my circumcised boyfriends.

During the seventies, people began to get smart and question specific medical practices, for example, radical mastectomy, routine tonsillectomy, episiotomy, and circumcision. A new excuse emerged, "You don't want him to look different in the locker room, do you?"

During the eighties, more studies were promoted to validate circumcision—urinary tract infections, now acknowledged as being methodologically flawed. One researcher was doing one study after another and, at one point some doctor said to me, "Look, Wiswell's UTI studies have been validated. His research is correct. Boys who are circumcised are at less risk for urinary tract infections."

Wiswell's flawed studies have been pushed aside for the latest excuse, "circumcision will prevent HIV and AIDS," which was introduced in the late eighties by Dr. Aaron Fink (who's no longer with us). If we circumcise boys, it will protect them from HIV.

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We live in a country that has one of the highest AIDS rates and one of the highest circumcision rates in the world. Common sense tells us it's a crazy theory, but today we have North American researchers, from the United States and Canada, in Africa peddling circumcision there. They're doing prospective studies to determine whether or not circumcision is effective in stopping the spread of AIDS. What are they doing? They're doing sex education, promoting the use of condoms, and they're circumcising. At the end of the study, what do you think they're going to say was the most effective? They're going to say, look, circumcision has helped stop the spread of AIDS.

Interestingly, and fortunately enough, we have the Ugandan President who, several years ago, was aware of this pandemic in Africa and went from village to village, speaking to all of the people in his country. First of all, he demystified sex, brought it out of the closet (it had been a taboo subject) and began talking about AIDS and its dangers. He began talking about the importance of condom use, began distributing condoms.

They have basically stopped the spread of AIDs in Uganda—without circumcision. Will those North American researchers talk about that? Probably not. So, what you see from all of this is that each of these excuses has coincided with the dreaded disease of the time. Circumcision is always fear-based, always.

M: I want to go back and talk a little bit more about the anti-pleasure. All of this is all tied together.

Mi: Circumcision is always fear-based. For the Jews, the fear is about being cut off from their people. For the Muslims, it's in accordance with Allah's plan. Whether it's fear of masturbation, penile cancer, or cervical cancer, it's always fear-based. Circumcision is always done for control, controlling somebody's something.

This has been done to girls as well as boys. In 1955, two woman were clitoridectomized in the United States—one at Baltimore Women's Hospital when she was twelve, the other was three-years-old, and her parents wanted to stop her from masturbating. The twelve-year-old's diagnosis on her operative report is "hypertrophic (enlarged) clitoris due to masturbation." Hypertrophy of the clitoris from masturbation! Now, Michael, if that were true, we'd all be walking around with our genitals in a wheel barrel. The doctor must have known that and, yet, that's what he wrote. He said the result was "improved." Then, it said the procedure that he performed: clitoridectomy. Clitoridectomy of a twelve-year-old girl. It destroyed this woman's life.

M: Let's go back so we can go forward. I'll talk about me. I don't feel like I've been traumatized, that my sexual life was destroyed, that I've got this big problem. I have a great sexual life. But I don't know what I'm missing. I don't miss what I never had. I'd like to explore what your research or findings say about life-long trauma, that the first imprint of my penis was trauma and now it's traumatized everything. I have a hard time with that. Me and my penis are good friends and we're doing just fine, thank you.

Mi: Fortunately, pleasure is pleasure. With circumcision, you diminish pleasure. You don't chop the whole penis off. You just chop off the best part. Let's talk about it so you understand what the best part is.

In the developmental period, the foreskin and the glans develop as one structure—there are two parts but just one structure. The parts are connected to each other. And, somewhere between birth and the end of puberty, these two structures separate. The foreskin becomes retractable in 98-99% of males.

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But what is that foreskin, and exactly what's lost when it's amputated? A ring encircles the opening of the foreskin, which was identified by Canadian researcher, Dr. John Taylor, a pathologist (what he was studying was dead tissue; he didn't study anybody alive) around 1990. He identified this little ridged band and, in that ridged band, there are estimated to be somewhere between 10,000 and 20,000 specialized erogenous nerve endings. The nerve endings are like the nerve endings that encircle the mouth, the anus, and are the kinds of nerve endings in the fingertips. They are so sensitive, you know where the sliver is even if you can't see it.

If you want to know what these nerve endings feel like, lightly rub across the back of your hand. Those nerves are Pacinian corpuscles' they feel deep pressure and pain. Now, rub lightly across the palm of your hand; you get a much different sensation. These nerves are Meissner's corpuscles, which encircle the opening of the foreskin. There is no where else in the body that they are more concentrated than they are in that ridged band of the foreskin, which comes around and connects with the frenulum on the underside of the penis.

Here's a short anatomy lesson. The head of the penis is called the *glans* because, in Latin, glans mean acorn, and that's its shape. We have a glans penis and a glans clitoris.

Then you have the foreskin. As I said, the ridged band encircles the opening of the foreskin and then meets, joins on the underside to meet the frenulum. We have a frenulum under our tongue that allows us to lie on our back and not swallow our tongue. We have a frenulum between our gum and our lip, so you can lie on your back and your lip doesn't flop over your nostrils. The purpose of the frenulum is to pull the foreskin forward, returning it to its position to cover and protect the glans.

M: Why is the foreskin there?

It has three known functions. One is protective—it covers and protects the urinary meatus, the opening. The urinary tract is meant to be sterile. The foreskin protects, just as the labia protect the vaginal vault. It's also sensory. Nerve endings feel something when the foreskin is retracted and pulled forward. And it has a sexual function.

Those nerves, encircling the opening of the foreskin, allow a man to know what his penis is feeling and where he is in relation to the ejaculatory trigger. Not every male complains because he's been circumcised. Many, many men, probably the majority, say "I don't know what I'm missing. It's no big deal." But they do know when I talk about premature ejaculation because, without the nerve endings, premature ejaculation is a problem. For the male with these nerve endings, he rides the wave to orgasm. Instead, many circumcised men say to me, "I have premature ejaculation. 'Oh, oh, oops, honey, I'm sorry. It's because I'm so sensitive.'"

I say "No, it's because you lack the nerve endings that tell you what your penis is feeling." Also those nerve endings, as they become stretched, trigger the bulbocavernosus muscle, which is responsible for ejaculation. This is a perfectly designed mechanism that is supposed to work just like that.

When you uncover the glans and take away those nerve endings, for the circumcised man, the most sensitive part is whatever is left of the frenulum tissue on the underside. When you denude, take the protective covering off the glans, instead of maintaining its normal mucus membrane texture (like the inside of your mouth), it becomes dry, hardened, and calloused. In a sexy movie, you see people licking their lips.

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Why? Because they're stimulating the mucocutaneous junction where the outside and the inside tissues meet. That's where those specialized nerves are. That's why the baby likes to suck his thumb or is pleased by that. The baby sucks his thumb and gets an erection in utero. He's stimulating those same nerve endings. But, when you uncover and denude the glans, exposing that mucus membrane, what happens is a cornification process, callousing. Instead of being one cell layer thick, the glans becomes calloused. The glans doesn't have Meissner's corpuscles, a few maybe, but basically not. The frenulum does have them, whatever's left of the frenulum, but the rest of the glans isn't like that. It has free nerve endings. They get buried, as one cell after another covers to protect that exposed tissue, that mucus membrane. That's why the head of the penis of a circumcised male becomes dried, hardened, and calloused.

Now, at 18 that might sound like a good thing. At 28, it might sound like a good thing, although I begin hearing from men as young as 28. Remember, I've been doing this for 26 years, so I've talked to thousands of men from country to country about how circumcision has affected them. Often, in their mid-40's men begin to talk about losing sensitivity. "Why does the head of my penis feel numb? What is going on?" So at the young end of life, we have premature ejaculation and, at the other end, there's impotence, or, at least having to work harder and harder to ejaculate.

Something else happens, too. With intercourse, the foreskin retracts upon entry, retracts little by little, and, because that preputial opening is so sensitive, as the foreskin goes over the corona, the widest part of the glans, it is stimulated. Then the foreskin everts and comes in contact with the vaginal walls. There is mucus membrane against mucus membrane, as was intended. The foreskin is stimulated by the vaginal walls and, as the male withdraws, it's stimulated once again by the glans. The movements an intact man needs are short, small strokes, which is what keeps his body next to a woman's body during intercourse, keeping him connected to her mons pubis, which allows her clitoris to be stimulated. The circumcised male needs long strokes, as he's trying to stimulate whatever is left of the frenular tissue on the underside of the penis. These are much different kinds of strokes.

Another thing the foreskin does as the man withdraws, the foreskin and the labia connect, keeping the juices inside the vaginal vault. A circumcised male, with each withdrawal, scrapes the vaginal walls and the corona scrapes her juices out. The older a woman gets, the harder it is for her because the drier she becomes and the longer it's taking him. We are disturbing sexual mechanics by circumcising our males.

Again, pleasure is pleasure and, thankfully most men aren't complaining about these things. I've heard so many men complain about their circumcision that we can no longer ignore the consequences of what we're doing to males.

M: We're disturbing the physiology and this is causing serious consequences. The joy and the bond, the implicit bond of sexuality, that's a big part of what we were talking about. If we're limiting that by the circumcision, we get a any number of things rippling through the society that we haven't even touched on.

Mi: Bingo. This is crucial, Michael. When I'm invited to speak to human sexuality classes, I talk about the mechanics of sexuality, and the kids are very open about their sexuality, making it easy to talk about. One fellow, an 18- to 20-year old, said, "Yeah, I was making love with my girlfriend the other night and I thought, I'll just hold still and see what it takes for her to get off." Then, he said, "No way I could've gotten off like that."

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And a woman, a little bit older, said, “I never had an orgasm until I was with an intact man—and, I married him.” One woman said, “When I found out my fiancé had a foreskin, I felt like I had struck gold.”

We do these manipulative things to our children, I mean, an amputative, disturbing procedure to a crucial part of the male anatomy—the organ of pleasure and procreation. In most cultures, the phallus is honored. The Japanese fertility rights display big, beautiful flags with an intact penis, foreskin retracted, and you can see the frenulum and the ridge band. Old men, in tall caps and robes carry these flags. Male sexuality is honored, which it should be.

Here, we can't talk about the normal penis. Instead, you take the baby behind closed doors and do this horrible, traumatic thing to that baby. We don't talk about how we've disturbed sexuality. For the woman, whose body is contacted by the male and then, as he withdraws, his body is away and then back again, she's not riding the wave to orgasm. Her circumcised partner has never ridden the wave to orgasm. There's this deep tension. He says, “Honey, did you have an orgasm?” She says, “Yes, honey.”

There's a joke in the USA that goes, why do women fake orgasm? With a punch line that says because men fake foreplay. But that's not the right answer. The right answer is because men are circumcised. When he says, “Honey, did you have an orgasm?” she doesn't want to appear frigid, doesn't want to hurt his feelings, so she says. “Oh yes, honey.” But you know, I mean, we all know when you have an orgasm with somebody else at the same time; you know you've both gotten off, and the energy shifts.

Couples know something is wrong but nobody is talking about it. There is a deep tension in relationships that isn't talked about. Our generation needs to know what to do to compensate for the mechanics. In other words, the clitoris needs to be stimulated. If we know that, to me, in a way it is sort of good news for the male. It's not that he's a bad lover, that he didn't practice enough, or hasn't read enough books, or had enough experience with women to do it right, or whatever. Somebody did this to him. Somebody altered his anatomy, and that's what's created this problem.

M: I'm thinking of the whole Viagra deal. When you talk about the desensitization and the erectile dysfunction, if this numbing and callousing is going on that you're talking about, well sure it's harder to get an erection.

Mi: And, what about the feelings of inadequacy? As my husband said, “I ejaculate, but I don't think I've ever had a real, whole body orgasm.” We get a view from men who have been circumcised as adults. I worked with a guy, he must have called me five times, as I tried to educate him. His wife wanted him to be circumcised. He called to say, “I had it done. I'm sorry. What am I going to do now?” It's been eight or nine months and he's getting less and less sensitive. He says, “This has destroyed my sex life, and now my wife notices it because I'm not getting off in the same way. Now she's realizing that it's destroying her sex life as well.” It's really big.

Viagra is the pharmaceutical company's apology for what the medical community has done. When I ask intact men, 80- and 90- year olds, “How is sex for you?” “Well the urge ain't what it used to be, but it feels just as good.” I don't hear that from 80- and 90-year-old circumcised males. From them, I hear “I had to stop having sex when I was about 50, 55, 60, 70.” The age varies. “I can't get it up,” or “It takes too long, and I'm hurting my wife. I couldn't do that anymore.” We should talk about restoring, because what can the male, who has been circumcised and didn't want to be, do? What can he do about it?

I started my work because of the screams of babies, and then men started to scream. This was a bigger issue than I had realized. There is a book, *The Joy of Uncircumcising* which is about reversing what has been done. We know skin stretches. If you wonder if skin stretches, look at a pregnant woman's belly. You know it does. By putting gentle tension on tissue, the cells are pulled apart and new cells form. The body is fooled into thinking it's growing to great proportions. So, that's what men are doing, stretching the remnant foreskin, and I've seen a number of restored men with a foreskin that looks like it's perfectly normal. They'd go to a nude beach and nobody would ever know. They go to their doctor who says, "Oh, I see you're not circumcised." "Well, doctor, I was, but I've restored myself." So it works. It sounds odd, and why would somebody do that?

We never laugh at a woman who wants a prosthesis after a mastectomy, but we can amputate the foreskin of a baby while he's too little to consent, resist, or escape, and, when he grows up and says, dammit, I want that back, we laugh at him. Men have been laughed out of psychologists' offices, out of neurologists' office, on and on. Where I see the advantage to foreskin restoration, two things, one is that men have taken their control back. This is my body, dammit. I was born with a foreskin, and I'm going to die with one. The other is the increased sensitivity. Once the glans is recovered, sensitivity returns. Men talk about this, that after two or three weeks, they recognize they've got more sensation. What also happens is the skin starts shedding all the callousing, just like when you stop walking outside during the winter, the callouses go away. The same thing happens with the penis.

Some men in the morning when waking with an erection, put their finger and thumb around the scar site and gently pull towards their body. What they're doing is stretching the inner lining of the foreskin, the mucosal tissue. Pretty soon, tissue grows and begins to bunch up, then bunch around the corona, and then begin to cover. It's done on a routine basis, and it shouldn't hurt. If it hurts, it's causing damage. Just tension until the erection subsides. These are drastic things men must do because we've done something so horrific to them as babies. No man should have to go through this. No man should have to go through this.

M: You're so honest.

Mi: 26 years later I can talk about it. And that's because of the phone calls I receive from men. The saddest calls are from men who are circumcised as adults because they know the difference and circumcision has destroyed their sex life. "Before circumcision, on a pleasure scale of 1-10, I had an 11 or 12, and now I'm lucky to get to 4." Another comment, "The difference is like seeing in black and white and seeing in color." He's saying the same thing as the person who said "I ejaculate but I've never had an orgasm."

I've organized nine International Symposia on Circumcision, Genital Integrity, and Human Rights, and a French sexologist spoke at one of them. Dr. Gerard Zwang talked about the orgasmic pathways and, he said, they are *potential* pathways. Like a field of grass you walk across, back and forth. The more you do that, the wider the path gets and the more entrenched it becomes. So, what are we doing, then, when we encode the brain with violence in the first few hours of life to a part of the body that's meant to experience pleasure? This is no small thing because you've got that baby strapped down, and that's bad enough, but when you start cutting the most sensitive part of the masculine body, you are encoding the brain. And, the adrenals are going nuts, and all those stress hormones are in fact doing something to the brain. It's not something good. I think circumcised men have a greater reflex to cover and protect themselves when threatened.

They Cut Off the Very Best Part

- M: I want to the inability of cultures to see information that's counter to it's belief systems. The guilt factor, look what I've done, you said it to yourself about your boys. We don't want to hear that about what we've done. There's a strong denial and shutting out and does not want to hear it. Even if they hear it, they don't hear it.
- Mi: When you tell somebody this information, yes, a lot of people just don't want to hear it and stay in denial. "No, no. That can't possibly be true." But there is a lot more information coming out and a whole lot more men who are willing to speak up. Initially, the man who spoke up and said, "You know, that was mine." Or, something's wrong with my penis. I've got big scars." Or, my penis curves to the right or to the left, I have tight erections, painful erections, tearing at the scar site. With the gay community, men were looking at each other's penis' and they were not afraid to talk about them. Much of my early education about circumcision came from gay men would and could tell me this stuff.
- M: How do we bring about big changes? You've got a 5,000-year tradition that has been passed on generation to generation without any real thought. What's it going to take for your work to be listened to and acknowledged and then passed on?
- Mi: When I started, the circumcision rate was somewhere between 85% and 95%. Nobody knows for sure. There are no accurate statistics. But we get the trends and we're watching trends. So, I've been doing this work for 26 years, it was May of 1979 that I began. In 1993, the last year for which we have circumcision statistics from the National Center for Health Statistics, 55% of boys were circumcised in the United States. So, there has been a 30% to 40% drop in the circumcision rate in just 26 years. In terms of social movements, that's quite incredible. See, I've been talking this fast for that long, and it grows. One person hears you, then another hears you, then another. And for those people who are in denial and say "No, I don't want to hear this," they may not want to hear it the first time or the second time.
- In fact, a man who published a circumcision book said he listened to Dr. Dean Edell talking about *not* circumcising for six years, day after day after day on his radio show, and he kept thinking, well he's just crazy. Then, one day he heard. (Tape changed)
- Mi: For those people, who are in denial, they might be in denial this time we talk about it or the next time, or it may be six years. Some have taken that long. Or, it may take longer, but you keep knocking on the door because one by one people begin to get it. In the early days, while I was still working at the hospital and they told me keep my mouth shut, I made a video tape of a circumcision to show parents so they could see what happens to the baby. The patients of one doctor, the doctor who did the circumcision for the video and the only one that would let his patients see it, didn't have their sons circumcised. To keep me out of trouble for showing the video, the doctor used to write me orders, "Parents are to see circumcision video. That was cute, and it was effective.