Erasing the Foreskin

The "Excess Skin" Myth, Male Genital Mutilation, and Foreskin Trafficking in the United States

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Abstract: Despite growing criticism from human rights scholars and international medical experts, non-therapeutic penile circumcision of newborns in the United States continues to be widely accepted among American healthcare practitioners. While a wealth of literature exists on the topic, it can leave out cultural depictions of the foreskin as aesthetically displeasing, unhygienic, or as extra skin, presumptions that normalize its physical and psychological erasure. Highlighting how a cultural attitude treats a healthy body part as worthy only of excision, I show how this vilification rationalizes the wide-scale performance of a practice that in any other context is seen as grossly unethical: the painful and unnecessary modification of the sexual anatomy of a non-consenting person. I also discuss how this rationalization enables profit-driven trafficking in infant sexual tissue.

Keywords: circumcision, bodily autonomy, cosmetics, foreskin, human rights, medical ethics, female genital mutilation

Non-therapeutic penile circumcision of newborns is one of the most common procedures in the United States, yet an attitude of erasure, distortion, and myopia surrounds it. Even though people talk about it, much scholarship is written on it, and many jokes are made about it, questions about circumcision—many from the persons who were subjected to it, often without their consent—frequently encounter defensive hostility or a swath of rationales (such as "it has health benefits") that complicate or stifle conversation or inquiry toward those who order, perform, or support it. How is it that the practice of circumcision and its associated harms tend to be surrounded by, as Ronald Goldman puts it, an "atmosphere of denial and suppression" (Goldman 1997: 82)?

It is this culture of erasure—dismissal, denial—but also ignorance and risibility toward the penile foreskin that I hope to challenge, to help return the natural foreskin and its valuable functions to a place of public awareness.

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In the meantime, it remains a common attitude in the United States that the painful, non-voluntary, and irreversible excision of healthy sexual tissue from children classed as male—but not female—at birth is simply "routine." Thus, complaints or questions levied against this practice are cast as fatuous grievance, unworthy of care or concern, or treated with nonchalant indifference. By contrast, the practice itself is framed as necessary—or at least, inevitable; "just a little snip" that the infant, when they reach an age of understanding, is taught to be thankful for. But in no other context in US medicine, with the possible exception of so-called normalizing surgeries on children born with intersex traits (Reis 2019), is it expected that one should give thanks for what many survivors consider to be a forcible and unwanted alteration of their genital tissue (Hammond et al. 2023).

Lest these survivors seem overly dramatic, I will make two quick observations. First, the World Health Organization defines "mutilation" as modifications of the human genitalia that cause less morphological change—and less functional disruption, on average—than "routine" circumcision: for example, ritual "nicking" or "pricking" of the clitoral prepuce or labia, without removal of tissue. (In the United States, this is also considered a federal crime, via the STOP FGM Act of 2020 [Bootwala 2023].) And second, even if one rejects the WHO definition (for example, on the grounds that it is sex-specific), one can still turn to the *Oxford English Dictionary*. Two of the *OED* definitions of "mutilation" are: an "act or process of disabling or maiming a person by wounding a limb or organ" or "the severing or maiming of a limb or bodily organ" (*OED Online*). Since the foreskin is a collection of healthy tissues structurally joined to serve a common function; and since they are severed by non-therapeutic circumcision, the practice is by definition mutilation. That the healthy penile foreskin's removal is not widely seen as mutilation in US culture—but rather, as a snipping of "extra skin"—is precisely my focus. And also, I suspect, why the WHO calls the genital alteration of girls and women "female genital mutilation" (WHO 2023) and equivalent acts inflicted on boys and men by the euphemism "circumcision."

I explore in this article the major reasons why the euphemistic term "circumcision" masks what the procedure and its consequences actually entail. The physical erasure of the foreskin that many males experience in their own bodies mirrors the wider cultural erasing of proper awareness of it, thereby downplaying, excusing, or "disappearing" the violence perpetrated against healthy bodies. Circumcision, Adam Henerey writes, can be seen as "an example of how certain beliefs are transmitted even after their rationales

have been refuted" (2004: 275). I revisit these rationales to show how the objectively inhumane (forced mutilation) can thrive within the presumably humane (medical practice). Taking a broad cultural view, I aim to return to awareness the hidden or suppressed realities of penile circumcision, its unnecessary and sometimes disastrous risks, the unconvincing justifications made in its favor, and how US discourse putatively in favor of individual freedom and bodily autonomy is nevertheless implicated in the systematic violation of the human rights of children classed as male at birth—most of whom will go on to identify as boys or men, but some of whom may identify as transgender women, nonbinary persons, or otherwise (Earp 2023). Once seen, these findings will hopefully give pro-circumcision advocates, as well as victims of the procedure, occasion for reflection on how a genital cutting culture has helped justify a moral travesty. This article aims to describe what I argue to be the most powerful belief driving a cultural attitude that does harm in the name of protection, that mutilates in the name of aesthetics or hygiene: the erasure of the male foreskin as a piece of "excess, useless skin."

What Is the Penile Foreskin?

While virtually all mammals (including females) are born with a foreskin (Cold and Taylor 1999), the human penile foreskin is the only one seen as intrinsically pathological in the United States. With some variation, the foreskin is fused to the glans penis (the head) roughly until childhood to the onset of puberty, about which time the foreskin naturally separates from the glans to become a flexible and erogenous sheath of gliding skin that preserves lubrication and may facilitate penetration, protects the sensitive glans from chafing or other environmental insults, affords sexual stimulation through specialized nerve endings capable of detecting light touch (Cepeda-Emiliani et al. 2022), among other functions (Fahmy 2020). Circumcision damages or removes the following: the ridged band and its fine-touch receptors; the mucosal lining, which often results in a callused, keratinized glans; the foreskin's immunological Langerhans cells; and the frenulum, a sensitive band of tissue anchoring the foreskin to the glans (see also Taylor et al. 1996). "[C]ircumcision results in permanent changes in the appearance and functions of the penis," physician John Warren writes. "The most sensitive part of the penis is removed, and the normal mechanisms of intercourse and erogenous stimulation are disturbed" (2010: 75). A 2007 article on fine-touch thresholds in adult penises likewise demonstrated that circumcision

is associated with reduced penile sensitivity (Sorrells et al. 2007)—a finding replicated by an independent research group in 2016 (Bossio et al. 2016). And a 2013 study of 1059 intact men and 310 circumcised ones emphasized "the importance of the foreskin for penile sensitivity, overall sexual satisfaction, and penile functioning" (Bronselaer et al. 2013: 820).

Yet these realities are often distorted or erased. "Although circumcision is the most globally distributed genital modification," Alfonso Cepeda-Emiliani and colleagues write, "there continues to be a lack of understanding of preputial anatomy and physiology among medical practitioners" (2022: 286). In his 2002 analysis of 90 California medical textbooks, Gary L. Harryman concluded "that the penis is an organ that is grossly misrepresented in the medical literature used in medical schools. The penis is routinely defined and depicted in a partially amputated condition, without explanation or caveat. . . . [These authors] apparently suffer from a form of unconscious self-censorship or are deliberately misrepresenting facts" (Harryman 2004: 20–21). Lauren Sardi and Kathy Livingston's 2015 survey of 60 parents or expecting parents revealed that "nearly a quarter of the participants (23.3%) stated that they did not receive enough medical information about circumcision at the time of survey completion and tended to rely on a mixture of cultural and health-based information to inform their decision" (2015: 114). Commenting in 2022 on his medical training, Campaigns Officer for the National Secular Society Alejandro Sanchez said that "I can certainly testify that during my five years of med school, there's only the most fleeting references . . . to the foreskin. And I was certainly not educated about its many important functions" (National Secular Society 2022). And as one nurse recounted during their training, "[i]t didn't take long before I learned the truths about circumcision—truths that were never told to me during nursing school. I was never taught about the possibility of keeping boys intact or anything about the foreskin or intact care" (Murdock 2016). Harryman's term "unconscious self-censorship" is a fitting phrase, as it describes well a systemic attitude in US society of not only excising the foreskin from male newborns and downplaying its valuable functions, but erasing it from public consciousness such that its natural presence in intact males is transformed into an abnormal or aesthetically displeasing anomaly.

Proponents of circumcision typically follow the American Academy of Pediatrics' (now expired) 2012 Circumcision Policy Statement that "the health benefits . . . outweigh the risks," citing "prevention of urinary tract infections, penile cancer, and transmission of some sexually transmitted infections, including HIV" (American Academy of Pediatrics 2012).[1] The

WHO backs these claims, especially concerning circumcision's presumed protection against STIs (WHO 2020). On the surface, these claims seem to hold some weight, as Jessica Prodger and others have suggested (2022). But as Paul Fleiss, Frederick Hodges, and Robert Van Howe have demonstrated, studies alleging all these "benefits" have been consistently debunked as having flawed methodologies or showing virtually no significant difference between circumcised and intact persons (Fleiss et al. 1998; Van Howe and Hodges 2006). And long before the AAP's policy expired, these claims were called into serious question. "Circumcision status," writes Edward Laumann and others, "does not appear to lower the likelihood of contracting an STD. Rather, the opposite pattern holds. Circumcised men were slightly more likely to have had both a bacterial and a viral STD in their lifetime" (Laumann et al. 1997: 1054). Urinary tract infections (UTIs) may be more prevalent in genitally intact males (and even more prevalent in genitally intact females), but approximately "195 circumcisions would be needed to prevent one hospital admission for UTI in the first year of life" (To et al. 1999). Since UTIs can be effectively treated or prevented by far less invasive or risky means than by non-voluntary genital surgery, it is unethical to circumcise an infant for this reason.

The data regarding penile cancer are mixed, with some studies supporting a link between newborn circumcision and a reduced risk of the disease. But even as one of the most fervent pro-circumcision advocates Brian Morris and others will acknowledge, penile cancer is "uncommon in developed countries [and] accounts for less than 1% of all malignancies in men in the USA and 0.1% of cancer deaths" (Morris et al. 2011: 1). Indeed, the incidence is so rare that, as John W. Duckett reported, one member at the 1960 meeting of the Society for Pediatric Urology "argued . . . that someone would have to do 140 circumcisions a week for 25 years to prevent one case of carcinoma of the penis" (Duckett 1995: 771).

The argument for circumcision on this head seems a self-fulfilling prophecy. Because, as David Gollaher keenly observes, prophylactically removing body tissue would, of course, prevent cancer (or any other problem) affecting that part: "circumcision prevents penile cancer just as mastectomy prevents breast cancer. Removing one-third to one-half of the skin of the penis lowers the odds of contracting what is, after all, a skin cancer" (Gollaher 2000: 145). Yet this would not be seen as an appropriate basis for routinely removing a comparable amount of skin from other areas of the body. As for the data regarding HIV, these were collected from trials of adult males undergoing voluntary circumcision in three African countries

in the early 2000s, and have since shown to be significantly flawed (Van Howe 2011). They do not pertain to infant or newborn circumcision in high-income countries of the Global North, where no association has been found between circumcision and a reduced risk of contracting HIV (Nayan et al. 2022). In fact, in one of the few studies to have so far investigated this link directly, the authors found that "non-therapeutic circumcision was associated with higher STI rates overall, particularly for anogenital warts and syphilis" (Frisch and Simonsen 2022: 251).

But there is a deeper problem with the "health benefits" narrative. And that is that, even if all of the benefits claimed by proponents of infant or newborn circumcision turned out to be robust and reliable, this would still not serve as an ethical justification for performing the surgery on a non-consenting person. Brian Earp makes this argument by analogy. He asks us to suppose that "removing healthy tissue from an infant's vulva . . . similarly reduced the risk of acquiring a UTI, which girls are about four to eight times more likely to acquire than are boys by the age of 5. If 100 'infant labiaplasties,' or even far fewer such labiaplasties, were needed to prevent" such issues, given that they could also be effectively treated or prevented non-surgically, would it follow "that girls did *not* have a right to bodily integrity according to which such genital cutting would morally wrong them?" The answer, Earp argues, is no. Instead, health authorities would argue that

> healthy, nerve-laden genital tissue . . . is valuable in its own right, so that removing it without urgent medical need is itself a harm; they would stress that all more conservative means of addressing potential infection should be exhausted before surgery is employed; and they would insist that girls have an inviolable moral right against *any* medically unnecessary interference with their private, sexual anatomy to which they themselves do not consent when of age. (Earp 2021)

The same points should apply to boys. That they often do not in the United States and elsewhere is, I am arguing, precisely because of the cultural misconception of the male foreskin as useless, excess, pathological tissue.

The Erasure of Infant Pain

The flip side of playing up potential "health benefits" for circumcision is downplaying the risks and harms. Since there are no existing analgesic methods that completely eliminate pain during and after the procedure

(Bellieni 2022), one of the guaranteed harms of circumcision is pain. Indeed, historically, pain and even outright injury to the penis have in some cases been central to justifying the practice. The twelfth-century Jewish philosopher Maimonides was quite clear that "one of [the] objects [of circumcision] is to limit sexual intercourse, and to weaken the organ of generation as far as possible . . . . The bodily injury caused to that organ is exactly that which is desired" (Maimonides 1885: 267). Likewise, in his 1877 work *Plain Facts*, one of the major proponents of circumcision in the United States, John Harvey Kellogg, argued that

> [t]he little one should be taught from earliest infancy to abstain from handling the genitals . . . . A remedy which is almost always successful in small boys is circumcision . . . . The operation should be performed by a surgeon without administering an anesthetic, as the brief pain attending the operation will have a salutary effect upon the mind, especially if it be connected with punishment. (Kellogg 1881: 380–384)

These examples reveal that the injury and pain of circumcision were not only not in doubt, but were seen as desirable aspects of the procedure. This history, however, remains largely unknown to many, as current representations of circumcision describe it as a painless snip of excess tissue, whose removal is something that babies—who until recently even many doctors believed "don't feel pain" (Rodkey and Riddell 2013)—simply sleep right through.

This cultural erasure of infant pain contradicts the reality. During circumcision, infants are often not given anesthetic and, if they are, it tends to be an injection of the mild agent lidocaine or a pacifying sugar cube or sugar solution. As Janice Lander and Shemin Nazarali, in a 1997 article, have commented, "[s]everal beliefs explain the practice of performing circumcision without anesthesia. One is that newborns experience little or no pain from circumcision. Without exception, newborns in this study who did not receive an anesthetic suffered great distress during and following the circumcision, and they were exposed to unnecessary risk . . . . Therefore . . . circumcision should be performed with anesthetic" (1997: 2161). The cognitive dissonance involved in alleging that babies do not feel or merely sleep through a painful procedure in which their genitals are forcibly altered, yet at the same time are given some form of anesthesia to mitigate pain, is one salient feature of the cultural misconception I am describing: it incentivizes and in some cases compels practitioners and guardians to hold conflicting representations of what circumcision is and what it does to the child.

If performed in a typical hospital setting, the procedure involves strapping a newborn's limbs down to a plastic tray (the most popular being a

Circumstraint), a tacit admission that the procedure will meet with resistance from the child. Their arms and legs restrained, the practitioner inserts a metal probe into the baby's foreskin opening, forcibly and painfully tearing the natural bonding of inner foreskin from the glans. Afterward, typically a Gomco or Mogen clamp or a PlastiBell device, along with scalpels, are used to slice away the foreskin. The procedure can be bloody, loud, and—for many who are allowed to witness it—nauseating.

One nurse in training described it as such:

> They asked us if we wanted to see a circumcision, and I didn't even know what it was. . . . [The nurse] strapped the baby . . . to the board . . . the Circumstraint, and . . . the baby started whimpering and crying. . . . And this baby was numbed with lidocaine. [H]e was screaming at this point. . . . They stuck an instrument . . . into his penis and . . . the baby let out this . . . horrifying scream. . . . They continued . . . the procedure, even with the baby screaming and I asked "why is this being done?" And the doctor . . . was just talking over the screaming baby like it was no big deal, like, he was saying, you know, "it's cleaner, it prevents infections," and all the horrible myths that we've debunked numerous times. . . . My heart was racing. I was sweating. I was getting nauseous. And his screams never let up. . . . When they opened the door and let us out . . . I threw up in the trash can . . . . [T]hey handed the baby back, and they said, "he did great. He didn't even cry. He actually fell asleep." Like, they just lied, lied, lied straight to the mother's face. . . . So I, I completely blocked it out of my memory . . . cause it was so traumatic, seeing what I saw. (Bonobo3D 2019)

Like many, the nurse expresses a vague understanding of the reality of circumcision at the outset, ending their narrative with a self-censoring not unlike that experienced by persons who have been subjected to the procedure: it is blocked out of memory. The observation that "the doctor . . . was just talking over the screaming baby like it was no big deal" is common, as practitioners tend to act desensitized to cries of pain, even in training videos (SKRbusiness 2011). When parents receive their child back from a circumcision, it is not uncommon to hear that "he slept right through it," and any suggestion of screams, pain, shock, or possible trauma is neglected or outright dismissed. But as Alessandro Miani and others explained in a 2020 article, "neonatal circumcision alters infant physiological and behavioral stress responses." It has also been argued that the experience of being circumcised can significantly disrupt the mother-child relationship at the time it is most crucial to nurture (Goldman 1997: 124–138).

Expressions of psychological pain experienced by those who come to understand what was done to them before they could consent—without a medical emergency to justify the invasion of their bodies—tend to meet with resistance from this normalized cultural attitude. It is a familiar expe-

rience for some to encounter shame, humiliation, or dismissal for even raising the issue. "This widespread ignorance before such an awareness occurs is a kind of mental circumcision," one respondent wrote in a poll conducted by NOHARMM founder Tim Hammond. "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" (Hammond 1994). Pediatrician Alexandre T. Rotta recounts the story of a child who was exsanguinated from a circumcision: "[t]his is what the normality of this procedure in society has created, is [*sic*] that we don't give a second thought to solving what the problem is, and the problem is being created by us, and yet by not connecting the two, it becomes a secret, a hidden piece of information that allows one to continue to do that" (Bonobo3D 2015). In their survey of over one thousand circumcised men about long-term adverse outcomes, Tim Hammond and Adrienne Carmack write that "this problem has remained largely hidden due to psychological, religious, social and institutional obstacles that hinder many men from reporting neonatal circumcision harm" (2017: 209). "Secret" and "hidden" are the operant words in these examples, as this normalized attitude depends crucially on misrepresenting or burying under debunked rationales the traumatic experience of circumcision and its psychological fallout. "They just lied, lied, lied straight to the mother's face," the nurse above recalled.

In a recent article, Megha Uberoi and colleagues argue that this situation may result in a "prevalence paradox"—namely, "a discrepancy, wherein there can be a reasonably high prevalence of a stigmatized condition [i.e., harm and suffering due to circumcision] without corresponding general knowledge that the condition is a problem. Because discussion of long-term or late-stage complications resulting from circumcision is stigmatized, it is not spoken about. This leads to an impression that such complications do not exist or are too rare to be worth mentioning, which furthers the stigma of speaking about them" (Uberoi et al. 2022: 234). In other words, the prevalence of male genital mutilation and its coincident cultural erasure reduces the likelihood that many would see it—or even speak about it—as a problem.

This pervasive ignorance surrounding the harms of circumcision can have lethal consequences. Dan Bollinger, in his 2010 article on the mis- or under-reporting of circumcision deaths in the United States, has estimated that nearly 117 newborn boys die every year from the procedure (Bollinger 2010). A more recent analysis based on nearly 10 million cases from the

US National Inpatient Sample estimated one death for every 49,166 circumcisions, where the deaths in question are at least plausibly attributable to the surgery or its complications (Earp, Allareddy, et al. 2018). Penile amputations from botched circumcisions are not unheard of.[2] Perhaps the most famous story is that of Bruce Peter Reimer (b. 1965), later David Reimer, who, following a severely botched circumcision, underwent a penis amputation and was subsequently raised as a girl. He committed suicide in 2004 following years of depression. In 2017, 23-year-old Alex Hardy likewise took his own life following complications from his circumcision two years' prior (ten Kate 2019). Ontario resident Calvin Cox, who suffered from a botched circumcision as a newborn, reported:

> Circumcision, in my opinion, is a very unnecessary thing to do as a routine. . . . I've had suicide attempts because of it. I died March 2015 in a hospital because of the suicide and the trauma . . . . I've been rejected by multiple urologists because they can't do anything about it. And it's something that could've been completely avoided. I could've had a whole different lifestyle, and I wouldn't have had borderline personality if I was just left alone, and I could've chosen to do it as an adult. (Circumcision Resources 2016)

The possible counterpoint to these examples—that these are largely uncommon and unfortunate consequences—is an insufficient rationalization for persistently justifying circumcision. Nor, I argue, is it sufficient to cite men who claim to be satisfied they were circumcised, as such claims are susceptible to false beliefs (Earp, Sardi, et al. 2018) regarding the "benefits" of circumcised genitalia and the "downsides" of unmodified, intact ones, as well as attitudinal tendencies to subscribe to the dominant culture (Selino and Krawczyk 2023). In other words, such dismissals may be consequences of a long-held, ethically contradictory, and often unquestioned cultural presumption whose chief feature is the distortion of the penile foreskin as a defect, as simply "extra skin" in need of immediate erasure. But even if those who greatly resent having been circumcised as infants are in the minority, this does not mean that their testimony should not be taken seriously.

Laughing the Foreskin Away

One way this attitude of erasure suppresses dissent or aids in normalizing genital cutting is via humor. In his examination of 64 US television shows that raise the issue of circumcision, Hugh Young concludes that "[p]opular television has a subtle but significant role in promoting circumcision in

the United States" (Young 2008: 239). Further, from Robin Williams's description (to audience laughter) of the penile foreskin as "optional" (Callner 2009) to Elaine's characterization of the intact penis on the sitcom *Seinfeld* as "like a Martian" (Cherones 1993), popular representations often depict the penile foreskin as a useless feature or an otherworldly, inhuman anomaly. While not at all an exhaustive list, take for instance the following examples.

On the late-night talk show *Conan* in 2015, actor Jeff Goldblum casually discussed his son's circumcision: "we decided upon getting . . . you know what a bris does, you know what it is." Interrupting, a clearly uncomfortable Conan answers, "the bris is the removal of the . . . circumcision . . . foreskin is removed." Goldblum blithely responds, "exactly, exactly," to laughter from the audience. What is being described is the non-voluntary alteration of a child's healthy sexual anatomy. Even after Conan's comedic sidekick Andy Richter (who admits he left his own son intact) tells Goldblum, "you've mutilated your child," the response is untroubled chortling from the audience, host, and guest alike. That Conan, in a moment of attempted moral diplomacy, says that "there's no wrong answer" evidences both the erasure of newborns' bodily autonomy and integrity, the false equivalence of a circumcised penis and an intact one, and the misguided opinion that the excision of a baby's foreskin is morally permissible because it is assumed to be useless, excess skin whose removal changes nothing about penile function (Team Coco 2015).

In a more glaring example of the dismissal of a child's bodily autonomy, stand-up comedian Jim Jefferies explains to a 2018 audience why he circumcised his son: "The reason I got my son circumcised is so that when he is older, women will enjoy having his dick in their mouths." After audience laughter and whistles of support, Jefferies continues:

> I did it because I love him. And *your* dicks [intact persons] are fucking disgusting. You fucking animals. How do you fucking look at your dicks and have any level of self-respect? Every fucking day, your fucking hooded, slimy fucking dicks. . . . Uncircumcised isn't in porn! Because the people that make porn . . . don't want people fucking vomiting when they're masturbating. . . . *Your* dick is less of a fetish than feet, you fucking disgusting animals. Name me *one* time where extra skin on the body is a good thing. (Zabielski 2018)

While stand-up comedy has the benefit of being taken with a grain of salt, there is no indication that Jefferies is not on some level sincere (nor is he correct that "uncircumcised isn't in porn"). He repeated the same sentiment on *The Jim Jefferies Show*, where he says, again to audience laughter, "those wrinkly anteaters are a fucking disgrace" (Comedy Central 2018).

Given over to the myth of the foreskin as pathological or unappealing "extra skin," Jefferies illustrates what Robert Darby calls the "demonization of the foreskin" (Darby 2005: 4). This demonization is also an animalization, portrayed in euphemisms that rhetorically other the foreskin as inhuman: "anteater," "turtleneck," "elephant trunk." Further, justifying the procedure on another gender's presumed sexual preferences; maligning the foreskin as inherently dirty, "slimy," "disgusting," and worthy of nothing but forcible excision; reducing its painful and debilitating removal to a "personal thing," oblivious or resistant to the fact that the body being operated on is not that of the one granting (or even capable of granting) consent; and parroting the consistently debunked myth that it is only "extra skin"—all of these anatomical distortions and ethical deficiencies constitute a cultural attitude that either does not understand the penile foreskin or has warped it into a pathological piece of useless tissue whose removal is, as has been established, excruciatingly painful—physically and psychologically—for the victim.

These sentiments are echoed by comedian Chelsea Handler, when, talking about dating European or Australian men, she refers to them as "dirty uncircumcised freak[s]."

> Did you hear the new phenomenon that's going on about uncircumcised parents . . . letting their children decide, the boys decide if they want to get circumcised. [I]t shouldn't be up to the boy. It should be up to the girl, the one that's gonna be fucking him in fifteen years. Ok? That should be *her* decision. (Comedy Central Stand-Up 2019)

Whoops of agreement and uproarious laughter follow. Again, while stand-up comedy of this kind can leave the performer's sincerity questionable, a joke is only funny to the extent its cultural context deems it so. And the joke here rests on the annulment of a child's consent, on the utter negation of one's genital autonomy, and on reshaping that body according to the sexual/aesthetic preferences of others. None of which would have garnered the same approbation had the victim been a girl.

That Handler or Jefferies, in composing their acts, believed jokes such as these would be funny, and that their audiences would likely share in their demonization of the foreskin, is symptomatic of a culture that treats the penile foreskin as inherently dirty, perpetuating questionable rationales about its removal being someone else's choice, oblivious to or unconcerned about the physical, psychological, and emotional pain of circumcision. It is because the erroneous presumptions surrounding the penile foreskin as excess skin are as tenacious to the degree that they are critically unexamined by those invested with authority over the sexual destiny of a child that

statements such as these could even be considered humorous. It is telling that this cultural attitude often recoils in disgust from FGM (female genital mutilation)—because of hygiene, tradition, or because it is preferable to a future husband—and yet mutilates its own boys for the same reasons. And, moreover, finds it a fit topic for humor.

US Trafficking in Infant Genital Tissue

While this dominant cultural attitude embedded in US culture permits comic treatments of the penile foreskin, this humorous and blasé normalization has the effect of blinding many to the ethics of what is done with the foreskin once it is forcibly excised. Despite what many are told about the foreskin as a useless piece of tissue that is just "thrown away," the reality is somewhat deeper than that.

Appearing on the daytime talk show *Steve Harvey*, Michelle Park presented "one of Oprah's favorites. She said it's a miracle fountain of youth and her magic wrinkle cure." Squirting a red substance onto Steve Harvey's hand, she reveals that the substance "is made from growth hormones of human foreskin." After laughter from the audience, Park repeats that "it's made from human foreskin," while a visibly puzzled but jocose Harvey asks, "you done set up here and squirted somebody's private parts in my damn hand?" (Steve TV Show 2015). The crowd goes wild with laughter.

On the talk show *Ellen* in 2018, Sandra Bullock describes what she calls the "penis facial." When pressed on exactly what the cosmetic procedure entails, an awkward Bullock describes the process of "micro-needling:" A needle "pushes through the skin and ruptures the collagen and then boosts it." Ellen presses: "[w]hat are you pushing into the skin [Sandra]?" To which Bullock uncomfortably responds, "it is an extraction from . . . a piece of skin . . . that came from a young person . . . far, far away, and they somehow figured out how to extract . . . ." Interrupting, Ellen addresses the audience: "[i]t's foreskin from a Korean baby." After audience laughter, Ellen continues. "That's what it is. Who comes up with this? Who thinks of collecting it and having it for . . . 'we'll do something with this someday?'" (TrendWorthyTop10 2023). Because of the cultural occlusion of the foreskin as a crucial aspect of penile health and sexuality, very few, if any, people in the audience felt any problem with what they were viewing: the results of a profit-seeking market that traffics in forcibly extracted infant genital tissue from defenseless, non-consenting infants.

Ellen's question, "Who thinks of collecting it?" unveils (at the very least) a half century of commercialization of infant foreskins. Returning to the *Conan* clip, Conan refers to the foreskin as being discarded as waste, "thrown out the window." Indeed, that is what performers Penn Jillette and Teller learned when, examining circumcision on their show *Bullshit!*, they called hospitals to ask what happens to the foreskins and received responses such as "we throw them away" and "usually it's tossed away in medical waste" (*Penn & Teller: Bullshit!* 2005) An act disquieting enough. But medical practitioners have long been engaged in harvesting and trafficking in penile neonatal sexual tissue, specifically for a foreskin's fibroblasts, specialized cells involved in the production of connective tissue. A 1978 article, for example, stated that "[t]wenty cell strains were isolated from individual neonatal foreskins obtained with the informed consent of the donors' parents" with the express purpose of making interferons (Vilcek et al. 1978: 101). That circumcision rates in the United States peaked above 80 percent in the 1960s, one's curiosity would not be misplaced in asking what hospitals were actually doing with neonatal sexual tissues (Laumann et al. 1997: 1053).

The biomedical trafficking of neonatal "excess" sexual tissue continues into our modern day. Echoing the tendentious shibboleth that "[c]ircumcision is one of the most performed surgical procedures worldwide," Oliveira and others in 2018 wrote that foreskins are "discarded as biological waste," while also stating that harvesting foreskin fibroblasts "allows us to reduce the ethical and invasive techniques to obtain normal human cells. . . . The foreskin being removed after neonatal circumcision is thus a minor surgical operation to obtain young fibroblasts." This "alternative for advancement," as they call it, and the trivializing description of forced circumcision as a "minor surgical operation," represents an underlying assumption of the foreskin tissue as extraneous, allowing a convenient bypass to conducting research beyond the pale of acceptable ethics. This false but substantial consensus of the procedure as painless or "minor" enables practitioners to ignore the lifelong pain of those who come to learn what was taken from them, as well as blinding ethics committees from raising alarms about trafficking in neonatal sexual tissue (Oliveira et al. 2018: 385). That these writers shamelessly state that harvesting foreskins allows biomedical research to "reduce the ethical and invasive techniques to obtain normal human cells" at once exposes their bias of assuming the foreskin cells to be other than "normal" (not unlike Elaine's portrayal of an intact penis as a "Martian") and reveals just how pervasive the erasure of the foreskin's functions is. As if the act of painfully inserting a metal probe into a defenseless body cannot

be considered invasive, or as if the act of permanently altering a person's genitals without their consent has nothing to do with medical ethics, or as if doing so does not in any way constitute assault and battery.[3]

Leaning on the same tendentious appeal to commonality while ignoring the physical and emotional pain boys, men, and even some transgender women experience, C. A. Nadalutti and S. H. Wilson write, "[c]ircumcision is the most frequent surgical procedure worldwide and offers abundant materials for different research applications. In this context, human foreskin tissue discarded after surgery represents a precious source for isolating human foreskin fibroblasts . . . for use in several areas of research and medicine. . . . Consent from the donor is also an essential precondition" (2020: 1–3). In addition to the article's glaring ignorance of or indifference to the physiological and sexual importance of the penile foreskin, its bizarre statement that it is "essential" for the "donor" to "consent" flies in the face of the fact that a newborn cannot consent to being circumcised, while their use of "donor" at the same time implicitly refers to the parents who consented to the procedure or the hospital where it was harvested—anyone but the child whose body part, now rebranded as a "precious source" and "material" for "research applications," he could once call his own.

To this day, one may purchase neonatal foreskin cells online for the low cost of $600 (Thermo Fisher Scientific 2023). Roughly 500,000 cryopreserved neonatal foreskin fibroblast cells, "guaranteed through 15 population doublings," can be purchased for $664 (Lonza Bioscience 2023). On other sites, foreskin fibroblasts can run upward of $800 (MilliporeSigma 2023). For $230, you may also purchase SkinMedica's TNS Recovery Complex, a skin cream derived from cultures drawn from neonatal foreskin fibroblasts (SkinMedica 2023). Under US law, it is also possible to patent cell cultures derived from foreskins.[4] Not only are infants forcibly subjected to a procedure against their will, their pain dismissed, their sexual organ —and by extension, the quality of their and their partners' future sexual experiences—permanently altered, but their sexual tissues have been repurposed as a patented product for sale; this is the stuff of dystopian fiction. That television show producers and writers of scientific research articles and journals apparently experienced no qualm in disseminating this information to their audiences perfectly captures the point I am making: the physical and psychological erasure of the penile foreskin and its functions has made it okay in the United States and other regions to not only openly talk about mutilating a child, but to encourage harvesting children's sexual tissue for profit without fear of social, professional, or legal reprisal.

Conclusion: The Double Standard

The U.S. federal law against FGM, originally passed in 1996[5] and reinstated in 2021[6] after being struck down in 2018 as unconstitutional by Michigan judge Bernard Friedman, is interesting for what it does not say. Although it explicitly outlaws even the "pricking" of the vulva of anyone under the age of 18, even for religious reasons, it does not mention or address the pervasive practice in the United States of the non-consensual and routine alteration of the penis. Accordingly, there is now total legal protection for girls against any and all medically unnecessary, non-consensual genital cutting. Yet, no such protection is made for boys, despite the fact that, as sexologist Michel Beaugé writes, "[c]ircumcision is akin to amputation of the clitoral hood of the girl" (Beaugé 2004: 63). Legal scholar Peter Adler agrees: "[s]ince male and female genital cutting both involve penetrating the body, excising healthy tissue, and are performed without the child's consent, both violate the rights of the child" (Adler 2022: 47). That the code is silent on but arguably violates the Fourteenth Amendment's equal protection clause showcases the cultural myopia of circumcision's distorted view of consent, its pervasive normalization, its ignorance of the foreskin's crucial functions, and the disregard or wholesale dismissal of boys' and men's physical and psychological pain. "The fundamental problem," Robert Darby writes, "seems to be that the voluntary and official bodies campaigning against FGC [female genital cutting] . . . show unjustified discrimination and hence inconsistency with respect to gender and culture" (Darby 2016: 155). So entrenched has the false belief of circumcision's benefits become that few recognize it as discriminatory or its attendant agonies as worthy of discussion. The worst kind of suffering is always in silence.

This double standard has been noted even by some survivors of FGM. Soraya Mire, originally from Somalia, stated in an interview:

> The thing that really shocked me when I came to America was the reaction I got when people find out what was happening in [Africa] about female genital mutilations, and people were horrified, they were shocked, they were angered: it was not even a feminist standpoint, but it was the rights of the child, taking her humanity and integrity. But behind closed doors, they were mutilating their own young boys, sons—and it's [an] everyday ritual here, but people don't see it as a ritual. But to me I would see it as a ritual, because it's the same thing to me, because mutilation is mutilation. I feel this is really wrong, when it comes to child rights: this is a human rights issue, and I think all of us need to protect young children's bodily integrity. (Nocirc 2011)

In large part, that this double standard is not as obvious as it might be comes down to calling a thing by its name. "For females, it's called genital mutilation," said comedian and self-described "circumcision survivor" Daniel Tosh. "Maybe if ours sounded more like a Mortal Kombat finishing move, it would get the attention it deserves" (Tosh.0 2019). By branding penile genital mutilation as normal, necessary, healthier, and aesthetically appealing, and by rendering silent the lifelong physical and psychological pain of its victims, this uniquely modern double standard has shaped the thinking of parents, practitioners, and many victims of circumcision into decrying one mutilation while wholeheartedly accepting another.

For those who come to the knowledge of what was done to them, there are a variety of impediments toward restoration—either physical, social, or financial. Statutes of limitations, the sometimes decades-long delay in discovering what was done to them, the absence of records identifying the person who performed the procedure, the difficulty of procuring those records if they are even available, and the serpentine and often expensive legal process that is more apt to discourage pursuing litigation for what is, by all accounts, a forcible cutting and disposal—or in many cases a harvesting and trafficking—of their natural sexual tissue. While foreskin restoration devices and procedures are available—such as TLC Tuggers, DTRs (dual-tension restorers), and skin graft surgery—the "restoration" is a misnomer, as the complex structures of the foreskin have long since been cut away and cannot be returned to their original state. Aside from the surgical option, manual practices can take several daunting years to replicate skin excised in around thirty minutes.

Nevertheless, as Amanda Kennedy points out, such efforts "can be seen as a challenge to the hegemonic aesthetics of the penis in our society" (Kennedy 2015: 51). A challenge both to the perverse and systemic normalization I have described here, but also for the person who begins the journey of regaining at least a modicum of that which was taken. These are years of physical and psychological repairing that could have been obviated had parents and practitioners done the ethically right thing, the thing Ontario resident and suicide-survivor Calvin Cox had wished: leave children's genitals alone. At bottom, the very procedure, when conducted on an infant, utterly erases that infant's autonomy. An autonomy, I suspect, very few, if given the choice, would surrender for themselves. In the case of circumcision, and despite any of the evidence for or against it, one either holds sacred bodily autonomy or one must reckon with their involvement in a medically unnecessary practice that leaves a child forever a victim, forever mutilated.

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Notes

1. Documents from the Centers for Disease Control and the World Health Organization make similar claims and have been similarly criticized by international experts. For a recent summary of these criticisms, see Lempert et al. (2023).
2. In fact, in parts of rural Africa, they are common. See Mogotlane et al. 2004.
3. "10 U.S. Code § 920 - Art. 120. Rape and sexual assault generally."
4. Amit and Itskovitz-Edlor 2003. Human Foreskin Fibroblasts for Culturing ES Cells. U.S. Patent 7,267, 981, filed Sept. 11, 2007.
5. Female Genital Mutilation, U.S. Code 18 (2011), § 116.
6. Strengthening the Opposition to Female Genital Mutilation Act of 2020 (2021), Pub. L. No. 166–309, 134 Stat. 4922.

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