Open Letter to The Bill and Melinda Gates Foundation

May 13, 2015

Everyone should applaud how your foundation is funding proven methods to slow the spread of HIV and AIDS in sub-Saharan Africa. These include testing, teaching the so-called ABC's (Abstinence, Be Faithful, and Condoms), retroviral therapy, treating schistosomiasis (which causes vaginal bleeding) and STDs, and helping to lead the search for an HIV vaccine. It is time, however, for your foundation to stop funding the campaign to circumcise a target 20 million African males as an HIV preventive strategy. The burden is on those wielding the knives, or in your foundation's case those funding them, to prove that the program will work and is working, that there are no better alternatives to it, and that it is ethically and legally justified, but that burden cannot be met.

1. The Program Is Unlikely to Work and May Backfire

a. *Circumcision Offers Men Little or No Protection From HIV*. The voluntary mass male circumcision program (VMMC) is being justified based on three randomized controlled trials (RCTs) conducted in sub-Saharan Africa which claim to show an impressive sounding 38% to 66% reduction in the rate of female to male transmission of HIV over 24 months.[1] In fact, circumcision provides men with little or no protection from contracting HIV. First, the RCTs have been criticized as scientifically flawed[2,3] on so many grounds—including methodological bias, failure to determine the source of HIV infections, and early termination— as to raise serious, unresolved questions as to whether they prove anything. Second, the RCTs were only experiments. "Observational studies of general populations have for the most part failed to show an association between circumcision status and HIV infection."[4] In fact, in several countries, circumcised men had a significantly higher prevalence of HIV than men who were not circumcised.[5] Third, even assuming that the trials were valid, the trials show that circumcision provides men with little or no protection from contracting HIV. 38% to 66% represent the *relative* risk reduction. The *absolute* risk reduction was only 1.31% and only during the two year period of the trials.[6] Thus, even assuming the results of the trials to be true, the trials show that circumcision does not *prevent* HIV in males; that it is largely ineffective in reducing the risk of it; and that 98.7% of African males will not benefit from circumcision. Thirty-eight distinguished physicians and ethicists primarily from Europe have written that the claimed health benefits of circumcising boys, including protecting them from HIV, are "questionable" and "weak".[7] Garenne et al. have written that the protection provided by circumcision over a period of many years will be “negligible or nil.”[8] Garenne writes elsewhere, "For highly exposed men, such as men living in southern Africa, the choice is either using condoms consistently, with extremely low risk of becoming infected, or being circumcised, with relatively high risk of becoming infected."[9]

b. *The Program May Increase the Spread of HIV*. There are many reasons why a circumcision program to curtail HIV may in fact increase the spread of HIV. First, HIV can be spread by HIV-contaminated needles and equipment.[10] The risk of such contamination cannot be completely eliminated in the rush to circumcise up to 20 million males in multiple locations in lesser developed countries with a high turnover of personnel. Second, HIV-infected males who

resume sexual intercourse during the wound healing phase risk infecting their female partners.[11] Third, it cannot be ruled out that some males—told that circumcision reduces their risk of HIV infection by 60%—will mistakenly believe that they no longer need to use condoms, called "risk compensation".[12] Fourth, circumcised men are less likely to use condoms anyway.[13] Fifth, circumcision increases friction during sexual intercourse, and due to diminution of sensation, circumcised men engage in more compulsive sex (i.e., substituting quantity for quality, or promiscuity)[14] as well as rougher sex,[15] all of which increase the risk of tears in male and female bodily tissue and increase the risk of transmitting of HIV. Sixth, a Ugandan RCT showed that genitally intact men who wait at least ten minutes to clean their penis after sexual intercourse are 41% less likely to contract HIV than circumcised men.[16] If true, the foreskin that is improvidently removed by circumcision confers an appreciable level of *immunity* to HIV. Seventh, one of the RCTs produced evidence suggesting that circumcision may increase male to female transmission of HIV by 61%.[17] If true, any reduction in HIV infections in men will be offset by increases in HIV infections in women. Eighth, the VMMC program also implicitly encourages Africans to continue traditional male and female circumcision, which carry a higher risk of injury and death.[18]

In addition, the mass circumcision program takes scarce human and financial resources away from the safer, more effective, non-invasive alternatives described in the initial paragraph, especially condom use. Thus, the mass male circumcision program your foundation is funding is not the most efficacious method available to slow the spread of HIV and AIDS in Africa, and the program may well backfire.

2. <u>The Risks and Disadvantages of Circumcision Exceed the Potential Benefits Claimed For It</u>

Circumcision is painful with or without anesthetic, and African males will at best receive local and not general anesthesia. Circumcision also entails the risk of many minor injuries, serious injuries,[19] and even death[20] in the United States, and the risks are even greater in Africa.[21] Moreover, medical personnel and facilities in Africa are comparatively less well prepared and equipped to handle the emergencies such as hemorrhage and infection, and probably unprepared or unavailable to perform the revision surgeries that are required to correct surgical errors. Circumcision also risks a poor cosmetic outcome[22] and may leave insufficient penile covering for a comfortable erection.[23] Unnecessary invasive surgery,[24] reducing the size of the penis,[25] radically altering its appearance, and leaving a scar all constitute forms of harm.

In addition, in the intact male, the moist foreskin glides back and forth with minimal friction, facilitating comfortable masturbation and sexual intercourse.[26] Circumcision removes the vast majority of the penis's specialized erotogenic nerve endings.[27] A 2007 study suggests that circumcision removes the most sensitive part of the penis.[28] A 2013 Belgian study shows that circumcision decreases not only penile functioning and sensitivity but also sexual satisfaction for men, as well as for their female partners.[29] Promoters of the VMMC program have not proven otherwise, and the benefit of the doubt must go to protecting largely uneducated Africans from a procedure that they cannot fully understand and that will not effectively protect them from HIV.

3. <u>The Program is Highly Unethical</u>

a. *The Program Violates Rules of Ethical Medicine*. American physicians would refuse on ethical grounds to cut off parts of girls' and women's genitals in Africa, even though studies prove that such amputations could slow the spread of HIV and AIDS.[30] The same principle should apply to men. The VMMC program violates the cardinal rule of medicine, to "First, Do No Harm", and the rule of proportionality, whereby the expected advantages of any medical intervention for any individual must exceed its disadvantages.[31] As stated, even assuming that circumcision reduces the risk of men contracting HIV during sexual intercourse by 1.3%, that means that this program will harm 98.7% of the African males circumcised without benefiting them at all (5.74 million males out of 5.82 million circumcised through July 2014, and 20.5 million males out of the 20.8 million targeted for circumcision).[32] The program violates the ethical rule that when there alternative treatments are available, the most conservative treatment must be used.[33] It also is manifestly unethical to circumcise and protect some *men* from HIV infection when circumcision might infect an equal number of *women* with HIV during sexual intercourse. In addition, circumcision risks transmitting HIV, and Ebola during Ebola outbreaks,[34] to health care workers.

b. *African Men Are Not Giving Fully Informed, Voluntary Consent*. African men are being misled about circumcision. Informing them that circumcision reduces female to male transmission of HIV by 60% misleads them, even if it is true. This is the relative risk reduction, whereas the absolute risk reduction is only 1.3%.[35] African men should be informed that there is a 98.7% probability that they will not benefit from circumcision, and that they can avoid HIV much more easily and effectively without circumcision by avoiding unsafe sex, by staying monogamous with an uninfected partner, and by using condoms, which are almost 100% effective. It is unlikely that Africans are being fully informed about the disadvantages of circumcision: pain during and after the surgery, the risk of injury and death, and that circumcision will or may impair their sex lives: many are being told that it will *improve* their sexual health.[36] Having fallen far short of the program's target (6 million out of 20 million)—after all, "it's not an easy sell"[37]—program leaders are placing increasingly intense pressure on men to get circumcised, including shaming and incentives such as free health advice, and there is even talk of paying men to participate,[38] which is coercive. The absence of fully informed voluntary consent and the presence of coercion each render men's consent involuntary and legally invalid. If African men were told the truth about circumcision and not coerced—e.g., told that circumcision offers little or no protection against HIV, that men must still use condoms during unsafe sex, and that circumcision removes highly erogenous tissue and does or may impair men's sex lives—far fewer African men would volunteer for it.

c. *It is Unethical to Circumcise Boys and Infants*. The African circumcision program began as a voluntary program for adult African men. Now boys are being specifically targeted,[39] and even infants.[40] The supposedly "voluntary" mass circumcision program is not voluntary for these infants or for the boys who are below the age of legal consent. The prevailing view of Western medical associations and physicians is that it is unethical to circumcise boys, many of whom will not engage in heterosexual intercourse for many years, if at all, and helpless infants. The correct rules of medical ethics are, "Do not operate on healthy children", and any important medical decision about a person's body such as circumcision that can be deferred must be deferred until the person who owns the body can make the decision for himself.[41]

4. <u>The Program Is Unlawful</u>

Physicians and your foundation risk legal liability for every botched circumcision in Africa, and unless they were fully informed of the risks, for HIV transmitted to men during the surgery, HIV transmitted to men or women during the period of wound healing after the surgery, for the loss by men of sexual function, sensation, and satisfaction, and for poor cosmetic outcomes. Moreover, a consensus is emerging in the Western world that circumcision unlawfully violates the rights of every boy under United States and international laws, to safety, to bodily integrity, of which genital integrity is a subset, to liberty, autonomy, and privacy, and to the same protection from genital cutting that girls enjoy throughout the civilized world.[42]

Call to Action. The mass circumcision program in Africa that your foundation is funding is medically, ethically, and legally untenable. It is a pernicious new form of American imperialism, removing intimate body parts from millions of unsuspecting Africans by understating the risks to men and women, overstating the potential benefits, not disclosing the importance of the foreskin to male sexuality, and by not explaining that if men use a condom during unsafe sex—as they must still do—circumcision adds *nothing*. We call upon your foundation to immediately terminate its support for the program. Otherwise, the Gates Foundation and inevitably your own personal legacy will forever be associated with and tainted by what future generations will come to view as one of history's most harmful and unethical medical programs.

Respectfully submitted,

Harry Crouch, President
National Coalition for Men

Note: This is a letter and not an academic paper. A comprehensive discussion of these issues would require one or more books. The footnotes are intended for your guidance.

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4 Van Howe and Storms, supra note 3.

5 V. Mishra, A. Medley, R. Hong et al., "Levels and Spread of HIV Seroprevalence and Associated Factors: Evidence from National Household Surveys," Demographic and Health Surveys Comparative Reports No. 22. Calverton, Maryland: Macro International 2009 ("There appears no clear pattern of association between male circumcision and HIV prevalence—in 8 of 18 countries with data, HIV prevalence is lower among circumcised men, while in the remaining 10 countries it is higher."), < https://www.dhsprogram.com/pubs/pdf/CR22/CR22.pdf>; M. Garenne, "Long-term population effect of male circumcision in generalised HIV epidemics in sub-Saharan Africa," African Journal of AIDS Research, 7 (2008): 1-8.

6 Boyle and Hill, supra note 2, at 326 ("What does the frequently cited '60% relative reduction' in HIV infections actually mean? Across all three female-to-male trials, of the 5,411 men subjected to male circumcision, 64 (1.18%) became HIV-positive. Among the 5,497 controls, 137 (2.49%) became HIV-positive, so the absolute decrease in HIV infection was only 1.31%."), cited in B. Earp, When Bad Science Kills, or How to Spread Aids, June 10, 2012 < http://blog.practicalethics.ox.ac.uk/2012/05/when-bad-science-kills-or-how-to-spread-aids/ >.

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18 See, e.g., Clearinghouse on Male Circumcision for HIV Prevention, Male Circumcision News, "Call to ban unsterile male circumcisions", citing 38 deaths of initiates and 10 penile amputations in South Africa. <http://www.malecircumcision.org/news/male_circumcision_news.html>.

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21 See supra note 18.

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31 See, e.g., Cultural Bias, supra note 7, at 797.

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< http://jme.bmj.com/content/30/3/259.full>

34 See, e.g., For Ebola Health Workers, Risks and Duty Collide, The New York Times, October 16, 2014, <http://www.nytimes.com/2014/10/17/us/out-on-the-front-lines-risks-and-duty-collide.html>.

35 See Boyle and Hill, supra note 2, at 330.

36 See, e.g., Gavin, supra n. 12 ("The perceived increase in sexual pleasure for boys having undergone circumcision also mustered support for the procedure"; "There was a perception that circumcision enhances sexual pleasure and performance (for both males and females), which appeared to be a strong motivator for boys to undergo the procedure."; "[T]he majority of participants were well informed about the extent to which circumcision reduces risk and increases sexual health".)

37 "'It's not an easy sell, you know? It's probably the greatest marketing challenge of all times,' says Dino Rech, head of the Centre for HIV and AIDS Studies Prevention, who has helped lead the effort to circumcise men in South Africa." <http://www.npr.org/sections/health-shots/2014/05/07/310465206>.

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HIV in eastern and southern Africa.") See also Avert, Averting HIV and AIDS, Voluntary Medial Male Circumcision (VMMC) for HIV Prevention: "UNAIDS and WHO advise that the greatest public health benefit would result from prioritising circumcision for young males (between 12-30 years of age). One study has highlighted the benefits of prioritizing male circumcision among adolescents rather than adults. < http://www.avert.org/voluntary-medical-male-circumcision-vmmc-hiv-prevention.htm>. See also Gavin, supra note 12 ("Timing of VMMC Interventions needs to be considered when targeting school-going boys").

40 Clearinghouse on Male Circumcision for HIV Prevention ("Parents embrace infant male circumcision"). <http://www.malecircumcision.org/news/male_circumcision_news.html>.

41 Cultural Bias, supra note 7.

42 See, e.g., P. Adler, “Is Circumcision Legal?”, Richmond Journal of Law and the Public Interest, 16, no. 3, 439-483 (2013), at 483, <http://rjolpi.richmond.edu/archive/Adler_Formatted.pdf> ("[U]nder any analysis, circumcision is illegal."); and J. Steven Svoboda, Circumcision--A Victorian Relic Lacking Ethical, Medical, or Legal Justification; The American Journal of Bioethics, Vol. 3, No. 2, Spring 2003 at 52-54 ("[M]ale circumcision is not a medically, ethically, or culturally neutral practice, suitable to be left to parental whim, but rather a clear violation of a number of central principles from the disciplines of medicine, ethics, law, and human rights.")