



INTERNATIONAL COALITION *for* GENITAL INTEGRITY

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*We recognize the inherent right of all human beings to an intact body.
Without sexual, racial, or religious prejudice, we affirm this basic human right.*

HIV and Circumcision: Facts to Consider— *Circumcised Men Get HIV*

There is no evidence that the African studies showing a reduction in female-to-male transmission of HIV have any relevance to the HIV epidemic in America. The American HIV crisis is very different from the African epidemic—different cultures, sexual practices, virus strains, transmission vectors, and sanitary and hygienic conditions. Further, no randomized controlled trial has shown that circumcision is an effective preventative in America or any other developed country. To adopt a new statement based on inapplicable evidence, implying to the American public that circumcision will reduce a male's chances of contracting HIV by 50–60 percent, is not only inconclusive [Mills], but misleading [Garenne]. Increased condom promotion and safe sex campaigns will accomplish much higher infection reduction, both here and abroad.

Other Medical Organizations Concur

The Australian Federation of AIDS Organizations (AFAO) agrees. The AFAO issued a briefing paper: *“Male Circumcision Has No Role in the Australian HIV Epidemic”* (July, 2007). The key points were: no demonstrated benefit of circumcision in men who have sex with men; consistent condom use, not circumcision, is the most effective means of reducing female-to-male transmission, and vice-versa; and African data on circumcision is context-specific and cannot be extrapolated to the Australian epidemic in any way. The paper compared Australia to America by concluding: “The USA has a growing heterosexual epidemic and very high rates of circumcision. Circumcision does not prevent HIV—in high prevalence areas it *reduced the risk* of female-to-male transmission. HIV acquisition rates were nevertheless high in both the circumcised and the non-circumcised groups involved in the trials.

The French Conseil National du SIDA issued a report to clarify the issues following the mass media reporting, and misreporting, of the three African RCTs. “The studies are generating debate among the scientific community and are also raising a number of questions with regard to its implementation and role in terms of public health strategy. Implementation of male circumcision as part of a raft of preventative measures could destabilise health care delivery and at the same time confuse existing prevention messages. The addition of a new ‘tool’ could actually cause a result opposite to that which was originally intended. As the recommendations by the WHO highlight, this strategy is not aimed at countries with low prevalence or where it relates specifically to one part of the population such as in France or the United States” [Rozenbaum].

The Royal Australasian College of Physicians concluded about circumcision in general, “After extensive review of the literature, the RACP reaffirms that there is no medical indication for

routine neonatal circumcision,” and about HIV in particular, “Evidence is conflicting and would not justify an argument in favour of universal neonatal circumcision in countries with a low prevalence of HIV” [Beasley].

Circumcision Could Increase Risk of HIV

Here in America, where four-fifths of adult males are already circumcised, and where adults do not have the same pattern of concurrent sexual partners and sexual networking as many Africans [Talbot], any reduction at the population level would at best be insignificant. The long-term consequences of promoting circumcision might make the problem worse—by implying that circumcision protects males; it might give them and their partners a false sense of security and undermine safe sex practices and condom usage [Kalichman; Myers; Muula].

Based on the moderate rate of HIV in the US, where the majority of males are circumcised, and compared to other developed nations that have low circumcision rates and low HIV rates, it is evident that circumcision does not prevent HIV in developed countries. The majority of HIV cases in US men is due to men having sex with men, and they are not protected from HIV if they are circumcised [Templeton].

In Africa: Even if the 50-60 percent protective effect is true, and if all African males were circumcised over the next fifteen years, it would only reduce the number of infection cases there by 8 percent, and related deaths by 1 percent [Williams].

A Social Vaccine

Education, safe sex practices, and consistent condom use are proven, effective measures for curbing HIV transmission. Uganda demonstrated a 47 percent reduction in HIV prevalence from increased safe sex education and condom promotion—this “social vaccine” is available now, is highly effective, and does not involve the numerous risks and downsides of surgery [Low-Ber]. Consistent condom use reduces lifetime risk by 20 percent [Hallett], as compared to circumcision’s 8 percent [Williams].

Unethical Medical Practice

Extreme care needs to be taken to ensure that parents aren’t misled into thinking that the results of studies performed on adult African males should be extrapolated to health policy for US newborns. It is unprecedented and perhaps unethical for a prophylactic surgery to be offered as a “health benefit” to parents of newborns to reduce risks of an adult acquired disease for which there are safer, less invasive, less expensive, and proven prevention methods available [Somerville; Fox].

Newborns are not sexually active and, therefore, not at risk for sexually contracted diseases. Furthermore, by the time today’s newborns are sexually active, a vaccine probably will be available. Today’s newborns might prefer to retain their foreskin and opt as adults for vaccination, and practicing safe sex practices, including using condoms.

New Data

New information documents the very real risk and harm from newborn circumcision, including the increased risk of MRSA infections plus long-term, tragic complications, including death—about 100 boys per year in the United States [Bollinger]. A coroner’s report documenting an infant’s death in Ontario from circumcision included a comment that every pediatrician on the review board mentioned that they had seen severe complications from circumcision, yet none of the complications they had seen had ever been reported in the literature [Cairns].

Recent evidence demonstrates that Langerhans cells in the foreskin have a protective effect against pathogens—including HIV—by secreting Langerin [de Witte]. The previous theory was that Langerhans cells are an entrance point for viruses. It now seems the theory is partially true, but the mechanism at work is that Langerhans cells set a trap for viruses in order to destroy them with Langerin.

Circumcision constitutes the removal of healthy, functional, and biologically unique tissue and is unwarranted for the prevention of HIV [Cold].

Summary

The risks and harms of circumcision include:

- a. Increased risks of MRSA infections in newborns [Annunziato; Bratu; Donovan; Fortunov; Hurst; Nguyen; Sauer].
- b. Death and severe complications resulting in life-long damage [Cairns; Bollinger].
- c. Sexual side-effects and sensitivity loss from circumcision [Kim; Sorrells].
- d. Psychological consequences including an infant analog of PTSD [Taddio], dissociation [Rhinehart], and addictive behaviors [Laumann].
- e. False claims of circumcision still being promoted in stopping cervical [Walboomers] and penile cancer [American Cancer Society].

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