



Dr. Anthony Lake
UNICEF House
3 United Nations Plaza
New York, New York 10017

July 19, 2017

African Viewpoints on Early Infant Male Circumcision (EIMC) and VMMC

Dear Dr. Lake:

We appreciate the March 3rd letter from Aida Girma-Melaku on behalf of UNICEF regarding adverse consequences of the “voluntary medical male circumcision” (VMMC) program as reported by its subjects. However, we are concerned that the letter failed to address the findings of our investigation and the experiences of those reporting harm.

We have partnered with international medical experts to deliver the following joint response. The European Network of Ombudspersons for Children (ENOC), whose members have previously called for a ban on non-therapeutic circumcision of underage boys in their respective countries,¹ will address this letter in their General Assembly meeting in September where they will adopt a joint Statement on circumcision and children’s rights.

The Danish Medical Association (DADL), whose 2016 policy statement describes non-therapeutic child circumcision as “ethically unacceptable,”² and The Royal Dutch Medical Association (KNMG), which urges “a powerful policy of deterrence,”³ are also copied.

In light of the previous letter’s statement that “[t]he perspectives and much of the supporting evidence ... is mixed,” we begin by agreeing with UNICEF that the available discourse on male infant circumcision is remarkably inconsistent:

- UNICEF conducts infant circumcisions, while the 63rd session of the UN Convention on the Right of the Child (UNCRC) classified this act as a “harmful practice.”⁴ The Council on Violence Against Children’s UN report describes the non-therapeutic circumcision of boys as

a gross violation of their rights, including the right to physical integrity, to freedom of thought and religion and to protection from physical and mental violence.⁵

The Council of Europe’s Resolution 1952 (2013) describes non-therapeutic circumcision as a “violation of the physical integrity of children,” adding that

supporters ... tend to present [circumcision] as beneficial to the children themselves despite clear evidence to the contrary.⁶

- Some people perceive the foreskin as redundant tissue. Others highlight the presence of sensitive nerve endings, estrogen receptors, and other unique components and functions suggesting that the foreskin itself has intrinsic value that is necessarily lost to circumcision.^{7,8}
- Some proponents advocate male infant circumcision to reduce the risk of urinary tract infections. Others emphasize that this risk is rare in boys ($\leq 1\%$, regardless of circumcision status), treatable with antibiotics as is standard for girls, and eclipsed by the greater risk of meatal stenosis, a potentially serious complication of male infant circumcision involving constriction of the urinary opening.⁹
- Some proponents take the reported 60% relative HIV risk reduction for female-to-male transmission at face value. A Cochrane review adopted a more liberal interpretation of a 38%–66% relative risk reduction.¹⁰ Others have questioned the study methodology itself,¹¹ the possibility of an overriding increase in male-to-female transmission (suggested from the “buried” Rakai trial in 2009¹²), the possibility of risk compensation,¹³ and whether the trial findings would transfer to a real-world multi-cultural environment spanning 14 diverse countries.¹⁴
- Some found the 60% trials sufficient to warrant VMMC roll-out, while others believe the decision was premature.^{14,15} The National Demographic and Health Survey data from the start of VMMC roll-out (2008) did not support an association between male circumcision and HIV prevalence.^{16,17}
- Some attribute the World Health Organization’s recommendation to a “hybrid forum” involving discussions from an appropriate range of stakeholders. Others have attributed the recommendation to a circumcision-promoting “network” which systematically dismissed contrary studies and viewpoints.¹⁸
- Some interpretations implicate the foreskin’s langerin-producing Langerhans cells as HIV target cells,¹⁹ while *in vitro* studies have found that langerin is a chemical barrier to HIV-1 transmission.^{20,21}
- The American Academy of Pediatrics (AAP) states that the benefits of male infant circumcision outweigh the risks;²² but Germany’s official pediatric society (BVKJ) stated in a national legal hearing against the practice that “this AAP statement has been graded by almost all other paediatric societies and associations worldwide as being scientifically untenable.”²³ In 2013, a joint response to the AAP’s male infant circumcision policy from 20 international medical societies stated:

Seen from the outside, cultural bias reflecting the normality of nontherapeutic male circumcision in the United States seems obvious, and the report’s conclusions are different from those reached by physicians in other parts of the Western world, including Europe, Canada, and Australia.²⁴

Within this heated climate of contradictions, there is no clear answer as to whether male circumcision is beneficial or harmful to children on balance; whether it can ever be medically indicated in the absence of pathology or consent; whether the controversial “60%” trials will translate into a meaningful impact on the HIV epidemic; or whether these children will come to value or resent their circumcisions. For these reasons, we must default to the experiences of those affected by this program.

Unaddressed in UNICEF’s previous letter, our investigation revealed five (5) disturbing patterns in the experiences of Ugandans and Kenyans who underwent VMMC as children, adolescents, and adults. We present these patterns as VMMC/EIMC program limitations in urgent need of response:

(1) Allegations of children’s rights violations

The less-than-optimal uptake of VMMC among adults has been used to justify the circumcision of children and infants who cannot refuse the procedure.²⁵ The breach of children’s consent, therefore, is intentional. Many respondents in our investigation expressed human rights concerns over this practice.

Our investigation revealed an emerging vanguard of Ugandans and Kenyans who strongly believe that VMMC/EIMC violates the rights of children, or that their own rights were violated by the program.

Notable quotes include:

- “It should be banned because it’s violating mostly the children. They are being forced to get circumcised yet it’s not their wish.”
- “I was circumcised at my early age, but had I to be somebody with authority by then I would not allow it. ... I think my right was misused.”
- “I did it [underage VMMC] but I didn’t want it.”
- “My dad greatly respects the government programs. ... I had to go at his command. ... I’m a person and I have my rights, and that includes the right to refuse or say no.”
- “My neighbor there, he was forced by the parents because the parents were deceived that male circumcision prevents HIV. ... Because they love the son, they forced the son to go and have [a] circumcision.”
- “When you are forced to do something against your will, that’s violation right there.”
- “It’s against our rights. ... Let it be banned forever.”
- “I see some of them, they are just forced ... pushed to the hospital as they cry. Then they are circumcised.” When asked if this violates their rights: “Yes.”
- “It’s very wrong because Muslims [like VMMC/EIMC practitioners] will circumcise at just three months!”
- “It has violated the rights and it has even increased more problems.”

These quotes are representative of our sample, and indicate what children subjected to VMMC and EIMC might say if given a voice. As these children become adults, UNICEF should prepare for an onslaught of children's rights violations to be reported in generations to come.

(2) No safeguards for parental consent

The previous letter mentioned the Ugandan policy of requiring parental consent for children below the age of 18, but did not mention any policy for enforcement. There are currently no safeguards for the inevitable corruption that occurs when VMMC mobilizers, who typically live in poverty, are given monetary incentives to procure children in large numbers.

In all districts we visited, respondents revealed that children and adolescents are regularly taken from schools without the knowledge of their parents. Parents' reactions included:

- "This program circumcises your kids while you're away, and when you come home you find out they have already been circumcised. ... Many [parents] are still arguing angrily and they were devastated the day of the circumcision."
- "It was like a government law that the government had given word that the youths should get circumcised, then they would be protected from AIDS. And I could not refuse."
- "Even the parents felt really bad about this. ... You know, each tribe has its customs. Circumcision is a custom of other tribes."

A 14-year-old respondent recalled his mother's reaction after learning that against his cultural beliefs and heritage, an American NGO had taken him from his school to be circumcised at the age of 9: "She took care of me, but was really concerned about me."

Malawi²⁴ reported a similar case in Chikhwawa, where USAID-funded workers picked up a 9-year-old boy on the side of the road and used candy to bribe him to undergo VMMC. Significantly, the story was reported not for the illegal breach of parental consent (which our investigation found is commonplace), but because it happened to result in a botched circumcision that amputated the child's penis. His father found him "dumped close to home" by the workers.²⁶

In maternity ward settings, **EIMC too will result in wrongful circumcisions unless UNICEF develops a monitoring system to ensure proper consent for the procedure.** Lack of financial or legal resources for victims, or lack of a visible platform, should not be used as a justification for breaching the legal rights of vulnerable populations. UNICEF can expect not only the wrath of parents but the judgment of history should these breaches continue.

(3) Changes in sexual functioning

We are concerned that the VMMC literature pointing to male circumcision as a sexually harmless or "enhancing" procedure has been conducted and promulgated by a relatively small constellation of affiliated researchers. These researchers have a vested interest in promoting VMMC, with at least two of them, John Krieger and David Tomlinson, owning patents on circumcision devices.

Externally conducted studies have revealed a much broader spectrum of sexual experiences following

circumcision, including circumcisions conducted under the VMMC program where experiences of diminished sexual pleasure abound.²⁷

Our investigation triggered numerous unprompted responses into the sexual changes that occurred after VMMC. Respondents reported adverse effects including varying degrees of sexual dysfunction, diminished sensation resulting in delayed ejaculation and sexual compulsion (both construed as *positive* effects within the VMMC literature), penile skin reduction resulting in painfully tight or bent erections, two botched surgeries, and a case of hemorrhaging which resulted in the death of a three-year-old child.

To the previous letter's allegation that respondents' reported harm may be due to traditionally performed circumcisions, we respectfully remind UNICEF that VMMC experiences were the topic of our investigation. Accordingly, almost all respondents reported undergoing "safe male circumcision" (SMC) or circumcision in a medical setting for the explicit purpose of HIV prevention. Additionally, the investigation focused on traditionally non-circumcising tribes affected by VMMC: Bagwere, Iteso, Luo. Should UNICEF believe that VMMC messaging is leading non-circumcising tribes to pursue harmful or injurious traditional circumcision practices, an elaborated response with an emergency plan for these communities is indicated.

Sexual harm

Respondents in our investigation reported varying degrees of sexual harm from VMMC. As expected, short-term reactions varied due to the novelty of being newly circumcised. Long-term responses were consistently negative.

Most respondents who supplied sexual information did so unprompted. However, seven respondents, ranging in age from 18 to 29 years, were asked whether they preferred the sexual experience before or after undergoing circumcision in a medical setting. Here are all seven of their responses:

- "Of course there is no ... difference between this one who is circumcised and the other one who is not circumcised." (This subject had been circumcised two months prior to interview, and admitted that his wound was not fully healed.)
- "The one before. ... That's why I'm advising my brothers: Don't risk to tamper."
- "Not circumcised."
- "When I'm not circumcised."
- "When I'm not circumcised I can perform better, because when you are circumcised ... you take long to ejaculate."
- "There is a change because my libido [also translatable as 'enjoyment'] ... was reduced."
- A respondent with limited English comprehension answered "yes" when asked if he had been performing better before SMC. When asked if he performs better after SMC: "No! ... It is just going badly."

Unprompted, a subject in his 50s reported that circumcision diminished his sexual performance: “To my dismay, it has ever gone down, and I began complaining that possibly I was better before I went to [the SMC clinic].” Another circumcised respondent suggested that the procedure “reduces male vitality,” citing this perception in his opposition to the VMMC/EIMC campaign.

Reports of diminished sexual functioning following VMMC were widespread in our investigation, and may correspond with the loss of foreskin motility (a significant contributor to sexual stimulation*); or the loss of the ridged band, frenulum, and other densely innervated and erotogenous parts of the foreskin that are normally exposed during sexual activity.

Children’s rights

Although there is admittedly little intermixing between the fields of sexology and children’s health, ethical complications emerge when sexual alterations are imposed on children. A recent study published in the *International Journal of Human Rights* divulged “wide-ranging unhealthy outcomes attributed to newborn circumcision,” adding:

Survey results establish the existence of a considerable subset of circumcised men adversely affected by their circumcisions. ... As with non-therapeutic genital modifications of non-consenting female and intersex minors, responses are highly individualistic and cannot be predicted at the time they are imposed on children.²⁸

The human rights literature on Western neonatal circumcision is consistent with the views expressed by our Ugandan and Kenyan respondents. We expect that African dissent toward VMMC/EIMC will only increase as the continent progresses deeper into the Digital Age, where awareness of normal sexual anatomy and functioning is improving, and where the internet has already proven fertile soil for male circumcision support groups such as CircumcisionHarm.org, IDidNotConsent.org, Bloodstained Men, Men Do Complain, and the 51 regional chapters of the National Organization of Restoring Men (NORM) in seven countries.

Wherever UNICEF stands on the genital cutting debate, it should be aware that the millions of children who are subjected to VMMC and EIMC will grow into adults with varied opinions and feelings about what was done to them.

(4) A reported rise in sexual violence

Our investigation did not set out to study VMMC’s effect on sexual violence, but the following responses from adolescent boys caught our attention:

- “[VMMC] is making Africans suffer because their high sexual appetite is increased and that makes them suffer. Others even end up raping girls which will make them end up in prison.”
- When asked about general complications from the VMMC campaign, another young man reported: “Rape cases.”

* The foreskin comprises the motile component or “moving parts” of the penis. Its removal alters sexual functioning by changing the penis from a dynamic to a static organ.

Additionally, our investigation prompted the following responses from women and girls:

- “My brother at first was never jumpy, but when this program of circumcision came he thought now he’s safe. So he started becoming so jumpy, and at last he also acquired it [HIV]. And he’s a rapist.”
- “[VMMC] has created a high rate of immorality among the youth and entire community.”
- “[M]ostly children and these youths, they are circumcised, they run more mud for sex.”
- “[A]fter somebody is circumcised, they will go ahead and do a lot of funny stuff ... ‘I’ll sleep with this one, I’ll sleep with the other one’ ... ‘After all, even if I sleep with ten girls I won’t get that disease, I’m circumcised.’”

A man in his 20s commented that circumcision makes men become “rough,” while other men stated:

- “Those people who were humble and faithful have turned because they think circumcision can help them.”
- One man appeared to confuse a question about forced circumcisions with one of forced sex: “I have an experience. You know when you are circumcised, you don’t want to sleep without fucking a lady. You might even fuck more than three at a go.”

A female sex worker relayed her challenges with circumcised clients:

[S]omeone can come when he is circumcised and force you, tell you he is going to give you a certain amount of money, do this and that, we’ll do it without a condom. You understand? Which complicates things for me sometimes. Sometimes he says he doesn’t have AIDS. Such are our challenges. ... [I]f that [a circumcised] person comes, he can force me. He can do sex forced because he is circumcised.

When asked if she would support a ban on VMMC, this respondent stated: “I support it with all my life and with all my blood.”

To date, the VMMC campaign has focused on a possible 60% reduction in female-to-male HIV transmission without quantifying its effects on women (despite the reality that women are more vulnerable to HIV infection). This is especially problematic because the only clinical trial into VMMC’s effect on male-to-female transmission found that even with optimal behavioral counseling, male circumcision increased women’s HIV risk by at least 54%.¹² The trial was terminated early “for futility”; an even more alarming figure could have resulted if brought to full term. Our investigation reveals a spectrum of violent sexual behaviors attributed to VMMC that may *further* increase women’s risk.

With respect to HIV, male-to-female transmission is more common than female-to-male transmission; UNICEF estimates that women and girls claim 70% of new incident infections in SSA. Therefore, any increased risks therein should be prioritized as having a substantially greater impact on the epidemic. These responses reveal a long-overlooked consequence of VMMC that warrants special attention moving forward.

(5) A reported rise in HIV cases

The “60%” trial findings are commonly applied to the real-world circumcision campaign because the efficacy of VMMC and EIMC remain unknown. Because VMMC is packaged with effective HIV-preventive services such as testing, counseling, provision of condoms, and antiretroviral therapy (ART), there is no measure for the program’s effectiveness on its own. Likewise, EIMC’s efficacy against future HIV transmission remains hypothetical: it has never been studied.

Many statistical sources agree that the HIV epidemic has not measurably improved, or has worsened from the time of VMMC roll-out in 2008. The previous letter highlighted falling national HIV rates in Uganda from 2010 to 2015, while the New York Times reported a rise in these rates from 2005 (pre VMMC roll-out) to 2012 (post VMMC roll-out).²⁹ Too often, quantitative approaches yield a “slippery slope” of contradictions that only serve to detract from the experiences of Africans: Again, **there are no direct metrics to indicate VMMC/EIMC’s efficacy against HIV.**

In lieu of quantitative data, we must default to the experiences of VMMC subjects and their colleagues, parents, spouses, and widows. The previous letter failed to address our respondents’ reported risk compensation, as well as the reported upsurge in HIV cases following local VMMC initiatives that was claimed by virtually all of our respondents.

Notable cases include:

- A visibly emaciated man attributed his weight loss to the stress of acquiring HIV following SMC for HIV prevention. He added that his neighbor died from AIDS after also participating in the program, leaving behind a widow and two children.
- An adolescent girl reported that her brother “was never jumpy” until a local SMC campaign entered her community. Following his circumcision, he became a rapist because “he thought now he’s safe.” He acquired HIV shortly thereafter.
- Two sex workers attributed their HIV infections to circumcised clients, while other sex workers confirmed the difficulty or impossibility of condom negotiation with newly circumcised men. One of the HIV-positive sex workers alleged that the VMMC campaign “is finishing us like nothing.”
- Two HIV-negative men found near a brothel reported that they were referred SMC services during routine HIV testing; both acquired HIV shortly thereafter.
- A schoolteacher alleged that VMMC mobilizers collected all of her male students for SMC, and that they consequently “started messing up.” By the end of the term, three of these boys had become infected with HIV.
- A high school student reported that he and his girlfriend stopped using condoms after undergoing SMC for HIV prevention. More recently his girlfriend tested HIV-positive. He awaits his own HIV test.

- Another high school student admitted engaging in frequent unprotected sex after undergoing SMC. He had since acquired gonorrhea and was reluctant to undergo HIV testing: A number of his friends had tested HIV-positive following SMC “so I also fear.” The respondent refused our attempts to take him to testing.
- A father explained how he was misled by a local SMC program and consequently became HIV-positive. His voice cracks as he adds: “I am now saying circumcision must stop.”

Significantly, these experiences were collected over a period of *less than three weeks*. What other VMMC catastrophes remain to be uncovered?

Either VMMC is ineffective at curbing HIV infections in a real-world setting, or men and adolescents are systemically overestimating its effectiveness. Amidst aggressive advertising for SMC as an HIV-preventive measure, there are no campaigns to control the media hyperbole and life-threatening misconceptions that are occurring—and now well-documented—within the rural communities.

A discrepancy remains between what appears in the literature and what turns up in independent investigations, as indicated by such local news headlines as: “Circumcision disaster: Malawi HIV infection rate doubles”; “Circumcision drive fails in Swaziland”; “HIV prevalence rises in Mozambique”; “Botswana HIV infection among circumcised men rises”; “Circumcised men abandoning condoms” (Zimbabwe); “Circumcision promoting risky behaviour – report” (Uganda); “Malawian circumcised men most likely to be infected with HIV, research shows”; “Circumcised men indulge in risky sexual behaviour” (Zimbabwe); “Push for male circumcision in Nyanza fails to reduce infections” (Kenya); “Zomba HIV prevalence rate at 15 percent despite intensive VMMC campaigns” (Malawi); “Circumcision does not prevent HIV/AIDS, Migori youth warned” (Kenya); “The benefits of circumcision are exaggerated, we should end it” (Kenya); “Parents protest forced circumcision of children” (Uganda); “Child circumcision ignites debate” (Zimbabwe); “Stop infant circumcision” (Zimbabwe); and “Malawians blast the US: ‘We don’t need aid for circumcision.’”

In a 2015 investigation published in the German magazine *GEO*, a Zambian former Ministry of Health worker recalled not only becoming infected with HIV following SMC, but discovering how common the problem really is: “‘Thousands share my fate,’ he learned [in an HIV support group]. ‘The circumcision campaign is a deadly deception.’”³⁰

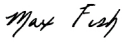
By either the zeal of VMMC research parties or a reluctance to prioritize the views of Africans, these experiences are not reaching the fore. Mounting evidence of VMMC harm is met with increased “demand creation” propaganda and the targeting of increasingly younger children—epitomized in the EIMC program—wherein the true effects of the program are bound to be less apparent, and its subjects even more voiceless.

The five problems identified in our investigation, combined with the extraordinary racial, cultural, and historical implications of the African mass circumcision campaign, warrant a plan of action or retraction.


In accordance with its mission “to advocate for the protection of children’s rights,” we again urge UNICEF to address the concerns of VMMC/EIMC subjects who are begging to be heard, with a focus on these five problems: (1) allegations of children’s rights violations; (2) lack of safeguards for parental consent; (3) changes in sexual functioning; (4) the reported rise in sexual violence; and (5) the reported rise in HIV cases.

We appreciate your attention to this urgent health and human rights issue, and look forward to your response.


Sincerely,

DocuSigned by:

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Ms. Max Fish
Chief Executive Officer
The VMMC Experience Project

DocuSigned by:

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Mr. Prince Hillary Sebe Maloba
Executive Director
The VMMC Experience Project

DocuSigned by:

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Prof. Dr. Piotr Czauderna
President of the Pediatric Surgery Section
European Union of Medical Specialists
& Former President
Polish Association of Pediatric Surgeons
& Head of Clinic
Surgery and Urology Clinic for Children and
Adolescents
Medical University of Gdańsk, Poland

DocuSigned by:

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Prof. Dr. Daniel Ncayiyana
Emeritus Professor & Deputy Vice-Chancellor
University of Cape Town, South Africa
& Emeritus Editor-in-Chief
South African Medical Journal

DocuSigned by:

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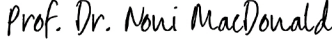
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Physician & Broadcaster
The Dr. Dean Edell Show
Dr. Edell's Medical Journal
& Founder
HealthCentral

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Department of Pediatrics
National University Hospital of Iceland
& Editorial Board
Journal of Case Reports & Studies

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Prof. Dr. Tom P.V.M. de Jong
Departments of Pediatric Urology
University Children's Hospitals
UMC Utrecht & AMC Amsterdam

DocuSigned by:

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Prof. Dr. Noni MacDonald
Division of Pediatric Infectious Diseases
Dalhousie University, Nova Scotia

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