Appendix A: Press Conference

Speeches and reception from the multi-national press conference against child circumcision campaigns

Bundespressekonferenz, Berlin, Germany
4 May 2017
I would like to welcome you to our press conference. Today we want to take a look at the impact of the circumcision campaigns in Africa. On the podium are sitting, besides me, Christian Bahls, chairman of MOGiS e.V., a voice for those affected: Dr. Ulrich Fegeler from the professional association of pediatrics of Germany (BVKJ), as well as Ms. Max Fish from the VMMC Experience Project, Mr. Prince Hillary Maloba from Kenya, also from VMMC Experience Project. Beside him is Mr. Kennedy Owino Odhiambo, also from Kenya; he is chairman of Intact Kenya. Beside him is Dr. Jutta Reisinger; she is a general practitioner for the Aktion Regen association for development cooperation, sexual and reproductive health, family planning, and HIV prevention. She works in Africa. Our last spokesperson will be Dr. Idah Nabateregga; she is a specialist for the topic of female genital mutilation at Terre des Femmes – Human Rights for the Woman. In particular, I would like to thank our guests from Kenya and the USA for taking the time to discuss this issue.

Why does an association like MOGiS host such a podium? MOGiS is an association of people affected by interventions in sexual self-determination in childhood, in particular sexualised violence, sexual abuse, and sexual exploitation. We were founded in 2009 as a victims' association for victims of sexual abuse and were represented by two members at the round table for the reappraisal of sexual child abuse in Germany in 2010/2011, also in its subgroups. We have been working on the topic since 2010.

I was at a human rights conference in Brussels and asked myself: Why do we only talk about female genital mutilation and not about the fact that there is also tissue removed from the genitalia of boys without their will and consent? During the debate about circumcision in Germany, I invited the circumcision victims in our association to form a professional circle.

Since August 2012, the professional circle of those affected has existed in MOGiS e.V. This working group has been trying to get involved in the parliamentary debate but has not been given hearings. Invitations were even cancelled.

Because of my work with men who have been affected by violence, I had already anticipated the consequences of circumcision for boys and men. As soon as I had contact with men affected by circumcision, I could clearly see these consequences. It is very interesting: The traumatisation which can result from a circumcision is now a generally accepted opinion. For example, yesterday Professor Lanzmann of the Medical Association of Jewish Physicians said:

*It is certainly understandable that a religious or even a medically indicated circumcision in the preschool or school age can be perceived as traumatisation.*

He also says:

*The affected persons must experience a full support in the management of their post-traumatic stress disorder.*

This was said by Professor Rotem Lanzmann, chairman of the Medical Association of Jewish Physicians, published yesterday on RP online. A member of our association says to this topic:

*Why did Germans, who already play Mozart to children in the mother's womb, allow me to be circumcised?*

And this is also the question here: How can it be that we allow what happens there in Africa, even though we know so much about circumcision here in Europe? It's the same question. We, who really know a lot about children's rights and who have been leading these debates for quite some time: Why don't we protect the children?

I would particularly like to mention UNICEF in this context. Together with UNICEF, we are member of the National Coalition for the Implementation of the United Nations Children's Rights Convention. In other words, we are working together with UNICEF to ensure that children are heard and that the rights of children are preserved.

What I am showing you here is the first slide of a lecture presented by a member of UNICEF in 2014 in a working group on male circumcision. The problem is that even UNICEF, which should know best about children's rights, cuts children in Africa. UNICEF is working on a programme called EIMC: early infant male circumcision. In this programme, children are circumcised until the age of 60 days. In this respect this title page [depicting older children] is a bit misleading.
In Swaziland they are more honest. As you can see, this man who protects his child in his arm applies to [infant] circumcision. As you can see, on the right-hand side of the column, UNICEF is fully aware of the arguments against the circumcision of small children. In particular, as the last point you can see that UNICEF also knows that it could be a violation of children’s rights and, above all, it violates the self-determination of the child. They actually know that circumcision violates the children’s self-determination rights, but they do it anyway.

So, what if we compare propaganda and reality? On the left you can see the campaign in Swaziland, on the right what it actually means. If you want to cut an infant, you either hold him down or you strap him down. What you can see here is a so-called “circumstraint.” It’s from Olympic®, the market leader for such devices. You will find this easily if you search for “circumstraint” on the Internet, and that is the reality. This is the reality of what UNICEF is doing in Africa. Here, you have to stand that for only a few seconds; for the small child it takes a few minutes longer.

Therefore, the next time you buy a card from UNICEF for Christmas, you should know that you are financing such programmes in Africa. The next time you donate money to UNICEF Germany, you can be sure that 80% of what you donate in Germany goes to such international programmes, among other things also in the circumcision of small children in Africa.

*Dr. Bahls refers to a slide with a table of pros and cons for targeting newborn infants from a UNICEF document titled, “Providing Early Infant Male Circumcision within Routine Service Delivery.” The final “con” states: Child protection (in terms of idea of child being unable to consent).
Ladies and Gentlemen, I am delighted to have the opportunity to comment on this disturbing subject here. We as paediatricians are, of course, outraged, because here is something being done on a large scale which we had already rejected during the German circumcision debate.* As we all remember, we now have a legalisation of circumcision, which we still reject, because it is only the cementation of the status quo ante, and it does not forbid religious or ritual cutting. That means non-medically indicated circumcision of children, boys who are not able to understand and give consent. This is something that we strictly reject.

We say that if someone wants to be circumcised, he should decide for himself and voluntarily, and he must be at an age in which he can do that. So, this is not in principle a vote against circumcision, but a vote against circumcision of children who cannot resist.

I just want to briefly report on some medical conditions here to make it clear what this is all about. This massive action in Africa, which covers between 25 and 35 million men, is essentially based on three studies that are科学ally as holey as a Swiss cheese. But nowadays they are sold as an iron truth, a certainty that is beyond all doubt. If you take a look into the literature, you will quickly find critical authors, especially a very famous researcher from Michigan University in the United States who works there in South Africa. He has taken these studies apart and analysed them in detail, so I’m only showing some highlights now.

A major problem with these studies was the selection of subjects. In principle, it is a high-risk group that has been selected. That all happens for money. And money, of course, is taken by the people who need it most, and those who have been circumcised for these studies came from this group. These have often been men who were not living in partnerships, who were alone and who had risky sexual behaviour. This means that the average of the population is likely to have a very different prevalence, which is also seen in other studies from other countries.

There was a study in 19 African countries. This study found out that in half of these countries, the prevalence—that means the question of who has HIV and who has not—does not make a difference between circumcised and uncircumcised men. This also corresponds to other investigations that exist worldwide. We do not find a difference between circumcised and uncircumcised at all. Think about the United States, where we have the highest rate of circumcised men, especially the African Americans. Here we also have the highest HIV [prevalence]. To simply claim that circumcision would protect from HIV is a very, very brave and adventurous statement to our ears.

And now the big question is: What for?

Bertrand Auvert, the father of these studies, has calculated that the risk is reduced by 60%. Not by 100%, but by 60%. At the same time, however, circumcision was sold as being the same as a vaccination against AIDS. Just imagine this. With this awareness and with this slogan it is advertised there.

I’m not going to go deeper into the data, I just want to tell you one thing: You can achieve the effect of a moderate reduction in the rate of HIV with a 1,500% increase in the number of circumcisions, or with a 3% increase in the condom rate. The first is extremely expensive, it binds a tremendous amount of resources, both manpower, as well as structures and money, because the operation is not performed free of charge. It prevents these structures, this money, that manpower from being available for meaningful projects.

For us as paediatricians it is especially difficult that children are included here as well. Christian Bahls has just mentioned it: These children are not usually circumcised in anaesthesia, you see the baby crying. This is prohibited in Germany according to our circumcision law. We do not

*The German Paediatric Society (BVKJ) testified in favor of criminalising the non-therapeutic circumcision of minors at the Cologne Regional Appellate Court in 2012. The practice was outlawed for one month before it was overturned by religious groups and replaced with a national law protecting the practice (BGB § 1631d).
know at all whether it is obeyed, but it is at least prohib-
ited. But you see, here it is done without anaesthesia. This
is, in my opinion, a barbaric method. Children do not feel
less pain than an adult. Anyone who claims this has no idea
and does not rely on well-founded scientific knowledge.

Almost even worse—although there is hardly any in-
crease—is: This procedure on children, infants, and ad-
olescents is sold as prevention. Just imagine. You really
have to imagine that the probability of 60% reduction is
sold as prevention. A prevention in the real sense would
be the use of a condom. This creates 100% security. That
means, pursuing a policy of creating 100% collateral by
promoting the condom, by developing new condom tech-
nologies that are more acceptable for the people would
be a very useful and, above all, much more cost-effective
method. In addition, one should turn to those directly af-
fected or already HIV-infected.

There is a program called “test and trial.” It means that
you should test the population much more, specifically
pick up the infected people and provide them with rea-
sonable medicine. Because, according to the current state
of science, a well-treated HIV sufferer who has almost no
viral load in the blood [from ART] is no longer infectious.
This also binds much money, but not as much as this cir-
cumcision campaign. If we limit our work to such meth-
ods, then we would have done much more correct and
meaningful.

You will hardly find anyone in Germany who understands
something of epidemiology and finds good what is being
planned here. I want to close here for now, but I am open
to any of your questions. Thank you very much.
Max Fish
The VMMC Experience Project

Good afternoon. We’re here from three continents to speak out about a global issue that affects the world’s most vulnerable populations: the poor, the uninformed, children, and many living in Africa. But we can’t speak out without having people to listen, so thank you all for coming out to listen to us today.

My name is Max Fish. I am an American from a Jewish-Hungarian family that was affected by the Holocaust. My professional background is as an editor for scientific and medical journals. I’m not used to speaking out in public. I normally work quietly at my desk. But what I found out there compelled me to raise my voice and speak publicly on this issue.

I am the founder of the VMMC Experience Project. We are a non-profit organisation to empower Africans affected by the American circumcision campaign. VMMC stands for “voluntary medical male circumcision”—this is the policy term that is used for this campaign. And all of the major AIDS relief organizations are behind it: the Bill & Melinda Gates Foundation, the World Health Organisation, UNAIDS, USAID, PEPFAR, and most recently UNICEF.

I am a US citizen, so I come from the source of the male circumcision agenda. The United States is the only developed country whose medical associations endorse circumcision, and the only developed country that still circumcises the majority of its boys routinely after birth for non-religious reasons. The practice is so common in the US that many Americans compare the cutting of the foreskin after birth with the cutting of the umbilical cord. It is, to many Americans, a non-issue.

I didn’t begin to question circumcision until I took a job at a scientific publishing house in Austin, Texas. We’d published a number of studies that used “dermal fibroblasts”—these are a type of skin cell that is used in biomedical research, and in the production of skin grafts for burn victims and in some cosmetic creams. But it wasn’t until I encountered a paper from Hong Kong referencing “foreskin fibroblasts” that I began paying attention to this issue. China is a known hotspot for illegal organ trafficking, but here was a Chinese study that imported foreskin derivatives from the United States.

I wanted to learn more about this foreskin “black market,” so I spent the next six months uncovering everything I could find out about American infant circumcision. I ended up even more confused than when I’d started, because there are huge contradictions within both the medical and scientific literature on this topic.

I saw papers highlighting circumcision as a health measure, and others pointing to the procedure as an American cultural anachronism. American articles likened circumcision to a vaccination against sexually transmitted infections. International articles pointed out that circumcised Americans have the highest rate of sexually transmitted infections in the developed world.

The origins of circumcision in American medicine were even more contentious. I learned about a medical trend in the late 1800s called “orificial surgery”—that is, surgery of the genital orifices of children to prevent sexual excitation. Before the germ theory, sexual excitation was blamed for a wide range of illnesses from paralysis to hip joint disease, and doctors prescribed genital cutting to control this.

Male and female circumcision were both engrained in American medicine during this era. In fact, they were so engrained that the Journal of Orificial Surgery proposed renaming them both as “the American operation.” So male and female circumcision had parallel medical histories in the US, and both find their origins in the sexual repression of children.

Other American physicians from the late 1800s proposed circumcising African-American men to control their sexuality. You might think of this campaign as something new, but actually the first mass African circumcision proposal appeared almost 120 years ago—this was in the Texas Medical Journal in 1889. And a physician named Peter Charles Remondino published a series of articles recommending circumcision of African-American men as an antidote for what he described as a “Negro rape problem”—this “problem,” of course, being informed by racist stereotypes about African men being promiscuous or hypersexed.

We see this racism reflected in the present circumcision campaign—the idea that behavioural interventions like condom use and fidelity were not enough for these people, that African sexuality needed a “final solution.”

So how did we come to the present circumcision campaign? We know that African men are stereotyped as promiscuous, and we know that circumcision proponents have been trying to make this procedure relevant to medicine for over a century. I believe that the two are linked, that Africans are being used to justify an American custom.

The newer theories that circumcision prevents cancer and AIDS were designed to keep the medical reasons current with American health fears. In fact, in 1986—within three years of the discovery of the HIV virus—male circumcision was already proposed as a solution.
It was a matter of time before surgical trials were conducted on Africans to prove the HIV prevention theory. And these trials were conducted not by virologists, but by circumcision advocates. I urge you all to look at the trials in South Africa, Uganda, and Kenya that are being used to promote the HIV prevention theory. Look at the author names, and you will see that they come from a familiar constellation of circumcision proponents: Auvert, Moses, Gray, Wawer, Bailey, and so forth.

These trials influenced the opinion of the World Health Organisation; they reinforced the opinion of American medical associations; and they launched the first mass surgical campaign in human history. Many AIDS policy-makers were drawn to the tempting idea that this complex epidemic could have a simple surgical solution.

But there is also a body of articles that expose major flaws within the African circumcision trials. There is actually no scientific consensus that circumcision prevents HIV; and while the political arguments continue on both sides in the Western literature, Africans continue to be coerced and cut by the millions. We are not hearing their side of the story.

In 2014, the Bill & Melinda Gates Foundation and PEPFAR—which is an American government agency—announced that six million men and children had been circumcised in the campaign. And that figure of six million people really resonated with me. I come from a family that was affected by the holocaust, and six million was a number that came up frequently in my home. It seemed unimaginable to me that a holocaust-sized number of Africans had been subjected to American surgical correction, yet the world had not heard a word from them. I found this silence chilling, and I knew that something had to be done. I founded the VMMC Experience Project to give these people a voice.

Winston Churchill famously said that history is written by the victors; but by collecting and cataloguing African experiences, we can capture a piece of this history from the victims’ point of view. The promoters may try to downplay the damage this program is causing, but they can no longer say they didn’t know.

Thank you very much.

This speech was followed by a presentation of the “Abridged Preview” video from www.vmmcpject.org.
My experience

I grew up as a young happy man without knowing anything to do with circumcision—until I was ambushed by thousands of men surrounding me with terrifying songs on circumcision, and told I was going to pay their debt of circumcision. I was circumcised twice, which resulted in excessive bleeding, removal of skin, and a deepened wound with prolonged wound healing. I was treated with cultural herbs which are more painful than circumcision. What I went through I don’t want future generations to go through.

Circumcision has no value in protecting any disease. It’s purely lies that circumcision has any role in prevention of HIV. It’s a mother of pains, torture, death, and suffering for children and infants, a terrorist act, business of blood through children.

Circumcision seems like the answer to those in the HIV business, because the number of people who could be targeted for circumcision business could run into hundreds of millions. Every year, millions more male children would be available to keep the programmes profitable.

At first the promoters claimed they were only targeting sexually active adults in Nyanza among Luos in Kenya, and in Buganda Kingdom (eastern and northern Uganda); but quickly found out that most of them don’t want to be circumcised—like in Luo Land, Luo politicians, who were promoted circumcision in their region against their Luo culture, are not circumcised themselves. Ask Ken Owino, who is facing opposition from these giants in his community. Beneficiaries of VMMC are politicians and those working in the same sector.

So, they changed the strategy to children from schools and infants born in hospitals. The more children you get from schools for circumcision, the more money you get, you are paid. The more boy babies are born, the more money doctors get, acquiring wealth through blood business.

My work in anti-circumcision/HIV

Because we are the midst of an epidemic of fake news, spreading blatant lies that circumcision prevents diseases faster than a virus, I believe in education as the key to changing long-established patterns of social behaviour. It can help in combating this WHO and UNAIDS propaganda that circumcision prevents diseases. It’s through practically oriented education that our children will have the awareness, skills, and knowledge to acquire the attitudes necessary for a healthy life without being circumcised.

Rebel with a cause

Uganda was doing well in reducing HIV infection through a strategy called ABC—“Abstain, Be faithful, use a Condom”—and was praised internationally. Then suddenly we heard over the media that Western scientists have done research and found out that male circumcision prevents a circumcised person by 60% not to get infected with HIV, and WHO recommends mass circumcision in Africa. They were pushing VMMC in Africa to end HIV among uncircumcised communities in Africa by targeting boy children born in hospitals and those in schools as part of part of their drive to end HIV.

I wondered: How can this be true if the Bagisu, my uncles in Uganda, and my own tribe do circumcise their children, men, Muslims do circumcise infant boys, yet AIDS is killing them, terminating many homes, and yet they are circumcised?

As lies and fake news of circumcision was spreading like fire in the sugar plantation, with millions of dollars poured in Uganda and the Kenya governments to end HIV, with NGOs receiving huge donor funding, their target was primary students, boys of four to twelve years of age. They move from school to school using WHO, UNAIDS, and the Ministry of Health government policies of lies that by circumcising children, HIV will come to an end.

As corruption carries the day in Uganda and Kenya, agents of VMMC partner with school administrations by giving them money to gather small boys and tell them that if they get circumcised they’ll never get HIV, and that AIDS kills only uncircumcised people. They use convincing language to trap these innocent children to go for circumcision. They are told further that after circumcision they will not be infected with HIV and penile cancers. They give children free sweets, some give toys, money, etc. Then [they] take these children in lorries to their circumcision centres. These children are circumcised, given first treatment, then they are carried back to their region and dumped there without further medical and social support.

Bearing in mind that the parents of these children were not informed of these atrocities, they are shocked to see their children circumcised and dumped there, go to their homes screaming. Unprepared parents to deal with the healing of their boys, many borrow money for further treatment of their children. I have met many parents who are furious with the VMMC agents for hijacking their children and circumcising them without their knowledge and consent.
Circumcision is violating the rights of children, through forced circumcision as a way to end HIV in Africa based on blatant lies. Serious complications and even deaths have been reportedly from traditional circumcisions carried out on children, and deaths from clinical male circumcisions on infants, children, youth, and men.

I work as Director of the VMMC Experience Project in Africa. You can watch our work on our website. I work in the hard regions where VMMC is a business with the millions of money being poured into to circumcise children.

Challenging this established government system, you are regarded as an enemy of the state policy and an enemy of those in this big business. We have received several threats, been chased, blocked from taking circumcision live videos or pictures in clinics or in village homes. Sometimes you become powerless when threatened often. We come for your assistance to escape forced circumcision.
Kennedy Owino Odhiambo
Intact Kenya

My name is Kennedy Owino. I’m heading Intact Kenya, which is an organisation which shares research-based information on circumcision and intact care. Personally I come from Nyanza, a region found in south-western Kenya where cultural circumcision had never been practiced among the Luos.

Intact Kenya was formed about six years ago, when I realised that the rolling out of mass male circumcision in Africa was raising eyebrows. Children were getting forcefully circumcised from schools, hospitals, and even churches. Teachers were getting bribed in order to hand over school-going children for circumcision. Adverts were all over the mainstream media, and no legal action was taken against medical personnel who botched circumcisions.

More than four-fifths of men in the world are intact, including those in the United Kingdom, here in Germany, South America, India, Russia, and other parts of Asia except for Muslims. As part of the fraudulent scheme, we Africans are being told the opposite, a manipulative and blatant lie no African need to be coerced by to fall to cruel circumciser.

To solve a problem, it is necessary to first find its cause. We started following the river back to its source. All this started from some randomised control trials—the RCTs—that were carried out in Kenya, Uganda, and South Africa. The RCTs came up with a claim that male circumcision lowers the risk of HIV/AIDS.

But why was HIV/AIDS on the rise since the campaign to massively circumcise Luos took its root back in 2007? On 11 September 2013, a popular Kenyan daily newspaper The Standard reported how the push for male circumcision Nyanza had failed to reduce infections.

All these led to the commencement of our campaign to terminate compulsory male circumcision in Luo Land. I began to spread education and awareness to Luos living in Nyanza. We successfully stopped a mandatory circumcision bill in Siaya County. We distributed T-shirts to both children and adults. We organised a public rally in Migori County. We attended live radio interviews, after which we rewarded listeners with books and magazines. We also gave pens and stickers in public service vehicles, and we have also managed to stop the circumcisers from taking children in some schools.

In one of our interviews, a chief was aggrieved by the incident in which an employee of the body which carries out mass male circumcision in the region, the Nyanza Reproductive Health Society, stormed into a home, found a young boy whose mother had gone to the river to fetch water, forcefully circumcised him, then disappeared into the thin air. On arrival from the river, the mother of the boy was astonished to find her son in a pool of blood. Based on his views on this incident, the chief condemns forced circumcision of minors below the age of 18.

One day, while I was away from home for some time, a few days later when I returned home, I was shocked to find that my 10-year-old nephew was circumcised on the previous Friday. I was infuriated, boarded a vehicle to the clinic to seek clarification from the doctor who took him from the school together with other young boys for the cut.

My mother did not sign the consent form. The boy’s mother who is my sister also did not sign the consent form while I was also away. The child was in pain and could not even answer the questions I asked him when I went home. I was really saddened by this, because my conversation with the mutilator did not yield any fruitful outcome. My mother said that there was nothing we could do about it.

While in the clinic yard, I saw schoolboys ferried into the clinic compound using some pickups. Some had undergone the operation. I could not help being there. I had my camera but could not take any pictures. Really, I was lost for words to describe my anger.

I talked to two of the doctors. One could not stay longer during the conversation because I could see my facts were a burden to him, so he walked away into one of the pick-ups and drove off.

Ober Health Centre where this happened is found in Homa Bay County, on the outskirts of Oyugis Town. The kids are given bread and a bottle of soda after the operation. One doctor I talked with for so long, who offered me a job after taking my number, was called Dan. This Dan said that he comes from Siaya County but currently works with the Nyanza Reproductive Health Society in Oyugis Town which is found near our home. My attempt to take legal action was unsuccessful, as the doctors refused to give my lawyer a medical report which was to be used to sue them.
We are also out to condemn the atrocity from being perpetrated on African infants for the same reasons. There is still a lot to be done in order to thwart the Western NGOs’ determination to circumcise African men. The ongoing prevalence of circumcision clinics is an indication that this mass male circumcision is not stopping anytime soon. What are you going to do about it? We are here to seek global partnership to help stop male genital mutilation in Africa.

Finally, I am very grateful to organisations like MOGiS and the anti-FGM groups Tabu and Terre des Femmes, which is headed by Idah Nabateregga from Uganda. These are some of the German non-governmental organisations opposing male genital mutilation on the same grounds they use to argue against FGM. My sincere and deeply rooted appreciation to the individuals and organisations who have contributed in one way or another toward the long progressive journey of African intactivism. Thank you.
I want to report from my experience in Kenya, where I have been recently. Aktion Regen, Vienna has developed an education programme for sexual and reproductive health, family planning, and HIV prevention. We try to find partners that are willing to work in Africa and have interest in our programme. Our organisation educates and trains our staff members. Our staff members are teachers, social workers, and youth workers who speak to the community in schools, health centres, and even in the homes of the people. The slogan of our education program is: \textit{Knowledge as a chance – Giving information, education and motivation.}

What has male circumcision to do with our topic sexual health? For a long time, we concentrated only on female genital mutilation. But at our last visit we noticed how important also the topic of male circumcision is. During a visit at one of the health centres we are responsible for, I was able to see how this [VMMC] programme is going on there and that made me think more deeply.

\textit{Referring to slide presentation:} You can see two of our staff members talking about family planning, but the next topic will be male circumcision. It is the same health centre where every Friday afternoon the circumcisions take place after normal business hours, because they don’t want to be disturbed during their work. It’s a separate pavilion where every Friday afternoon 35–40 boys get circumcised, no one of them older than 8 years. They are brought by a \textit{matatu} bus; taken by three medical officers called “surgeons,” one coordinator, and medical help staff; and led to the operation. This pavilion is well-equipped with an operation area.

As said, these boys are not older than 8 years. How have these boys been recruited? I have asked in the school and they told me that already in school the kids have been invited by so called “mobilisers” to take part at the programme which was called necessary for healthcare. Only the consent of the school’s principal was necessary. In the cases I have seen, the parents of the children haven’t been asked. One of our staff members, a teacher in a primary school, was able to rescue her own son in the last moment. With arguments like “then you will be clean,” “then you are protected from HIV/AIDS,” “then you are part of us,” the children are pushed to follow the “invitation.” The peer-pressure is high and their reward is a bottle of water and two pair of underpants.

In the Kisumu region, where the health centre is found, lives the Luo population, which traditionally does not circumcise their children. Maybe this is also a reason why these parents were simply ignored.

\textit{Circumcision is a protection against HIV/AIDS.}

With this information, an 8-year-old child is simply overburdened. He cannot realise what advantages circumcision should have for his health.

During one of the next visits in this health centre, I had to see how children suddenly panic, become fearful, and want to go home as soon as they hear the screams of the other children who already lay on the operating table or have left the operating room crying. They get insulted at badly by an assistant and even threatened with punches.

“\textit{Voluntary}” male circumcision.

I ask myself: where is the voluntariness?

\textit{[Slide presentation:] Next picture. The advertisement posters of the campaigns. What you can see every time are happy adults. But in my experience, they were always children.}

Next picture, please. Despair. When the children arrive at the health center, they are in happy expectation. As long they are waiting in the corridor they are silent and calm. But here you can see the crying, the despair, and the disappointment. When I happened to come by this scene, I tried to comfort these children and make clear to them that I am rejecting this.

A short video I filmed with my cell phone. His father was in Nairobi; his mother didn’t tell him what will happen. Now it is done and he is in awful pain. He wasn’t even able to close his pants because of his despair and pain.

\textit{[Video of a child crying and wailing]}

\textit{[Slide presentation:] You can see the deep mistrust in this boy’s face. He only escaped because of a small local infection of his penis, and was scheduled for the next event. He asked us to help him because he didn’t want to come back and get the operation.}

After my question to the coordinator, if it was possible to do the surgery at a later time when the children are older, she answered that in this case there would be too many children refusing.
The conversation became more and more hostile. I was forbidden to take photos, and the accusation of me as a white, Western woman: “You have brought this program to our land!” Much money had flowed and now they should bring good results.

As a member of an aid organisation, I ask myself: What kind of aid can we bring here? We are working for sexual health, especially for prevention. For the moment we can’t do more than train our staff on this topic. We explain to them the medical facts, try to point out that this violates human rights and children’s rights. We want to promote an understanding of the psychological trauma the children have to suffer. Very important in this relation is to come to a dialogue with the parents.

We will face a great resistance in the schools and health centres where we have access to, especially in the view that this is a public programme, installed and supported for free by official and governmental bodies.

For Aktion Regen as an aid organisation, it is aggravating that our partner association Make Me Smile in Kisumu, Kenya has coordinated closely with UNAIDS for years. UNAIDS is a big spender for many cash payments and services for our health centres. They even organise and sponsor so-called health camps in remoted areas, where circumcisions are also offered.

In the near future, Make Me Smile will start a large-scale integration programme for vulnerable children in cooperation with USAID and UNICEF. Vulnerable children are those who have extremely bad future prospects because of their particular family situation. These children are at much higher risk of HIV infection. Aktion Regen staff have been trained in this programme as mentors for these children. They will advise them in questions regarding sexuality and HIV prevention, and accompany them for three years. Also, for this programme a lot of money is provided, especially in this case from the Austrian development aid programme.

Sexual health – what is the right way? The forced act of circumcision on a little boy in combination with the message “Now you are a real man”—whatever that means—is a heavy physical and psychological injury. And from the view that I experienced, I call it rape.

What do these procedures mean for a boy’s development into an adult man? What side-effects does this have in the view of later relationships and his sexuality? In the worst case this can manifest in an enormous claim to power in sexual relations and a lack of empathy, which in turn may lead to suffering wives, children, families, and the whole society.

All aid workers in Africa should stand by the children and be brave to criticise frankly. It is not enough to provide medical support and to neglect the mental and psychological health of the people. In this particular case, that means not to close one’s eyes in the view of the suffering children just to avoid confrontation with those responsible. We should continue being watchful, go on with the message “Stop circumcision!” and stand for the protection of all children—the girls and the boys. Our partner NGO is called Make Me Smile with the slogan: Returning the smiles to the children.

Thank you.
Idah Nabaterepga  
Terre des Femmes

Originally I come from Uganda, and since 2006 I live in Germany. I did my master’s studies in Peace and Conflict Research and did my promotional work on the topic of female genital mutilation at the Otto von Guericke University of Magdeburg.

Since 2015 I am working for Terre de Femmes, specialising in female genital mutilation. Terre de Femmes is a charitable organisation and is mainly financed by donations. This organisation has been working for women’s rights for more than 35 years, because girls and women should have a free, equal, and self-determined life all over the world.

For us as activists, the Day of Genital Autonomy (7 May) is a special day, because such a day reminds all of us—journalists, human rights activists, doctors, educators, and politicians—about our role and responsibility for those affected and endangered, and the community as a whole. As members of the public, everyone can help to protect children so that they can grow up care-free and enjoy their childhood.

Worldwide, approximately 200 million girls and women are mutilated at their genitals. Most of them live in 30 sub-Saharan African countries. In 2009 alone in Europe, 500,000 were affected and 180,000 were endangered. In Germany in 2016, 48,000 were affected by FGM and 9,300 were endangered.

Endangered children need effective safeguards, and their schools need psychological, social, medical, and educational support.

To the comparison of male circumcision and female genital mutilation: I do only know communities in which genital cutting of both sexes for cultural, religious, and medical reasons are practiced. It is done to minor children, despite the fact that they have the right to physical integrity. Genital cutting of all kinds is a human rights violation and bodily harm to the child. The parents as well as the environment of the child are firmly convinced to do the best to their children, of course of unknowingness. This attitude receives encouragement from several programmes and campaigns of organisations and institutions. A concrete example for this is male circumcision in Africa.

I ask myself the following three questions. Where is our responsibility as a society and public community? Have we failed to protect the children effectively? Why is it so hard to protect the children from this human rights violation?

These three questions let me think further. On many other fields are political decisions and even military interventions possible. But the interest and attention of the public society as well as the politics to this human rights violation are less pronounced. And this is very disappointing.

To that end, Terre de Femmes demands a nationwide action plan against child mutilation and more psychological and social support for those affected here in Germany. In the view of international cooperations, money should be found for this purpose to fight this human rights violation on-site. We need interdisciplinary cooperation for exactly this topic. Make a contribution by letting this topic be as important as other topics. For you as journalists: Make this topic present in public and media. Help us to place this topic on the political agenda. More information about our work is on www.frauenrechte.de. For further questions, don’t hesitate to ask me. Thank you very much for your attention.
Press Reception

3sat TV: *Doubtful Methods: Organisations demand the stop of circumcision programmes in Africa*

**Zweifelhafte Methoden**
Organisationen fordern Stopp von Beschneidungsprogrammen in Afrika

Die Tageszeitung (Taz): *Questionable Development Aid*

**Fragwürdige Entwicklungshilfe**
Die WHO will mit der Beschneidung von Jungen und Männern HIV-Infektionen vorbeugen, Deutschland unterstützt das. Ist das sinnvoll?
Aerzteblatt: WHO’s circumcision campaign in Africa under massive criticism

Deutsche Welle (DW): Activists call for immediate stop of boy circumcisions in Africa

Aktivisten fordern sofortigen Stopp von Jungen-Beschneidung in Afrika

A number of organisations have called for a halt to internationally-funded circumcision programmes for HIV prevention in Africa. Ulrich Fegeler of the German Paediatric Society said in Berlin that the programmes must be rejected for human rights reasons. According to the alliance of organisations that are working against medically unnecessary circumcisions, the interventions are carried out in some African countries without the consent of the parents. Complications are not adequately explained.