

# ■ NOCIRC OF MICHIGAN ■

# INFORMANT

PREVENTING INFANT CIRCUMCISION — FOR THE WELL-BEING OF ALL

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## Science Fact or Science Fiction: *Could Circumcision Really Prevent AIDS?*

by Norm Cohen

**A**IDS has been a major fear of sexually active people worldwide. So the recent news that circumcision might somehow prevent it has been widely circulated in the popular media. This claim may have seemed quite surprising to Americans, who have lived with circumcision far longer than they have lived with AIDS.

Nowhere else in medicine has universal surgery been recommended as a means of preventing disease. Nowhere else is surgery on a healthy organ considered an alternative to proper hygiene.

Over 60 different diseases have been supposedly prevented by circumcision over its 140-year history in medicine. Circumcision was often proposed as a solution to the most frightening diseases of the times.

Each time, evidence was subsequently produced (but not widely publicized) that negated the claim.

It is from this historical context that calls for *circumcization* (mass circumcisions) to prevent AIDS in Africa should be examined.

Whenever a lack of scientific understanding of ills associated with the penis is combined with the urgency of fear, the circumcision proposition finds fertile ground. Since there has not been much success in reducing the AIDS epidemic in Africa, it is very tempting to believe in miracle cures.

The recent announcement was from randomized controlled trials of circumcision in southern Africa. Researchers detected an annual HIV incidence rate in *circumcised* men over 13 times higher than the annual incidence rate for men in the US. Due to this “success,” they stopped the trials early!

If we use their claim that circumcision reduced the heterosexual transmission of HIV infection by 50%, then *over 3.5 million circumcised men worldwide are living with an HIV infection* that they acquired through heterosexual sex. This hardly qualifies circumcision as an AIDS vaccine!

Over 500,000 circumcised American men have been infected from sex since the epidemic began. Regional differences in American circumcision rates don't match up with regional differences in HIV infections.

The Xhosa people of South Africa circumcise, while the Zulus do not. However, both groups have the same HIV infection rate. In Ethiopia, 93% of the men are circumcised. In Uganda, 25% of the men are circumcised. However, both countries have the same rate of HIV infection. In Cote d'Ivoire and Gabon, 93% of the men are circumcised, but the HIV infection rate is even higher in those countries than in Ethiopia.

In Lesotho, the HIV infection rate is substantially higher among circumcised men (23%) than among males who are not circumcised (15%).

The lowest rates for all sexually transmitted diseases, including AIDS, remains the Scandinavian nations, where circumcision is virtually unknown.

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### DIRECTOR'S MESSAGE

The history of medicine is full of bad ideas, dangerous treatments, and quack cures. However, it is only circumcision that acts like the Hydra of medicine. Each time one excuse for doing it is decapitated, it is replaced by another excuse, like “circumcision prevents AIDS.”

The *Hydra Phenomenon* is unknown in science, but not in the mass psychology of humans. If you repeat a lie frequently enough, and in many clever ways, it becomes “the truth.”

Those who just want to circumcise anyway are heartened by the news out of Africa. Those who don't want to circumcise

should remain unconvinced by the flawed and irrelevant research.

Science and sex should both be chaperoned by common sense. The African trials needed a dose of common sense before they began. Why finance and study circumcision when there are other alternatives that are known to be *more* effective and *less* expensive? Scientists may spend years discovering that circumcision is a quack cure for the lack of common sense. Meanwhile, men, women, *and* babies will be harmed.

*On behalf of all the children, Norm Cohen, Director*

# The Intactivist's Pledge

I reject circumcision.

For girls. For boys. For women. For men. For every human alive, or who ever lived, or who ever will live.

I reject circumcision because I regret being circumcised. Because I regret having someone else circumcised. Because circumcision is regrettable.

I reject circumcision because my genitals were cut. Because my genitals were not cut. Because I own my genitals.

I reject circumcision because I did not consent to the cutting of my genitals. Because I could not consent to the cutting of my children. Because the doctor did it anyway. Because the old man did it anyway.

I reject circumcision because it did not fool me. Because it did not fool everyone. Not back then. Not now. Not ever.

I reject circumcision because it cannot prevent disease. Because it is a disease. Because it must be cured. Because it must end.

I reject circumcision for better sex. Alone. With another. For any and all sex. For joy.

I reject circumcision because I have suffered. Because others have suffered. For all who suffered. For all who suffered and died.

I reject circumcision because it is a violation of human rights. Of human dignity. Of genital integrity. Of integrity.

I reject circumcision on behalf of myself. On behalf of my children. For the children I love. For the children I'll never know. For the children who will never know to thank me.

I reject circumcision in the name of truth. In the name of medicine. In the name of science. In the name of humanity.

I reject circumcision in the name of beauty. Because it is a mutilation. Because it is an injury. Because it is unnatural. It is ugly.

I reject circumcision on behalf of those traumatized by it. For those who have been wounded by it. For those who did the wounding. For the wound.

I reject circumcision for my family. For Africans. For Jews. For Christians. For Muslims. For Americans. For Everyone.

I reject circumcision for Abraham. For Isaac. For Jacob. For baby Jesus. For the boy Muhammad. For the girl Ayaan.

I reject circumcision done for tradition. Done for the rite. Done for God. Done for power. Done for money. Done because they could. Done always for wrong.

I reject circumcision done for "my own good." For "your own good." For anyone's "own good." Done to fit in. Done for my mother-in-law. Done for no damn good.

I reject circumcision when I'm by myself. When I'm with others. When I'm holding a baby. When I'm making love.

I reject circumcision because I was involved. Because I got involved. Because someone needs to be involved. Because children are involved.

I reject circumcision because it is my right to do so. Because it is my moral duty to do so. Because I am responsible.

I reject circumcision because I should have known better. Because I know better now. Because I help others know better. Now.

I reject circumcision to redeem myself. To redeem others. To redeem a man-made plague of six millennia.

I reject circumcision by speaking up. By speaking out. By blogging and posting and emailing and writing and mailing. Again.

I reject circumcision and I prevented one circumcision. I can prevent ten circumcisions. Or 10 thousand. Or 10 million.

I reject circumcision and when I do, others follow. Because it has to be stopped. Because it will not stop until it is stopped. Because we will not stop. Or be stopped.

This is my Covenant with myself, with my children, and with children everywhere:

I reject circumcision in order to end it.

I am an Intactivist.

## MISSION STATEMENT

### NOCIRC of Michigan

**NOCIRC of Michigan** is a nonprofit, consumer rights advocacy group that educates people about circumcision and about the benefits of intact genitals.

**We** inform parents and healthcare providers in Michigan about the impact of circumcision and about the proper care of intact genitals. We protect consumers from fraudulent medical claims. We promote the benefits of normal genitals and foreskin restoration.

**We** know the removal of normal, healthy tissue from a child's genitals—in the name of medicine, religion or social custom—results in a loss of sexual function and is a violation of human rights.

**We** are a group of dedicated consumer activists and health care professionals. We are committed to effective education, advocacy and activism on behalf of children to protect them from harm. We are part of a worldwide movement to end all forms of male and female genital mutilation.

The **INFORMANT** (ISSN 1092-020X) is published 3 times a year by **NOCIRC of Michigan**. It represents our commitment to provide educational information in this state and to activists everywhere. Articles, comments, and questions are always welcome.

### NOCIRC of Michigan Educating a New Generation

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The African trials attempted to predict what happened on a microscopic level by studying conditions on a macro level, which is far less precise. Researchers were not able to observe exactly when, where, or how each individual got infected. Therefore, the research could produce misleading conclusions about the role of the foreskin in HIV infection.

The rules of evidence in medicine are much lower than the rules of evidence in our legal system. The exact *cause* of changes in HIV infection rates did not have to be proved by the research, and was not.

HIV infection is related to sexual behavior, which, like circumcision, is often determined by culture and religion. Strong *confounding factors* are likely to confuse the research. For example, religion influences not only circumcision, but sexual practices, partner choice, degree of monogamy, use of alcohol, use of condoms, and attitudes towards homosexuality.

So foreskins may be found among men who have risk factors that actually spread HIV without any help from their foreskins. Significant factors such as sexual practices, number of partners, limited healthcare, poor hygiene, and drug use all have some association with having or not having a foreskin.

When several earlier studies were refined with an analysis for confounding factors, the perceived advantage of circumcision disappeared, indicating that circumcision was not the real reason for a decreased HIV infection rate.

The following confounding factors have all been associated with HIV infection:

*age at circumcision, age at first intercourse, anal sex, condom use, drug and alcohol use, "dry" sex, duration of intercourse, fidelity, frequency of intercourse, genital lesions, genital ulcers, malaria, melanin in the foreskin, non-sterile medical procedures, number of partners, other infections, other sexually transmitted infections, periodic abstinence, post-intercourse hygiene, retractability of the foreskin, severity of circumcision, sex during menses, sex with prostitutes, sex with circumcised women, subtype of HIV, viral load.*

*So convenient a thing it is to be a reasonable creature, since it enables one to find or make a reason for everything one has a mind to do.*

Benjamin Franklin

The randomized controlled trials attempted to balance out any confounding factors. Assigning half the subjects at random for a circumcision increased the probability that differences in infection rates between the groups could be attributed to circumcision.

However, the potential for bias in estimating a benefit still remains because of the experiences and exposures these men had *after* their circumcisions may have been different. The infection rates may still have depended on confounding factors.

Circumcision changes the mechanics of sexual intercourse, and the manner, frequency, and duration of sexual activity. If the duration of sexual intercourse is shortened in newly circumcised men because they are more sensitive, the risk of HIV transmission is probably reduced. The exposure time to HIV could not be accounted for in the research.

When data is gathered from research subjects concerning sexuality, the accuracy of self-reports is always questionable.

The results of these studies were publicized in terms of *relative* risk reduction, instead of providing the absolute values for infection risk. The absolute number of HIV infections detected by the researchers in the randomized trials was very small, but announcing that circumcision reduced the HIV infection rate by 53% sounds a lot better than saying that 25 infections were prevented after circumcising 1,393 men.

This means that the reduction in absolute risk was only 1.8%. The results in only 69 men were extrapolated to the general population to predict that millions of infections throughout Africa could be prevented. However, the results that are seen in such a small number of subjects often aren't repeated when applied to the general population.

The population of men studied in the clinical trials was not truly random nor was it representative of the general population. The trials offered free circumcisions and paid the men for their participation. The men signed up for the study because they wished to be circumcised.

All of the randomized controlled trials were stopped early, after a positive correlation with circumcision was detected, but perhaps before an HIV infection could be detected in some of the men. These studies might have shown a negative correlation if they had been allowed to run for a longer period.

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Norm Cohen staffs the **NOCIRC of Michigan** information booth at "The Sex and So Much More Show" in September 2005 at Cobo Convention Center in Detroit.

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Even if the results of the studies were true and all adult men could be circumcised, sub-Saharan Africa would be left with an annual HIV incidence rate *over 13 times higher* than the United States. Probability calculations done using the incidence rate measured by researchers for circumcised men show that *after 25 years, 19% of the circumcised men in the studies will be infected with HIV.*

Circumcision advocates propose to persuade men to be circumcised because it will protect them, and afterwards tell them not to have unprotected sex because it won't protect them.

This dangerous message may make many circumcised men worldwide feel that since they are now at decreased risk, they are sufficiently protected without condoms. The effort and discomfort in getting circumcised may convince some men that they have done enough to protect themselves and that taking additional steps is unnecessary. With repeated exposure to HIV, some of these men will eventually become infected with the virus and infect their unwitting partners.

Circumcision cannot prevent the spread of AIDS to women once a circumcised man is infected. The female genitals have exactly the same *Langerhans* cells blamed for enabling HIV infection in the male foreskin. An infected man is about *8 times as likely* to infect a woman as an infected woman is to infect a man.

Circumcision has no future in developed countries because it could never be formally implemented without contradicting and undermining 25 years of safe sex messages and

*Sixty percent less at risk? Then what about the forty percent? If you have got one hundred circumcised people and they live recklessly, and sixty percent don't get AIDS but forty do, what are you looking for?*

Ugandan President Yoweri Museveni  
December 21, 2006

leaving large numbers of circumcised men and their partners at risk for a deadly infection. Condoms are cheaper, safer than circumcision, and they protect women too.

The most common reason men give for not wearing a condom is that it reduces sensation and pleasure. Circumcised men experience a progressive loss of sensitivity as a result of their circumcisions. Therefore, circumcision will only discourage condom use further.

Circumcision is a competitor to condoms, not a supplement to them. Condom use doesn't supplement the supposed benefit of circumcision; condoms *negate* the benefit.

One common 20th century excuse for circumcision was that men were too careless to wash their genitals. Now they are supposedly too careless to use a condom. This bias relies on the old stereotype about the wanton sexual appetites of black men and about their supposed general lack of discipline. The researchers assume that African men are unable to adapt to increasing risks.

The idea for circumcision in Africa did not emanate from researchers in Africa, but rather from white, North American physicians and researchers, most of whom have a

long history of irrational exuberance for mass circumcision in North America.

The researchers publicized their own call for circumcision long before the first randomized controlled trial began. They attempted to upstage condoms as the only practical way of preventing the spread of HIV.

Few men, including researchers, can be neutral about the subject of circumcision. The temptation to justify what was done to oneself as a proud member of a religion or a cultural group is irresistible to most.

Researchers may hope that as they promote their results in the headlines of the Western press, circumcision will once again spread from Africa back to the West, as it did hundreds of years ago.

However, the circumcision trials left gaps in experimental design where a false conclusion could appear. Population and behavior factors present before and after the circumcisions and the short duration of the clinical trials cast doubt on the results.

So is the AIDS epidemic the result of a failure to circumcise or will we witness yet another failure of circumcision, as always, even after its 140-year history in medicine?

No study will change this science fact: circumcision won't keep men safe from HIV infection, and so it won't keep women safe either. The safe message is that circumcision, rather than a panacea for the AIDS epidemic, is the folly of science fiction.

*Citations for the data referred to here and a longer version of this article may be found at [www.NOCIRCofMI.org/AIDS.pdf](http://www.NOCIRCofMI.org/AIDS.pdf).*

## BAD IDEAS FROM THE HISTORY OF MEDICINE

### **Real Quotes From Real Doctors**

*Many of the cases of irritable children, with restless sleep and bad digestion, which are often attributed to worms, are solely due to the irritation of the nervous system caused by an adherent or constricted foreskin.*

Dr. Lewis A. Sayre, MD  
*Transactions of the American Medical Association*  
1870, Vol. 23, p. 210

*Dr. Sayre was elected president of the AMA in 1880.*

## TELL THE TRUTH ABOUT CIRCUMCISION

### **How to Become An Informant**

- ◆ Help us to educate parents and health care providers! A *tax-deductible* membership fee of \$30 or more will make you a **NOCIRC of Michigan Informant.**
- ◆ Free pamphlets and newsletters are available in bulk to anyone wishing to distribute them to parents and care providers.
- ◆ We exhibit at many conferences and health fairs each year. Please call to volunteer to help staff our information tables.
- ◆ Please let us know about relevant conferences or fairs that **NOCIRC of Michigan** may exhibit at anywhere in the state.

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