National Coalition For Men (NCFM)

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July 16, 2014

Dr. Sue Desmond-Hellmann
Chief Executive Officer
Bill and Melinda Gates Foundation
500 Fifth Avenue North
Seattle, WA 98109

Dear Dr. Desmond-Hellman,

We applaud your leadership in the Foundation's extensive efforts "to promote equity for all people around the world."

That said, we wonder how the Bill and Melinda Gates Foundation justifies discriminating against men in Africa. Funding male genital mutilation hardly qualifies as promoting equity for all people, especially males in Africa.

More and more countries are outlawing circumcision having realized there is no reliable scientific evidence that circumcision prevents disease. Indeed, circumcision facilitates the spread of disease in areas with primitive and unsterile conditions, like many places in Africa.

Such widespread circumcision of boys and men have left hundreds if not thousands of African males infected, in pain, emotional distress, and incapable of having children or sex.

The attached open letter took several months of painstaking research and review by many intactivists including a few of the world's leading experts on issues concerning circumcision.

We hope you read it with an open mind, take it to heart, and reexamine the Foundation's commitment to funding programs that promote circumcision.

NCFM and many others believe, regardless of geography and political subdivisions, that men and women should be protected from genital mutilation until they reach the age of majority, at which time they can decide for themselves whether circumcision is appropriate for them.

Respectfully,

Harry Crouch
President
National Coalition For Men

Sent to:

Bill and Melinda Gates Foundation
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Seattle, WA 98102

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Co-Chair and Trustee

Melinda Gates
Co-Chair and Trustee

Warren Buffett
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President Global Health

Mark Suzman
President, Global Policy, Advocacy & Country Programs

July 16, 2014

Open Letter to The Bill and Melinda Gates Foundation

Everyone should applaud how your Foundation is funding proven methods to slow the spread of HIV and AIDS in sub-Saharan Africa, including testing, teaching the so-called ABC's (Abstinence, Be Faithful, and Condoms), retroviral therapy, treating schistosomiasis (which causes vaginal bleeding) and STDs, and helping to lead the search for an HIV vaccine. It is time, however, for your Foundation to stop funding the scientically, morally, ethically, and legally unjustified program to circumcise 38 million African men as an HIV preventive strategy. After seven years and 6 million circumcisions, your program has failed.

1

Biased, Deeply Unethical Trials and Buried Results. The mass male circumcision program is being justified based on four random controlled trials (RCTs) conducted in sub-Saharan Africa. The RCTs suffered from numerous ethical, scientific and methodological flaws that render the results meaningless.[1,2], Worse, one of the RCTs produced evidence that was quickly buried suggesting that circumcision may *increase* male to female transmission of HIV by 61%.[3] Moreover, the African circumcision program may be completely unnecessary, as a Ugandan RCT[4] showed that intact men who wait at least ten minutes to clean their penis after sexual intercourse are 41% less likely to contract HIV than circumcised men.[5] Thus, the program's targets could be achieved without a single circumcision and at minimal cost versus a projected cost for the current program of $16 billion. African men and women should have been informed of these facts critical to their health and safety.

2

Circumcision Offers Men Little or No Protection From HIV. Some Africans are being told, and many will reasonably assume (why else are they being circumcised?) that circumcision will protect them from HIV, but that is false. Circumcision is no vaccine. Circumcised or not, men who have sex with HIV infected females risk becoming HIV positive.

Africans should be informed as follows: "For highly exposed men, such as men living in southern Africa, the choice is either using condoms consistently, with extremely low risk of becoming infected, or being circumcised, with relatively high risk of becoming infected."[6] Even if circumcision did reduce the relative risk by 50%, Garenne concluded," a 50% reduction in risk [if true] is likely to have only a small demographic effect.

"Observational studies of general populations have for the most part failed to show an association between circumcision status and HIV infection."[7] Thus, the true protection that circumcision provides to men from HIV infection is *negligible or nil*.[8]

3

Ironically, Circumcision Will Likely Increase HIV Infections Among African Men and Women. Experts have concluded that "circumcision programs will likely increase the number of HIV infections."[9] First, only 30%-35% of HIV in African men is attributable to sexual transmission, not 90% as experts initially claimed.[10] HIV in Africa is often blood borne, spread by contaminated needles. *Circumcision surgery in Africa often causes HIV*. The problem will much worse when millions of Africans are circumcised in multiple, often unsterile venues on a rush basis by poorly trained workers. Second, volunteers,

reasonably believing that they are completely or substantially protected from HIV, are less likely to use condoms,[11,12] and circumcised men are less likely to use condoms anyway. Third, mass circumcision diverts resources from the proven methods of HIV prevention listed in the introduction. Thus, your mass male circumcision program will not only fail but will backfire.

4

Circumcision Is Also Painful, Risky, and Harmful. Africans report surprised at how painful circumcision is. Even if local anesthetics are used and given time to work, they are largely ineffective, and pain continues during the healing period. Even the American Academy of Pediatrics 'Task Force on Circumcision concedes that circumcision risks a long list of minor injuries , serious injuries (including hemorrhage, infection, deformed penis, and loss of all or part of the glans or of the entire penis) and death. In the United States, the risk of injury is estimated to be between 2% and 10%. In Africa, the risk of injury is much higher, estimated to be 17.7% clinically and 35.2% for traditional circumcisions.[13] As the AAP conceded in its 2012 policy statement, *the true extent of the risks associated with circumcision is unknown*.

5

Circumcision Diminishes Every Man's Sex Life. Circumcision removes one-half of the penile covering, the size of a postcard in an adult. The foreskin is replete with blood vessels and specialized nerves such as stretch receptors. *The foreskin is, and circumcision removes, the most sensitive part of the penis*.[14] African men will be outraged to learn that circumcision not only has failed to protect them from HIV but has forever diminished their sex lives. Female partners of circumcised men also report reduced sexual satisfaction.[15]

6

Africans Are Being Misinformed, Coerced, and Exploited. African men are not being informed of the truth, that circumcision is painful, risky, and harmful; that in itself it gives little to no protection from HIV, and the surgery itself may *infect them* with HIV. Serious ethical violations are occurring as usually poor Africans are being offered valuable incentives to volunteer such as free medical care.[16] Boys as young as fifteen years old are being coerced, such as being offered team uniforms and equipment in exchange for being circumcised.

7

Call For Action. Your Foundation's mass circumcision program violates science, medical ethics, and the law. Your Foundation should immediately terminate its misplaced support of the African mass circumcision program. Your Foundation should also immediately initiate a comprehensive investigation into the program led by unbiased experts, ethicists, and of course Africans. Otherwise, the legacy of the Gates Foundation, and inevitably your personal legacy, will be that you and your Foundation funded one of the most harmful medical programs in human history, and also that you and your Foundation failed to stop it after being informed that it had failed.

Respectfully submitted,

Harry Crouch, President
National Coalition of Men

[1] G.W. Dowsett and M. Couch, “Male circumcision and HIV prevention: is there really enough of the right kind of evidence?,” Reproductive Health Matters, 15, no. 29 (2007): 33-44; L.W. Green, R.G. McAllister, K.W. Peterson, and J.W. Travis, “Male circumcision is not the HIV ‘vaccine’ we have been waiting for!,” Future HIV Therapy, 2, no. 3 (2008):193-99; D. Sidler, J. Smith, and H. Rode, “Neonatal circumcision does not reduce HIV/AIDS infection rates,". South African Medical Journal, 98, no. 10 (2008):762-6.

[2] Robert S. Van Howe and Michelle R. Storms, "How the circumcision solution in Africa will increase HIV infections", Journal of Public Health in Africa, Vol. 2, No. 1 (2011) (http://www.publichealthinafrica.org/index.php/jphia/article/view/jphia.2011.e4/html_9); Boyle & Hill, supra n.1; D.D. Brewer, J.J. Potterat, and S. Brody, “Male circumcision and HIV prevention,” Lancet, 369 (2007): 1597; L.W. Green, J.W. Travis, R.G. McAllister et al., “Male circumcision and HIV prevention: insufficient evidence and neglected external validity,” American Journal of Preventive Health, 39 (2010): 479-82.

[3] Id.

[4] F.E. Makumbi, R.H. Gray, M. Wawer et al., “Male post-coital penile cleansing and the risk of HIV-acquisition in rural Rakai district, Uganda,” abstract from presentation at Fourth International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention, Sydney, 2007, available at http://www.iasociety.org/Default.aspx?pageId=11&abstractId=200705536.

[5] F.E. Makumbi, R.H. Gray, M. Wawer et al., “Male post-coital penile cleansing and the risk of HIV-acquisition in rural Rakai district, Uganda,” abstract from presentation at Fourth International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention, Sydney, 2007, available at: <http://www.iasociety.org/Default.aspx?pageId=11&abstractId=200705536>.

[6] Id.

[7] Id.

[8] M. Garenne, A. Giamland, and C. Perrey, “Male Circumcision and HIV Control in Africa: Questioning Scientific Evidence and the Decision-making Process,” in T. Giles-Vernick and J.L.A. Webb Jr., eds., Global Health in Africa: Historical Perspectives on Disease Control (Athens, Ohio: Ohio University Press, 2013): 185-210, at 190 (“Garenne Male Circumcision and HIV Control”). (http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.0030078).

[9] Van Howe & Storms, supra n.12.

[10] Gisselquist D, Potterat JJ. Heterosexual transmission of HIV in Africa: an empiric estimate. Int J STD AIDS 2003;14:162–73 (www.rsm.ac.uk/new/std162stats.pdf).

[11] Van Howe & Storms, supra n.12.

[12] Van Howe RS. "Circumcision and HIV infection: review of the literature and meta-analysis". Int J STD AIDS 1999;10:8–16.

[13] Bailey RC, Egesah O, Rosenberg S. "Male circumcision for HIV prevention: a prospective study of complications in clinical and traditional settings in Bungoma, Kenya". Bull World Health Organ 2008; 86: 669-77.

[14] Sorrells et al. "Fine-touch pressure thresholds in the adult penis", BJU Int. 2007 Apr;99(4):864-9 at http://www.ncbi.nlm.nih.gov/pubmed/17378847 .

[15] Frisch et al, "Male circumcision and sexual function in men and women: a survey-based, cross-sectional study in Denmark" (2011), at http://ije.oxfordjournals.org/content/early/2011/06/13/ije.dyr104.full ; and "Effects of male circumcision on female arousal and orgasm", New Zealand Medical Journal, Vol. 116, No. 1181: 595-96, September 12, 2003.

[16] Boyle & Hill, supra n.1.