Letters—January/February 2014

January 7, 2014

Making the Cut
In the article "Cut to Fit" (October 2013), writer Benjamin Ryan reviewed the scientific evidence supporting circumcision as HIV prevention in Africa and challenged the skeptics who argue the science is flawed.

The anti-circumcision crowd sound like the climate change deniers—no solid proof! Sure. It works. It looks better. It also has been shown to lessen the chance of cervical cancer. But the anti's don't want it, so there is no way to convince them.

Kyle Michel Sullivan, New York

Anytime you want to mutilate the body of some-one else, you should be required to have their informed consent as to the benefits and risks in doing so. Starting from the premise that such mutilation "looks better" is nothing more than personal aesthetics, with a hefty dose of body shame thrown in. There's a consensus in certain quarters that a young woman's vagina looks better stitched shut until matrimony, but that cultural consensus is insufficient to advocate mutilating females.

Jeton Ademaj, Harlem, New York

I got circumcised three months ago at the age of 33, and all I can say is that I am very happy with the results and have not noticed any loss of sensation (I get off just as easily as before). Not saying there isn't any; I just haven't felt a difference at all, and after three months it looks fully healed. From someone who's been on both sides, I think people should do what they feel is right for them, but the big arguments against adult circumcision all seem very sensationalistic.

Anonymous, New York City

It is important to realize that the program that was branded in 2010 as voluntary medical male circumcision (VMMC) is not principally about foreskin removal. It is a comprehensive approach that encompasses safer-sex counseling, condom usage, discussion of fidelity and monogamy and regular testing and treatment for sexually transmitted infections, in addition to surgery. As such, it

is almost impossible to tell which component(s) of the program are effective—but the name favors circumcision.

Martin

Shame on those peddling ecological fallacy regarding national circumcision rates and HIV prevalence. The African HIV epidemic has largely been driven for nearly a century by heterosexual intercourse where the foreskin offers a pathway for female-to-male transmission, not unprotected receptive anal intercourse as seen throughout the developed world. If one looks at circumcision rates for ethnic groups within African countries, one will see a correlation between the level of the practice and HIV prevalence.

David Phillips, College Park, MD

Cutting off the foreskin has never prevented any disease, but it has certainly been touted as a preventative or cure-all for a very long list of unrelated and unlikely ailments. Cutting the genitals of children is a violation of a basic human right, bodily integrity, and has caused untold suffering, total loss of penis and death. The latest attempt to associate genital cutting with HIV prevention is junk science and medical fraud.

James Loewen, Vancouver, British Columbia

Stopping Stigma
In his op-ed "Coming Out Against HIV Stigma" (October 11, 2013), Alex Garner wrote that speaking openly about one's HIV status can reduce stigma and create a healthier, more empowered community.

I've lived in some major cities where disclosing one's HIV status wasn't that big of a deal. Now that I'm living in a small town in the Deep South, it could be a tragic mistake. Recently, two newly diagnosed people here found out the hard way they should have kept personal information to themselves. One was fired from her job; another was kicked out of housing. Discrimination is real, and to suggest that everyone come merrily screaming out of the HIV closet is simply unrealistic and bad advice.

RC

Great article, and I'm all for it! I tested HIV positive in 1987 and went public with my status after 28 days in a rehab where I heard, "You're as sick as your secrets."

Jimmy Mack, Southampton, NY

Beautifully written! This article is an inspiration for everyone: gay/straight, male/female, positive/negative. I have been a therapist specializing in gay men, HIV and mental health for 21 years and have been living with HIV for 23 years. The mental health aspects of HIV are as important as the medical aspects. Like most civil rights and progressive movements, it all starts with declaring our own dignity and speaking out.

Ken Howard, LCSW, West Hollywood, CA

The article is well taken, but living openly as a gay man (which I do) and declaring my private medical information to the world (which I choose not to do) are two different things. Let's get to a cure. Gay does not equal diseased. Silence no longer equals death. I am not the virus.

Mike, Hilo, Hawaii

Excellent article. Speaking openly about being HIV positive is a powerful empowerment tool. As we create opportunities to tell our stories as persons living with HIV, many more people will follow.

Angel Hernandez, Puerto Rico

Fighting HIV-related stigma can be done without coming out. Coming out comes at a price, and sometimes it can backfire. I have learned that stigma is deep-rooted in some communities and courage is needed.

Frederick Wright-Stafford, Jacksonville

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