

Voluntary medical male circumcision: responding to Brian Morris

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Voluntary Medical Male Circumcision: Responding to Brian Morris

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Order of Authors:	Max Fish Arianne Shahvisi Tatenda Gwaambuka Godfrey B Tangwa Daniel Ncayiyana Brian D Earp
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Voluntary Medical Male Circumcision: Responding to Brian Morris

Dear Editor,

We read with interest the recent article by Morris [1], ostensibly commenting on new research published in this journal showing durable effects of voluntary medical male circumcision (VMMC) for HIV prevention in Rakai, Uganda, but also devoting considerable length to critiquing an unrelated paper of ours that was published in *Developing World Bioethics* [2]. We evaluated VMMC in the context of neocolonialism, arguing that African communities need a greater voice in the campaign. In discussing our paper, Morris makes false or misleading claims, misrepresents our findings, and reveals a superficial understanding of literature. We correct the record.

Several errors concern lead-author Max Fish and her organization, the VMMC Experience Project. The organization's mission is not, as Morris states, "specifically to oppose VMMC," but is rather to provide a platform for those affected by VMMC to reach policymakers. Additional mistakes include Fish's name (erroneously identified as "Maxine"), her organization's name (misprinted four times), and her professional background. The incorrect claim that Fish is a journalist has appeared exclusively on anti-circumcision websites, raising concerns about Morris' sources. Fish, whom Morris likens to "antivaxxers," is in fact a strong proponent of vaccination and former editor of *Human Vaccines and Immunotherapeutics*. A quote from Peter Aggleton is carelessly misattributed to us.

Morris characterizes us as “white ... westerners ... playing the race card,” thereby erasing the African half of our authorship (their substantial contributions notwithstanding [3,4]). He does not address our findings, yet suggests that many Africans who accept them will “suffer, and then die.” His unsupported charges of “scurrilous smear tactics,” “denial of science,” and anti-vaccination ideology may constitute libel.

To the longstanding medical debate surrounding VMMC, Morris states: “There is no controversy in the medical scientific [*sic*] community.” This is false. In addition to the references collected here [5], the fifth-author of our report, Daniel Ncayiyana, is Emeritus President of the South African Medical Association and was editor of the *South African Medical Journal*, including Editor-in-Chief, for 20 years. Morris seems to define the bounds of the “medical scientific” community as the subset of that community that shares his views. Accordingly, he cites his own review paper, which contains nearly 70 self-authored references [6]. Others have noted Morris’s reliance on his own polemical ‘critiques’ (such as the one to which we are responding) to populate biased summaries of the literature [7]. Further isolating himself, Morris proposes early infant circumcision for HIV prevention, omitting that such a program was already implemented, and subsequently suspended due to the high rate of adverse events [2].

Morris highlights African involvement and describes the current WHO Director-General Tedros Ghebreyesus as a “black Ethiopian” to suggest that VMMC policy is not racist (unaware that Ghebreyesus was appointed a decade after the WHO policy in question). As we discussed [2], the involvement or approval of African-born elites cannot substitute for the voices of the communities affected by Western-led policies. Morris’s perfunctory mention of VMMC

“acceptability” studies—which we acknowledged and critiqued as inadequate—suggests Morris did not read our paper carefully.

We thank Morris for highlighting our work despite misrepresenting it. We encourage those interested to read it and form their own opinions.

Conflict of Interest:

None.

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