

They call it nyanji – the cut. On the dirt road to Magunga we stopped beside a smart blue pick-up truck full of school-uniformed boys. Were they going for the nyanji?

They all nodded. Some of the young teenagers giggled – but every one of them winced. Hands crept protectively towards crotches. But there was no getting away from it – every man across Luoland is being encouraged to go for a circumcision. As the promotional posters on the local health-clinic walls say: “Cool jamaas – dudes – take care of their health.” With the HIV-Aids infection rate running at 26% in this part of western Kenya, having your foreskin removed has been accepted as a potential lifesaver.

This is more momentous than the mere changing of the culture of an entire Kenyan tribe – no small task. It is the first practical action taken on the back of something the medical world has known with some certainty for 20 years but, bizarrely, failed to act on. Quite simply, circumcised men are around 60% less likely to contract HIV and other sexually transmitted diseases. And of course, they are less likely to pass them on – and that has a huge effect on STD rates in women. Studies suggest that women whose long-term partners are circumcised are two to three times less likely to develop cervical cancer.

There are many people, not just in Africa, who might wish the medical establishment had shared this information with them earlier. One of them is Julius Ondiek, the doctor we find in the Magunga health clinic – a facility largely funded by the British taxpayer – preparing for his day’s work cutting off foreskins. “If we’d known 10 years ago what we know now, this place would be very different. We would have saved thousands of lives.” People of the Luo tribe – the one in which Barack Obama’s roots lie – have an HIV rate up to three times as high as the circumcised tribes of Kenya. Although not circumcising has long been a matter of pride and distinction to them, an education campaign has persuaded the elders to sanction the mass nyanji.

This is just a trial, but Dr Ondiek and his mobile circumcision team have performed 2,000 circumcisions in the past five months, all on Luo men. His next case, 16-year-old Melkio Odiwuor, is stripping off as we talk. Why is he having the operation? “Because it will reduce the chance of HIV,” he says. “It’s good for hygiene purposes. And girls will be pleased if you have the cut.” Melkio’s shy laugh stops as he sees Dr Ondiek filling a syringe with anaesthetic. To both of us, the needle looks awfully large.

Twenty minutes later Melkio is getting up carefully from the table, his penis sporting a fluffy white collar, like they used to put on a rack of lamb. In a kidney bowl lies the bloodied slug that was his foreskin. He has been stitched and ligated, and now Simeon Mose, the nurse,

explains the rules – no sex for six weeks while the skin on the head of the penis hardens, careful washing, return to the clinic if there are any signs of infection. And, most important, this procedure won’t guarantee him against HIV-Aids. Melkio mustn’t stop using condoms. He nods as he carefully pulls on his trousers – he’s heard it before.

Outside the room, two waiting boys watch as Melkio emerges from the room. One has had it done, the other is next. “I’m not frightened. Not at all,” says 15-year-old Brian Otieno. “I’m not frightened of anything.” Except Aids, his friend says – and Brian nods at that. Everyone here knows someone, usually from their family, who has died of Aids. I tell a nervous-looking 12-year-old that I am circumcised. “Does it hurt?” he asks quietly. “No! Not at all,” I say, though the truth is that I was done in a Toronto hospital when I was just a few days old and naturally I remember nothing. There’s one more question – do I think Barack Obama is circumcised? I think he probably is, I say.

“George Bush did a good job,” says Francis Otieno, a counsellor and mobiliser with the Nyanza Reproductive Health Society. That’s not something you often hear, I tell him. He explains that Pefpar (the US President’s Emergency Plan for Aids Relief, launched in 2003) is the main funding body behind this project. I say I thought Pefpar was mainly concerned with buying expensive drugs and telling people not to have sex. “Oh yes,” says Francis, smiling, as he pats the head of one of the boys in the queue for nyanji. “Abstinence, circumcision and a condom. They’re all good ideas. But with the circumcision programme we think we can reduce the new HIV infection rate here to half what it was in two years.” No other HIV-Aids intervention, in the 25-year history of fighting the disease in the rich world and the poor, has achieved anything remotely near that.

When they did me, in the early 1960s, most British and north American middle-class males had their foreskins removed at birth. It was almost automatic. Their fathers had probably had it done as well. The Victorians had decided it was hygienic and tidy, and the large number of Jewish men in the American medical profession are thought to have spread the word there. But circumcision drifted out of fashion, and by the 1970s it was seen as an unnecessary mutilation, bordering on the barbaric. Gay men particularly opposed it. As society unwound itself and hair grew longer, the foreskin became an emblem of freedom. By the 1990s organisations like Nocirc, Norm (National Organization for Restoring Men) and Noharmm (National



Organization to Halt the Abuse and Routine Mutilation of Males) were powerful in the US and here. The art writer Brian Sewell is patron of Norm-UK. Sewell says on its website: “The real argument about circumcision is, for me, why in our enlightened times when we get very upset about the circumcision of women, why do we go on circumcising boys?”

By the late 1990s, when my son was born, the cut was just not done, outside religious groups. When I asked at the hospital in London if it was an option, the paediatrician wondered if I was Jewish. When I told him I wasn’t, he gave me a look that said I was clearly mad.

Yet even then the medical profession was aware that circumcision had a huge and positive role to play in sexual health. The very month



In the past three months, 1,000 Luo schoolboys like these in Magunga, Kenya, have elected to be circumcised. Photograph by Caroline Irby

my son was born, Dr Daniel Halperin, who is now a lecturer at the Harvard School of Public Health, published an article in *The Lancet* titled “Male circumcision and HIV infection: 10 years and counting”. The first sentence reads: “A decade has passed since publication of [a study of men habitually visiting prostitutes in Africa] that showed a greater than eight-fold increased risk of HIV-1 infection for uncircumcised men.” Halperin goes on to cite the “overwhelming” evidence that had built up since. His *Lancet* paper says: “It is time for the international health community to add male-circumcision services to the current limited armamentarium of Aids-prevention measures in countries with a high prevalence of heterosexually transmitted HIV and STDs.” Nearly another decade was to pass

Quite simply, circumcised men are 60% less likely to contract HIV

before circumcision was seriously considered by the international Aids prevention agencies. Elizabeth Pisani, who during the 1990s worked as an epidemiologist in Asia for UNAids, the joint United Nations programme for tackling the epidemic, said that from early in that decade her colleagues were well aware then that there were inexplicable discrepancies in Aids rates

in countries where circumcision was common, and where it wasn't – between Indonesia and the Philippines, for example, and Thailand and Cambodia. Sexual habits were similar in all four countries – but the first two circumcise while the northern ones don't. And the worst heterosexual HIV infection rates, at least 10 times as high, were in Thailand and Cambodia. Why didn't they act? Pisani groans... she has written a book detailing some of the extraordinary failures of the Aids industry, *The Wisdom of Whores* (Granta). “This is the gap you always see in public health – it's the nannyism effect. Epidemiologists come across some evidence, and then decide the public is too stupid to be trusted with it. Essentially it was thought that if people knew that circumcision made sex ▶

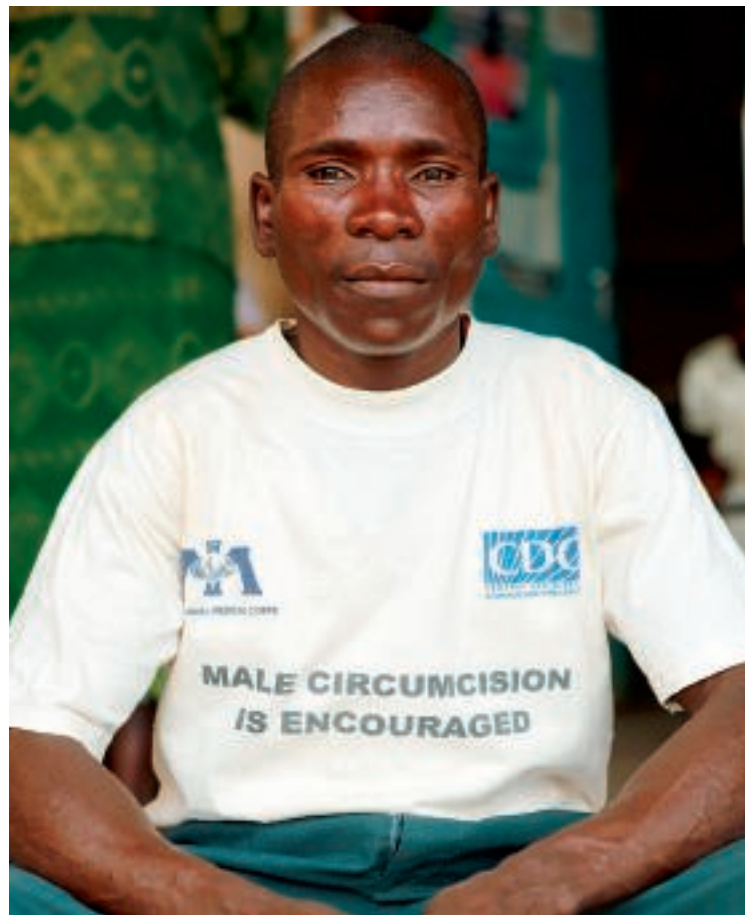
safer, they would not bother to use condoms. We didn't want to distract them."

Male circumcision is the world's oldest elective surgery – 4,000-year-old Egyptian mummies have been found to be circumcised. Long understood as hygienic, it is now established that circumcision prevents much more than just HIV-Aids. It has been shown to limit the transfer of many sexual diseases, including syphilis, chancroid and herpes. There are other issues: uncircumcised infant boys are 10 times as likely to get urinary tract infections (which may lead to kidney problems in later life). Penile cancer is much rarer in circumcised men.

The implications for women are enormous: not only are they less likely to catch STDs and other infections from male partners, but the circumcised penis is cleaner. Less exposure to disease, especially genital warts, and dirt cuts back women's chances of contracting cervical cancer enormously. Again, the medical profession has long known this. A study in 1955 found that Jewish women in Israel had a cervical cancer rate of 2.2 per 100,000 people: in American cities the figure was 44. Modern studies say that women with circumcised male partners are up to three times less likely to contract cervical cancer, especially if they are in high-risk groups. It is possible that women with circumcised partners are less likely to develop breast cancer.

How does it work? The head of the uncircumcised penis is a mucous membrane, just like the inside of the mouth or the vagina. The inner surface of the foreskin is rich in cells that viruses can target. When the foreskin is removed the skin keratinizes – hardens. The cells become more like ordinary skin, a much more effective barrier to infections. Essentially circumcision dramatically reduces the amount of the penis's surface area that is exposed to viruses and bacteria. There are other factors – uncircumcised men, if they don't regularly wash under the foreskin, will accumulate dirt and smegma. Viruses can incubate there. Tears in it are, I'm told, a common problem, especially during sex – these pose further infection risks. One friend who had a circumcision when he was 19, on medical advice, says that before the cut he used to "explode in a geyser of blood", often at the most embarrassing moments. (Now he tells me that putting on a condom is easier – and sex is more pleasurable.)

Last month my cousin had a baby boy and he set out to have him circumcised – I'd just returned from Kenya, and I'd been lecturing him. It wasn't easy. Edinburgh's NHS Royal Infirmary told him they would not do the operation, because they did not like putting infants under general anaesthetic unnecessarily (though many doctors I've asked say a general should not be necessary). The GP laughed and refused to refer the baby for the operation. The urologist at Edinburgh's private Spire hospital would not do it either. So James contacted a pro-circumcision charity, which told him that the one doctor they have on their books in Scotland does only Jewish children, and only on the eighth day after the birth. So now he is faced with a trip down to Luton – where the job can be done at Britain's only circumcision centre for £75, under local anaesthetic. I've suggested



Women with circumcised partners are less likely to develop cervical cancer

– having read Nelson Mandela's autobiography ("Without a word, he took my foreskin, pulled it forward. And then, in a single motion, brought down his assegai") – that we could do it ourselves at home. But James is not keen.

The NHS is confused on the issue. Its NHS Direct website quotes the African studies on circumcision and Aids, but then claims that the

evidence is not conclusive. But they are wrong. It is. Randomised trials in Africa in the middle of this decade proved it beyond doubt. The World Health Organization and UNAids now promote circumcision; Pepfar spent \$26m on it last year. Even the conservative Atlanta Center for Disease Control has now published its assessment – and after years of denial, it is now guardedly pro-circumcision, in Aids-prone countries at least. CDC's current briefing paper assesses the accumulated studies and sums up: "The relative risk for HIV infection was 44% lower in circumcised men. The strongest association was seen in men at high risk, such as patients at sexually transmitted disease clinics, for whom the adjusted relative risk was 71% lower for circumcised men." It is now drafting recommendations for the American public.



Clockwise from far left: Francis Arunga, who is HIV positive and campaigns for circumcision in the Magunga area; Brian Otieno Acharo, 15, left, and Evance Ochieng Acharo, 16, after being circumcised at the Magunga Health Centre; a poster promoting male circumcision; Dr Julius Ondiek, of Mangunga Health Clinic, believes the procedure could save thousands of lives. Photographs by Caroline Irby

Dr Halperin – who, working with CDC and UNAids, pioneered the circumcision-as-prevention idea – told me that he now believes that within 10 years or so circumcision could be normal for infants in North America and perhaps Australia. And would he circumcise his son (he has two daughters)? “I’m from California – I believe in things being natural; I don’t like surgical interventions. But now, yes, I would – although I’d have it done the Jewish way. As a colleague of mine says: if all infants were born with their appendix externally located, we’d snip it off at birth. I’m not sure I’d go that far, but I take his point.”

The other burning question, of course, is why the Aids industry, the biggest and best-funded global public-health drive of all time, should

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have ignored this evidence for so long. I’ve heard many explanations from insiders, ranging from “UNAids was run by Belgians” to convoluted arguments about not wishing to interfere culturally or to prescribe that African men should mutilate themselves. But as Dr Halperin says: “If you had a trial that showed an Aids vaccine had a 75% success rate, you wouldn’t hesitate to get it into

production. But circumcision was old-fashioned, low-tech: so much of the funding was looking for a technological magic bullet – a vaccine or a microbicide. Aids prevention has really always been based more on ideology than evidence.”

Now that circumcision programmes are at last trialling or running in several countries across Africa, would Daniel Halperin agree with Julius Ondiek, who told me that if the knowledge had been shared 10 years ago, thousands of lives could have been saved? “Oh yes – but millions.”

Pisani agrees too: “If we’d acted on the knowledge, yes, things could have been different. This is always a problem for public health, the lag between evidence and action. If we had done less waiting around for research and acted, we could possibly have saved millions of lives.” ■