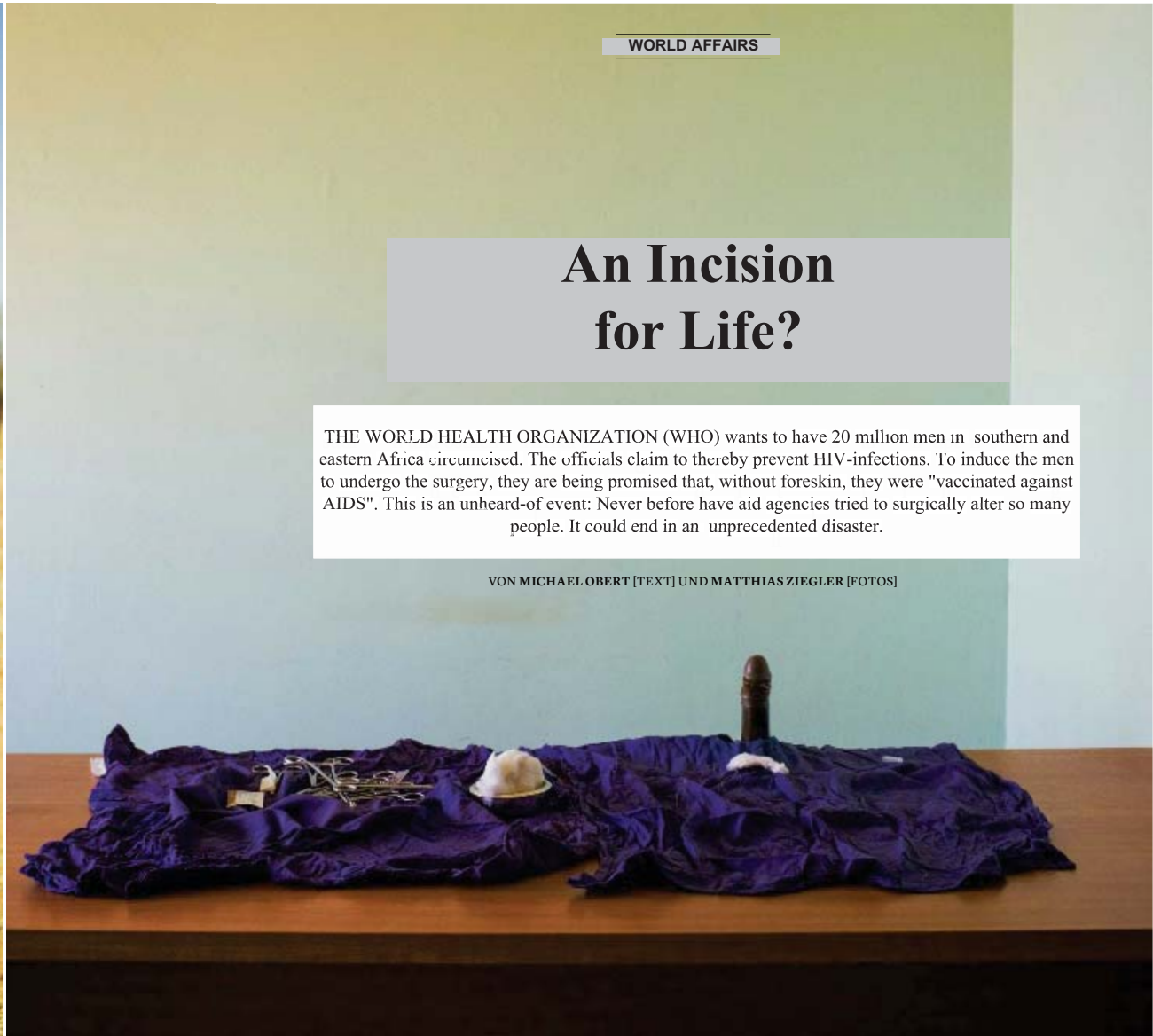




From handouts to the TV spot: Hardly any man in Zambia escapes the propaganda of the circumcision lobby. Those who do not undergo the surgery, are stigmatized as irresponsible - and are shunned by women. The execution of the operation is taken on by so-called providers, trained on a practice penis made of plastic.



WORLD AFFAIRS

An Incision for Life?

THE WORLD HEALTH ORGANIZATION (WHO) wants to have 20 million men in southern and eastern Africa circumcised. The officials claim to thereby prevent HIV-infections. To induce the men to undergo the surgery, they are being promised that, without foreskin, they were "vaccinated against AIDS". This is an unheard-of event: Never before have aid agencies tried to surgically alter so many people. It could end in an unprecedented disaster.

VON MICHAEL OBERT [TEXT] UND MATTHIAS ZIEGLER [FOTOS]



Ernest Chisha hangs his pants on the doorknob of the operating room and lies down on his back on the table, his head embedded on a dirty foam pad. His breathing accelerates. Down to his dusty socks the 30-year-old accountant is naked. "Why do you want to have your foreskin removed?", he is asked by a lean man who calls himself a "provider" who, with white rubber gloves, opens a syringe package. Eight times he stabs directly below the glans. "I want to protect myself from the virus," groans Chisha. "I just do not want to get AIDS, I want to live".

The numbing of Ernest Chisha's penis in the circumcision room at Chilenje Clinic in the Zambian capital Lusaka is the beginning of a medical procedure that currently occurs a million times in southern and eastern Africa. In the fight against HIV, the WHO and the United Nations appeal to the public to get on board their unprecedented prevention campaign. Their goal: In 14 African countries more than 20 million men between age 15 and 49 should be circumcised by 2016. Two billion dollars is the level of the costs to be covered by international funders, with PEPFAR (President's Emergency Plan for AIDS Relief) and The Bill & Melinda Gates Foundation leading the way.

A single cut. As if it were a wonder weapon against AIDS.

For if African men have their foreskin removed they reduce the risk of infection by the HIV virus during vaginal intercourse by 60%. Thus claims the WHO. If the campaign is successful, 3.4 million new infections will have been prevented by 2025. Yet critics warn that these mass-circumcisions are based on controversial studies and could, in the end, have the opposite of the desired effect: more HIV-infections.

Zambia, the landlocked country in Southern Africa, is one of the model countries of the campaign. More than 840,000 Zambians have already let their foreskins be removed. WHO's representative in the country, Olusegun Babaniyi, praises the figures as "significant success". Zambia has a 12.5 per cent HIV-infection rate among 15- to 49-year-olds, one of the highest HIV rates in the world. Every seven minutes a Zambian gets infected with HIV. There are well over a half a million AIDS orphans in a country that barely has 15 million inhabitants.

It's like Chinese Whispers: Researchers have found correlations between foreskin and infection. The WHO tells the aid organizations. They tell their employees. These in turn convince patients in the country. On its way the message gets simpler...and wrong. At the market in Lusaka men tell each other that after the visit to the circumcision clinic they'll never need condoms again.



A seven hour car ride south of Lusaka, in a village called Sichiyasa, a few kilometers from the famous Victoria Falls, Margret Nkunika stalks in her city shoes through a harvested cornfield. Thatched mud huts glimmer in the savannah. Dust clouds swirl in the hot wind. The woman in her fifties with the wild Afro wig and her four companions are so called mobilizers, who swarm out by the thousands to the most remote parts of the country to convince men.

"We are circumcision agents", says Margret Nkunika to some corn farmers who, under an awning, are carving animal figures for tourists. "Circumcision protects you to 60 percent against HIV! 60 percent, people! 60 percent!"

It sounds like a silver bullet.

AIDS has claimed more than one million deaths in Africa south of the Sahara in 2013 alone. 25 million people live with the HIV virus that causes acquired immunodeficiency syndrome. Almost three-quarters of all new infections worldwide occur in this region.





Margret Nkunika is one of thousands of circumcision agents who, on behalf of Western aid organisations, are traveling to the most remote parts of Zambia. She lost her husband to the deadly HIV virus. Ever more confident is she of the message she is preaching to the corn farmers: "Your foreskin is a deadly threat".

"My two sisters and my husband died of AIDS" says Margret Nkunika who, as mobilizer goes several times a week and without payment from village to village, and from hut to hut. "If they had known then that they could protect themselves through circumcision, they would still be alive."

The persuasion work of the "field staff" is flanked by a multi-million dollar marketing campaign. In the streets of Lusaka huge posters show a male silhouette, confidently thumbs hooked under his belt. The caption reads: "Circumcision - be a responsible man!"

Famous musicians announce on television that they have undergone the procedure. "Hello, I'm Chief Mumena!", says the tribal chief of the Kaonde people in a commercial. In his hand he holds a scepter of ivory. "Let yourself be circumcised today! For more information dial 990."

In Zambia's neighboring country Zimbabwe, MPs let their foreskin be removed in order to lead by example. In Uganda men can win bicycles or power generators at folk festivals if they get circumcised.

In the mountainous area of the small country of Swaziland booming sound systems on trucks can be heard, DJs voices call out by microphone: "Circumcision does not hurt! Go into the tent and be registered!"

In neighboring South Africa there are veritable circumcision factories where doctors go from bed to bed to remove foreskins without a break. Up to ten per hour.

"A single harmless cut, which never needs to be repeated, can save your life" explains Margret Nkunika in southern Zambia to corn farmers who squat in front of her on the floor. She splays out her little finger, the last link of which represents



the glans. "Your foreskin is a mortal danger" says the circumcision agent and cuts it off with an imaginary knife. "Clean! Healthy! Safe!"

IN MANY PARTS OF THE WORLD circumcision is performed, involving the full or partial removal of the male foreskin, mainly for religious reasons. The ancient Egyptians circumcised their men. Cultural historians suspect they wanted to symbolically reenact the molting of a snake, a process that would render the snake immortal due to its ability to shed its old skin and repeatedly renew it.

In Judaism and in Islam male circumcision applies as a sign of religious affiliation. Many evangelical Christians, especially in the USA, let the foreskin be removed, because they want to follow the example of Jesus, of whom they assume he was circumcised as a Jew. For decades, circumcision of newborns for medical or aesthetic reasons had become routine in the United States, funded by health insurance, but is, however, in a declining trend. In Western Europe, the circumcision of boys at preschool age became fashionable in the 1970s - to prevent a constricted foreskin, and because of the belief that a circumcised penis is more hygienic than an intact one - as some suppose still today.

First suggestions of a correlation between foreskin and HIV were made in the mid-1980s by scientists when they observed that circumcised men were less infected, and interpreted the foreskin as potential target for the virus. In the area of the inner foreskin, lymphocytes and so-called Langerhans cells can be found in increased numbers. Actually, these are specialized cells of the immune system to protect against infections. But while the Langerhans cells normally intercept HIV and destroy it, they can, under certain conditions like parallel infections, pass the virus to the target cells of HIV and thus increase the infection rate.

"60 percent protection" - the formulaic number from the WHO campaign

Then, in October 2005 the message was "Male circumcision protects against HIV infection like a vaccine." A sensation! Everywhere hope flared up. Triggering the euphoria was the French physician Bertran Auvert. In his study in Orange Farm township near Johannesburg, South Africa, 1,339 men had been voluntarily circumcised. Auvert compared their infection rate after the intervention with a control group of 1,309 non-circumcised men in the same region. His conjecture: Together



with the foreskin, HIV target cells can also be eliminated and thus also the risk of infection. After one and a half years he seemed to confirm this. Among the control group of non-circumcised men, Auvert found 49 cases of HIV, however, only 20 cases among the circumcised. He extrapolated the famous 60 percent reduction in risk of HIV infection, which soon would become the mantra of the WHO campaign in Africa. Two other studies of international researchers in Kenya and Uganda produced similar results. The WHO declared the results a milestone - and recommended in 2007 to promote voluntary male circumcision in 14 countries with high HIV rates, including Zambia, South Africa, Zimbabwe, Botswana, Uganda, Tanzania and Kenya. There are around six million Africans who have since then had their foreskins removed.

"THAT'S ALL UTTER NONSENSE" says German circumcision expert Wolfgang Buhmann. "Condoms provide almost complete protection against HIV. Why then a surgical intervention?" Buhmann is spokesman for the Professional Association of German Urologists. He has performed more than 1,000 circumcisions - but for medical reasons to relieve boys of painful foreskin constriction and inflammation. In the treatment room of his practice on the North Sea island of Sylt are a cot, sonography unit, and white walls.

"These circumcisions in Africa are not only useless, but potentially fatal", Buhmann warns. "To help the people in areas of high HIV rates, one has to make clear to them: sex without a condom is dangerous, Sex with condom, however, is safe whether with or without foreskin. "With everything that is being said, nuances only create confusion".

"ARE YOU CUTTING YET?" asks Ernest Chisha at Chilenje Clinic in Lusaka. The provider - formerly a taxi driver, trained in a two-week course for circumcisers - has Chishas numbed penis divided like the face of a clock. With a pair of pliers he pinches on three and nine clock. Other than one dull plucking between the legs, Chisha does not feel the cutting, as the provider cuts the foreskin at twelve o'clock parallel to the urethra, then unfolds it beneath the corona of the glans and amputates it with circular cuts. "Done!" the provider exclaims after five minutes and lets the bloody skin pieces drop in a bucket. "Now you are on the safe side."

The WHO says: not quite. It explicitly points out that condoms are to be used after being circumcised.

Counter enlightenment: Musician Danny Kaya points out in the "Sunday Post" that unprotected sex after circumcision remains dangerous. Prostitutes like Mariam Kaoma ignore this message: Sex "live", without a condom, the most common customer request, is what they prefer to grant to circumcised suitors. "Men without foreskin are healthier. Every woman in our country knows this."

USAID, the authority responsible for US government development coordination, also emphasizes this in their training for local staff. "We do not simply cut off foreskins" says George Sinyangwe, senior health advisor of USAID in Lusaka. The local doctor - gray suit, pink shirt, tie - has worked for the US authority since 2006. In front of him on the polished table of the conference room are circumcision brochures. An American-educated female consultant with a strong handshake and a penetrating gaze watches over every word Sinyangwe says: "All men receive information that certainly dispels any misconceptions about the benefits of the procedure. Before, during and after their circumcision.

But does the message get received?

Certainly not by the corn farmers in southern Zambia. "If you have unprotected sex, your penis gets fine fissures, into which the virus can penetrate" mobilizer Margret Nkunika tells the men under the awning. "But circumcision makes your glans hard and resistant." Not a word of condoms. All men let their names be placed on a list. Once the list is full, the management in Livingstone, the nearest major city, sends a provider to perform the surgeries. "I know the protection is only 60 percent" says Innocent, 28, a corn farmer. "Better than nothing."

But condoms offer a much higher protection! Up to 95 percent! The men laugh. Condom use during vaginal intercourse is like eating candy in its plastic wrap: "You can't taste the sweet!"

EVERYWHERE IN ZAMBIA - on fields and rivers, in bars, market stalls, even on the campus of the University of Lusaka - men proclaim circumcision delivers them from the annoying condom.





Millions of US dollars in aid are poured into the region for the circumcision campaign. "Since then, no one questions its sense and nonsense", says the MP Elias Chipimo. And thus the message of the saving cut takes on a life of its own. Non-circumcised men make it more and more rarely into wedding photos taken in front of the High Court, because they are considered disease propagators - victims of misinformation who are left alone, like office assistant Kito (below). He considered himself on the safe side, contracted HIV and lost his job at the Ministry of Health.

It's just like the children's game Chinese Whispers: Scientists whispered their findings to the WHO - which in turn retold them to USAID, to African governments and to hundreds of NGOs. They provide the information to their local helpers, foot soldiers like Margret Nkunika, who roam the country as mobilizers. Once the message arrives where it should - with the corn farmers of Sichiyasa - crucial parts of the message have been lost.

"If I had not let myself be circumcised, I would have continued to use condoms - and would now not suffer from AIDS" says Kito, 44, on banks of the river Chongwe, an hour's drive west of Lusaka.

The man with the sunken cheeks and shiny, thin skin sits in the shade of a flame tree overlooking the water. Birds chirp and reed walls rustle in the wind. A peaceful oasis that stands in stark contrast to Kito's history. At the beginning of the circumcision campaign in Zambia in 2009 Kito was working as office assistant in the Ministry of Health. Round the clock he was exposed to the "propaganda from America":

"Once you are circumcised, you cannot get HIV any more" his mobilizer and his circumcision counselor assured him. Both had been trained by an American-funded NGO. Kito got circumcised in Lusaka. Then he renounced condoms. Sometime later he got a headache, diarrhea, fever. A test showed that Kito was HIV-positive. "The world collapsed for me" he says at the river bank. Soon he visibly lost weight and was laughed at by neighbors on the street. His friends no longer shook his hand. After 15 years in the Ministry of Health, he was let go because of HIV infection. In a support group he gradually got back on his feet. "Thousands share my fate" Kito learned there. "The circumcision campaign is a deadly deception."

In fact, a number of recent studies warn of mixed messages from unclear campaign information. In Uganda, for instance, scientists at Makerere University established that circumcised men take many more risks in sexual practices than intact men.



BACKGROUND

WHAT KINDS OF CIRCUMCISION ARE THERE?

The UN and other organizations support the mass circumcision campaign of men with billions of dollars. At the same time, the same organizations fight female circumcision of girls and women with all their power. Is this unequal treatment justified? An overview.

FEMALE CIRCUMCISION IS A CRIME.

The mutilation of female genitals violates human rights. Nevertheless the practice is still widespread in 29, mainly African, countries. Although 24 of these nations have already prohibited female genital mutilation by law, it still is practiced to an extent that within the next ten years there will be 30 million cut girls and women added to the 130 million currently existing worldwide.

The exact methods used by (male and female) circumcisers shows significant regional differences: It goes from piercing or nicking of the clitoral foreskin, to removal of the inner labia and clitoris to the so-called Pharaonic circumcision, an extremely brutal procedure during which all outer parts of the vulva are cut off, and it is sewn shut, except for a tiny opening. Many victims, not just of the extreme variety, suffer from the lifelong consequences of these very painful and traumatizing procedures. In men, circumcision of the foreskin is far less outlawed. But here, too, the consequences are severe, simply because of the dimensions of the phenomenon. A third of the male world population is circumcised, about one billion boys and men are cut, mostly for religious and cultural reasons, rarely for medical ones. The majority of circumcised men are Muslims, but also in the USA 60% of male newborns are circumcised (rate is declining), and in South Korea the rate is 76% of 14 to 19 year olds.

As with girls, boys' circumcision is in societies so often strongly ingrained as an initiation rite that parents succumb to considerable social pressure to have the surgery performed. With male circumcision, too, there are different procedures: From cutting of only the tip of the foreskin, to the complete removal of the entire foreskin, to the so-called subincision, a relative rare procedure demanding that the penis be cut open along the urethra.

HEALTH RISKS FOR BOTH GENDERS.

Almost all forms of circumcision come with considerable health risks, especially when undertaken in traditional, often unhygienic, conditions. This is also true for male circumcision. In Southern Africa, half a million boys were treated in hospitals between 2007 and 2014 after unsuccessful circumcisions. More than 400 of them died. Even under very good hygienic conditions, medical problems have often been observed, among them scar adhesions, hemorrhage, wound infections, sensitivity disorders, and other long term effects. Even though the dramatic consequences are more obvious in women and girls, attempts to circumcise the majority of men in Southern Africa might very well, even by conservative estimates, lead to hundreds of thousands of complications, sometimes lifelong. In Germany the legislature answered the question clearly how female and male circumcisions are to be assessed. Female genital is a crime since 2013, while boys' circumcisions within the first six months are allowed, even when not conducted by physicians. Debate over these laws is still ongoing. Some consider them a violation of the principle of equality. Others insist the two problems are not comparable.

In Zambia's neighboring country Zimbabwe, the government has already announced that more circumcised than uncircumcised men are HIV-positive. In Malawi, which also participates in the WHO campaign, the latest national health report is devastating: Among circumcised men the HIV rate is about 30 percent higher than among uncircumcised men. "We use every means to avoid misconceptions about the benefits of the procedure" says Albert Kaonga from the Zambian Health Ministry. "Our motto is: Circumcision and condom - Two are better than one." But does the number of infections in Zambia really decrease thanks to the mass circumcisions? Circumcision, says Kaonga, was part of a "security package" of various measures, including education, HIV testing and condoms. "How only circumcision by itself affects the outcome we cannot calculate in isolation." In the Chilenje Clinic in Lusaka, at the door of the circumcision room, in which the provider is just stitching the wound on Ernest Chisha's penis, eleven men sit on low wooden benches around a young woman with pigtails and red earrings. In her hand she is holding a brown model penis. In one day six months ago, Barbara Luchembe completed a two hour circumcision consultant training. She correctly points out to the men that they must continue using condoms after the procedure. But a young man in fashionable ripped jeans and silver embroidered shirt whispers to his neighbor: "I only let them cut at my thing, so that afterwards I no longer need any condoms."

DISTRESS. Health experts find the campaign's risks for women also worrisome because male circumcision - according to the WHO - is supposed to reduce the risk of HIV being passed from female to male, but not in the opposite direction. It does not offer protection for women. This information does not seem to have arrived in Zambia. To the contrary.

A Saturday night in in Motero, a neighborhood of Lusaka. The headlights of cars refract the dust from the road. In it, the shadowy silhouettes of women appear. "You want a nice time?" They open their coats or wraparound garments. They are naked underneath.

Mariam Kaoma, 40, wears high heels and around her hips colorful chainlets of plastic beads. During a good night, she makes 25 Kwacha - about 4 Euro - having quick sex with 12 men. With the last one she stays until morning for 20 Euro. "They see my pussy and want it live." "Live" means without condom. And "live" is the most frequent customer request. "That's why I'd rather do it with circumcised men" says Mariam Kaoma later in her tiny room, which only holds a pink mattress and clothes stacked in front of damp walls. "Circumcised men are healthier. Every woman in Zambia knows that."

The pressure that men experience to have their foreskin cut is often enormous in southern Africa. Posters in the streets show a horrified African woman, tearing her hair out and screaming. "What? You're not cut?" Men with an intact penis are generally labeled as disease agents. Non-circumcised men hardly have any chance of finding a female partner. "I've left my boyfriend. He didn't want to be circumcised."

She loved him very much. Without foreskin the two of them could have become a happy couple.

A STUDY IN UGANDA shows how fatal this tendency really is: Among wives of circumcised men, the HIV rate has drastically increased within six months after the circumcision - by 61%. In the science magazine Nature, the "father of the circumcision solution", the French physician Bertran Auvert, admits "Most certainly some women will get infected because their partners are circumcised and have allowed themselves to be lulled into a false sense of security." Yet, Auvert believes that women too will benefit long-term from male circumcision after the general HIV rate has been lowered.

As well, homosexuals, who belong to the groups at-risk of HIV infection worldwide, are hardly protected from HIV by circumcision. The danger of infection during anal intercourse without a condom is many times greater than in unprotected contact between vagina and penis. Even the WHO explicitly recommends circumcision only for heterosexual men. Yet in Zambia hardly anybody knows this, where homosexuality warrants imprisonment and is accordingly taboo.

Why do African governments get involved in such a thing?

"Most Zambian gays believe that circumcision protects them from HIV as well" says a gay human rights activist in Lusaka who wants to remain anonymous. "We don't use condoms and we die like flies."

CONFUSING, FALSE, missing information? More HIV because of risky behavior by circumcised men? "We do not have any indication that confirms such assumptions" says George Sinyangwe at USAID at the conference table in Lusaka. His advisor nods. But how can this be? How can the facts stated in the health report of the country of Malawi, where circumcised men already show a higher infection rate than intact men, be ignored? And all the other alarming studies?

Sinyangwe is unimpressed: "We are on the right path."

Maybe Zambia's national health report could provide clearer data on the effects of the thousand-fold foreskin removals, but the complete statistics have not been published since 2007.

Like a dull plucking between the legs - that is how the surgery felt to Ernest Chisha. Then the procedure was over. With a gauze bandage, pain killers and a strict six weeks sex prohibition he was sent home. And with the assurance: "Now you are on the safe side."





"With this campaign the bodies of Africans have become the playground of Western development politics!" says Edith Nawakwi, President of the Forum for Democracy and Development in Lusaka. One of her adversaries, George Sinyangwe of the aid organisation USAID, views it entirely differently: "We know exactly what we are doing. We really do excellent work."

WHY DOES A GOVERNMENT AGREE to such a "flight in the dark"? In Zambia, more than three quarters of the rural population live below the poverty threshold. The supporting industry that sprung up around the AIDS-epidemic is, after the government, the second largest employer. "When millions in aid money flood into the country, nobody asks questions" says MP Elias Chipimo. "All moneys are accepted with open hands - regardless of whether the measures financed through them are effective or not."

Critics attest that the WHO campaign has a colonialist attitude, generally assuming Africans are unable to alter their sexual behavior and to use condoms. Even newborns nowadays are circumcised mainly to polish up the quotas the campaign aims for - believes Edith Nawakwi, President of the Forum for Democracy and Development in Lusaka. Naturally, the baby boys cannot consent to the irreversible procedure. But even UNICEF, the children's aid program of the UN, jumped onto the circumcision wagon. "With this quick cut", according to Edith Nawakwi, "the bodies of Africans become the playground of Western development aid."

In the high security WHO compound in Lusaka the CEO crosses his arms in front of his chest. "You won't get a single word from us" says the American in blue and white striped shirt. "Nobody wants to say the wrong thing."

WALLS. SILENCE. Ploughing ahead. Buy why? Why do USAID, the WHO and the UN risk a catastrophe? Why don't they use their mighty budgets to promote the use of condoms? Zambian politicians like Nawakwi and Chipimo view the mass circumcisions as an expression of deep frustration from Western development aid. Changing complex human behavior - the most important parameter in fighting sexually transmitted diseases - has been given up as a goal, in favor of the benefit of technocratic solutions like circumcision. "Here, the measures and successes can more easily be reported, especially to funders" according to Chipimo. "Changing human behavior is a vague business. Circumcision, on the other hand, produces impressive numbers of removed foreskins, and well-made photos of clinics, helpers and medical equipment that let the dollars continue to flow."

The WHO remains nontransparent. Their headquarters in Geneva does not answer written inquiries. In his doctor's office on the island of Sylt, urologist Wolfgang Bührmann shakes his head. "The worst of it is that the WHO's core reference studies are full of mistakes." Australian circumcision expert Gregory Boyle of Bond University in Queensland share this opinion. He holds an entire list of scientific errors against the WHO studies; especially "inadequate balance, distorted selection of study participants, suppression of important details".

"Although the clinical studies that serve as proof for the effectiveness of circumcision worked with control groups as the rules of solid research dictate, the circumcised study participants were not allowed to have sex for at least six weeks after the procedure, while the intact men in the control group were not required to practice this abstinence," explains urologist Bührmann, "and were therefore subject to a higher risk of infection." This distorted the results. Furthermore, the studies in South Africa by Frenchman Auvert which were actually designed for 21 months were prematurely abandoned.

"Circumcision programs will lead to more HIV infections."

It was claimed that the results had already been clear by then. Therefore, to continue the experiment would not have been ethical because it would have entailed a higher deadly risk for the control group of intact men. Maybe so. Yet, in the view of international experts like Michel Garenne, researcher at the renowned Pasteur Institute in Paris, the termination came too early for deducing from it sufficient reason for surgical interventions upon millions of people.

Critics claim that, besides, the study was based on far too few test persons. Also, a significant number of men who later tested HIV-positive did not get infected by sexual transmission at all, but by contaminated needles, blood transfusions and surgical equipment - an imprecision that researchers hardly took into account. In addition, many participants simply disappeared and could not be questioned or tested in the end.

"From a scientific view, the reference studies used by the WHO are a catastrophe" summarizes urologist Wolfgang Bührmann. The so-called circumcision solution is everything but a solution. Also, Robert Van Howe, professor at Michigan State University, who for many years has conducted research on the topic, is convinced that "The circumcision policy will in the end increase the numbers of HIV infections".

TO ALL OF THIS Ernest Chisha is oblivious. In the Chilenje clinic, the provider dabs the blood off his freshly stitched penis, bandages it with gauze and tapes it to his belly, then Chisha steps out into life with a couple of painkillers in his hand. And in the belief in the miraculous power of circumcision.

But what about the evidence of more HIV-infections in certain population groups? What about the warnings of international experts? Sinyangwe: "We do not comment on critical opinions of scientists." Instead, he holds up his brochures: numbers of circumcised men, bar diagrams, success curves. 2015 will be especially successful: 1.9 million removed foreskins.

Is the Zambian physician himself circumcised?

Sinyangwe's facial expression suddenly appears to have turned into stone. His eyes wide open, his mouth gaping. "No" he finally says quietly. Is he planning to get circumcised? He hesitates. His advisor urges him: "Tell them that you plan to." Sinyangwe gazes past the edge of the table, between his legs. "No!" the man of USAID says once more. //



Photographer MATTHIAS ZIEGLER and author MICHAEL OBERT did research in Zambian villages close to the famous Victoria Falls. After their return to Germany, Obert tried for weeks to get an official statement from the WHO. But the WHO remains silent.