Appendix E: Kimilili Speech

“A Slave Has No Power Over His Masters”: a speech by Project Director Prince Maloba

Kimalili Pastors Fellowship, Bungoma County, Kenya
2 February 2016
A Slave Has No Power Over His Masters

Prince Hillary Maloba

Our main concern has to do with the epidemic called HIV and AIDS. Coming short, when this disease landed in Africa, we got shock everywhere. Our people were dying, regardless if you’re circumcised or if you’re uncircumcised. I remember I lost many of my uncles in Bagisu Land.²

Then interventions were initiated internationally, how to come and fight this cause. The most effective method I remember—maybe many of you can remember—was condom use. With years, actually we were sure we’d get good results by reducing HIV infections among African countries. I remember Uganda was being pressed internationally for that fight, and actually the figures were going down. And we were happy that maybe one day we may combat and end this problem that was—and in fact is—to clear humanity.

When your people have been in that war, hoping we are winning the war, then eventually we heard another intervention that shocked us. This intervention was signed by such powerful forces in the world, but only targeting an African person in his own continent.

People say a slave has no power over his masters. I believe it’s maybe through pressure that our leaders in Africa had to bow for that pressure that circumcision is the solution to HIV infections in Africa. India was left, China was left, Russia was left, Europe was left, Brazil was left. In fact all those countries don’t actually circumcise their men. They were left, but the target was on African person.

Money came in full to influence our leaders, because they love money. So the programmes were started by the Ministry of Health. They were rolled down. They started to target groups or communities that do not circumcise by emphasising this point: “Come for free circumcision, you will not get HIV.”

Then we said: “Now, where are we?”

I remember the first cases actually were started in Rakai, first projects of its kind. Rakai, Uganda.³ After ten years there was no success. We are questioning the Western researchers and scientists to give us data, any data that proves through their research, through their projects and concept that circumcision of males reduces HIV infections in Africa, or in Kenya, or in Uganda. That data has never been unveiled, either shown, either commented. The argument is only one: that we are having maybe fifty thousand people we are going to target or maybe we have already cut.

If we go to the medical practitioners’ centres that actually concern that work, we ask them: “How do you sustain your project to be sure that what you’re doing, what you’re aiming, is really sustained and actually is going to yield good results?”

One day I asked another doctor: “Do you make any follow-up to people that you circumcise?”

They say: “No, we don’t make follow-up. Outside we tell them, ‘Come for free circumcision,’ and inside here we do some counseling by advising them after cutting, go and use a condom.”

Well, that missing the mission has led us to question the research of male circumcision as the “best weapon” to fight HIV in Africa in terms of medical, human rights, spirituality, and other aspects in life.

That’s why I thought I should come up with a study.⁴ And this study, it’s asked some questions. Because we are seeing HIV is now, instead of going down as previous years [when] we were trying to reduce through promotion of condoms and other means, HIV is now again rising up very rapidly. Because when we read statistics from African countries—Uganda, Kenya, especially the areas where these people came to target—in fact you can say male circumcision, as a project that has been applied for we Africans, has failed to reduce HIV the way we were told.

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¹ Delivered at the Kimilili Pastors Fellowship Office, Bungoma County, Kenya. 2 February 2016. Transcribed from video at www.vmmcproject.org/about-us.

² The Bagisu are a male-circumcising tribe in Uganda with one of the highest HIV prevalence rates in East Africa. See Project Bagisu at www.vmmcproject.org/project-bagisu.

³ Maloba refers to the second of the three female-to-male trials of male circumcision for HIV prevention that was conducted in Rakai, Uganda. The first trial was conducted in Orange Farm, South Africa.

⁴ Maloba refers to his coinciding February 2016 investigation in rural Uganda and Kenya that is included in the present report.
Two, we view it as a violation of human rights. How target only one race in the entire world? Yet we were able to combat this epidemic through the means that were initially put and recommended by WHO and other bodies in the world.

Two, we are looking at this point. Since male circumcision cannot reduce—because actually there is no close evidence whatsoever in the sense of the science that a man who is circumcised cannot get HIV. If it was so then I would say that my uncles who are Bagisu would not be dying of AIDS now. I personally have lost my cousins. My tribe [Wanga] also circumcises people. I've lost my cousins, my people. Some of them are today living with HIV. Some of them are dying because of HIV. And in fact they are circumcised.

Logically, by common sense, America has the highest number of people who are circumcised in the whole [Western] world, and America has the highest figures of HIV in the whole [Western] world.

So our study is a very simple study. We need to hear the views of the people. We have been to targeted groups like sex workers. We wanted to hear how they experience circumcision and sex and HIV. They’re saying since the introduction of male circumcision, they use the word “condom” is no longer today being taken seriously by their clients. Because they claim they were told, maybe they were conned, maybe they were bribed, maybe they were I don’t know what: “Come and get circumcision so that you may be immune against HIV.”

Now they say these clients, they come, they refuse to wear condoms because they are safe, why should they wear condoms? Now because of poverty, these women accept to go to these people [unprotected] by charging them a very high amount. In fact if you use a condom, they will charge you less money. But because you say you have that strong immunity, these sex workers charge you very highly.

Number two, we are having too many cases of unwanted pregnancies. If you can compare data that we have had previously in ‘80s, ‘90s, and 20’s, the figures are really going very high, simply because men who are circumcised say they’re immune. It’s like they’re licensed to go and do unsafe sex.

We look at that point, and we see we may not have future humanity if this project continues to be promoted, to be funded highly, to be pushed by all forces. Well, in other words, we respect science honestly, but we do not support what science brings to finish us, to defile our cultures, defile our rights. But because scientists come, no.

So like I said, we are failing from the cases we are coming from here, to here, to here, to here. There’s a man we have interviewed. That man was a poor man, a seller. People came and grabbed him, beat him, denouncing him in the name of kicking AIDS out of Africa. In fact there were three guys. One of the guys, because of that thoroughness and preparedness and aware against his culture and actually his will, that man went as far as taking his foreskin to sell it—after being forced to face the knife in the name of kicking HIV out of Africa.

So we are looking at this point that the project, the way it was brought, to those who are doing business it is actually beneficial. It’s actually okay in the eyes of those who are being affected and infected. We feel it is actually harming our humanity, harming our future generations, harming our future doctors, forced men, teachers, pastors, and all that. Farmers, students, and all that.

The other point: we are looking at the funding. We as a small group of people who are committed, as Pastor has been saying, we feel that there’s a lot of money that has been poured to cut African race. Why can’t this money be channeled into other health sectors so that we may have sustainable health institutions within Africa? For example, we have doctors who are really unpaid, nurses are quite unpaid. You can maybe have a simple [infection] like malaria, you are told there are no drugs, there’s no facilities.

So our looking is that this money should be channeled for AIDS research, drugs, vaccines, to equip health facilities generally so that we may have good health, and also to promote mostly education of condoms so that we may save our community.

So, my great people from this land of Kimilili, this land that has produced very great brains in Kenya. I heard once there was a great man called Wamalwa Kijana. When he died, even people in Uganda cried. That was a genius man. We are here for you, to hear from you, and see if you can support our idea through your initiatives so that we may take this programme to the policymakers, those funders,
to hear exactly from people who are feeling the pinch. You know, those who are eating money, making business, they don’t feel any pinch. But it’s a common person, say a person who is being caught on the way, circumcised by force, down there in the clinic he is cut, he is left there. Then people are chewing money, because if you read the declaration of the WHO on that act of circumcision—actually they eat a lot of money per one person. And people are being told: “Come, it’s free. Come and get circumcised.” That money enters into the figure of those people in power.

So we being here, we’d like also to hear from you, maybe stories, your comments, actually what you feel is the way forward, so that this project may translate into a better society of African people to live at least in peace, to live with hope, to live in good environment. I was told there are some tribes, if they go to the community where other tribes circumcise, they are never allowed to live there unless they also undergo the same culture.

So with those few words and remarks, people of this great land, I say thank you for your attention, and thank you so much, as I hope you are going to give us more. Welcome. Thank you Mr. Pastor and Bishop.