

workers can carry it out, their numbers are still low,” says Dr. Innocent Nuwagira, a national professional officer on HIV at WHO in Kampala. “Our health facilities are already overloaded. Unlike [treating] illnesses, circumcision is optional and therefore few people will stand the inconvenience [or the] long queues that are common in most health service delivery centres.”

Concerns have also been raised that a nation-wide circumcision program could breed complacency and undermine older prevention strategies based on “absti-

nence, faithfulness and condom use.”

Uganda’s Director of Health Services, Dr. Sam Zaramba, says the strategy must be introduced with caution. “This is not a magic bullet. That’s what we have to tell people over and over.”

Analysts fear that a drop in condom use could be disastrous. Condom use is now projected at just 60% of the population.

Others are concerned that circumcision program will have a detrimental impact on women, as it could result in an increase in infection rates if couples

opt for riskier behaviour like engaging in sex without a condom. “It’s all about men, the sexual satisfaction of men ... but what about the women? What is their involvement?” asks Sipiwe Hlope, a founder an AIDS support organization in Swaziland.

But UNAIDS researchers have asserted that HIV acquisition risk among women would decline by 2% for every 5% of men circumcised. — Rosebell Kagumire, Kampala, Uganda

DOI:10.1503/cmaj.081761

DISPATCH FROM THE MEDICAL FRONT

Somali symbiosis, part 1:

what I saw

You see first through the filter of your own judgments, so I saw disarray.

I saw a place without a functioning state government, in a steady state of chaos, with little in the way of a health care system, heavily reliant on the 15 projects that Médecins Sans Frontières runs throughout Somalia, like in the one that I worked at during a 3-month stint as a volunteer general surgeon in Beletweyne.

People would present to us from far away, with illnesses and wounds that were advanced, with symptoms from diseases that were entirely treatable, if detected early. Snake bites. Tuberculosis. Appendicitis. Ulcers. Infections that resulted in prolonged courses of care, amputations and loss of life.

I saw pregnant women with high blood pressure, seizures, obstructed labour and undetected twins. Despite the valiant efforts of our excellent Australian midwife and local midwives, these undetected conditions resulted in urgent cesarean sections, destruction of vaginas, preventable hysterectomies, dead babies and families without a mother. The trauma to the birth canal from obstructed and prolonged labour leads to fistulas, and, in turn, to incontinence and complicated social ramifications, often resulting in the mother be-



Sara Barnhill

A local physician weighs an infant at the Médecins Sans Frontières clinic in Beletweyne, Somalia.

ing ostracized from the community and rejected by her husband.

I saw the effects of a nonexistent educational infrastructure. Without schools, idle youth have time and cause for frustration and are vulnerable to recruitment for armed conflict, which feeds the community’s instability. Most people lacked safe running water, fuel for cooking, electricity and an income. The roads were difficult to pass at the best of times.

The crumbling agricultural and security infrastructure yields predictable

outcomes: starvation, malnutrition, frustration, desperation, violence. Curious children often run towards the sounds of gunfire and are maimed. They lift, or jump on, shiny metallic objects and soon have parts of their hands, arms, legs, eyes or genitals blown apart.

I saw people recover from illnesses and injuries that I could not imagine were survivable.

I saw resources stretched far beyond their limits by the thousands of vulnerable people relocated to our area to escape fighting in their hometowns, deposited into massive refugee camps. They were separated from their jobs, from families, from their land and their clans. Their presence is a source of stress in many ways. And there are severe limits to international aid. Other than Médecins Sans Frontières, most humanitarian organizations have withdrawn because of security concerns. — Dr. John Barnhill, Beletweyne, Somalia

DOI:10.1503/cmaj.081666

CMAJ invites contributions to “Dispatches from the medical front,” in which physicians and other health care providers offer eyewitness glimpses of medical frontiers, whether defined by location or intervention. Submissions, which must run a maximum 400 words, should be forwarded to: wayne.kondro@cma.ca