

The Circular Cut: Problematizing the Longevity of
Civilization's Most Aggressively Defended Amputation

by

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Introduction

Genital cutting has been around for so long that nobody knows when or why it began, though speculation abounds. Today, both male and female genital cutting are commonly practiced by various cultures in various regions of the world. Presently, all forms of genital cutting are almost universally regarded with disgust and often even moral indignation in the West. All forms, that is, but one. Male circumcision, a procedure in which the prepuce (or “foreskin”) of the penis is severed from the rest of the penis, permanently exposing the penile glans, is commonly practiced as a religious rite by Muslims and Jews and is routinely (though certainly not universally) practiced for non-religious reasons in the United States of America.

I have a bit of personal experience with circumcision that, for the purpose of full disclosure, I will presently relate. As an infant, I, like many boys born in American hospitals, was circumcised shortly after my birth as a matter of routine. For just over a decade, my penis underwent no further marking by civilization. Then, when I was eleven, I converted to Judaism. Since my prepuce was long gone, circumcision was not an option. In order to initiate pre-cut male converts like me into the covenant between the male descendants of Israel and God, Jewish law stipulates a ritual called *hatafat dam brit*. To execute this sacred task on the day of my conversion, the *mohel* (ritual circumciser) politely asked me to lower my pants sufficiently provide access and then proceeded to stab my penis with a hypodermic needle, collect a little blood on a piece of gauze, and show it to three witnesses.

Surprisingly, this was not my last encounter with a *mohel*. A few months later, I learned that the Cleveland orthodox community did not consider my conversion to be valid since they did not consider the rabbi who had conducted it to be sufficiently orthodox. I had to do everything including *hatafat dam brit* once again. Although from God's perspective it was apparently much more kosher the second time around, everything was basically the same from my perspective, except that the *mohel* used a scalpel instead of a hypodermic needle. For the record, the scalpel hurt a bit more, though it was nothing a brave and *consenting* convert couldn't handle.

On July 21, 2012, I thought about circumcision critically for the first time at the *Freies Museum* in Berlin. A German lady to whom I had just been introduced broached the subject, wanting to know my opinion on whether Jews and Muslims should be allowed to circumcise their young in Germany. When I expressed my belief that they should have this right in name of religious freedom, she promptly informed that the question was not one of religious freedom at all, but rather a question of the rights of the child, rights, which she insisted, were violated by those who circumcised unconsenting children. My view, she asserted, was prejudiced by growing up in a country which this barbaric practice is commonplace.

Troubled by these unexpected remarks, I spent the next several days reading about the debate over the legality of circumcision that was raging in Germany and trying to formulate my own opinion. Eventually, I realized that I had found a thesis topic. I went into the research with an open mind. All I

knew for sure was that I was very confused. Over time, however, I developed a strongly oppositional opinion on circumcision. This opinion certainly comes through in my analyses. I sincerely attempt to argue fairly throughout the work, avoiding unnecessarily hyperbolic claims and honestly engaging with opposing views where appropriate, but I am not a disinterested observer and I make no claim to objectivity.

In the first chapter, "The Medical Debate - Harm versus Benefit," I argue that routine neonatal male circumcision is not justified on medical grounds, as many contemporary American physicians hold. To this end, I first analyze various claims put forth by opponents of circumcision to the effect that fact that the practice is harmful, critically considering the quality of the evidence provided to defend them. Then, I turn to the medical justifications that are given for the practice. My methodology in this section is twofold. I analyze the evidence used to defend the claims and critique the connection between the claims themselves and the justifiability they are supposed to undergird.

The practice of male circumcision amongst Jews and inhabitants of the Anglophone world in particular is the focus of the second and third chapters respectively. I believe it is appropriate to focus on Jewish circumcision and Anglophone circumcision in the same work because they are inextricably linked in three distinct ways. Firstly, the practice of circumcision amongst Jews in Europe and the United States appears to have been a significant contributing (if not necessary, though certainly not sufficient) proximate cause

of the emergence of the practice amongst non-Jews in the Anglophone world. Secondly, the wide cultural acceptance and ongoing medical justification of the practice in the United States today serves to largely insulate the practice of religious ritual circumcision from criticism. Justifications from the American medical community are appropriated by religious leaders to defend the practice from criticism both from within their religious communities and from outsiders. Thirdly, the fact that Jews and Muslims practice circumcision as a religious rite gives American physicians who might otherwise speak out against the practice one additional reason not to. They don't want to be accused of bigotry.

In the second chapter, in which I focus on the history of Jewish ritual circumcision, I trace it from the origins of the biblical injunction that is the traditional reference point for the religious requirement through the present day. I grapple with the question of why circumcision has survived as a nearly universal practice among Jews while so many other ancient traditions have been given up. I focus on the role of the rite in symbolizing fertility and delineating identity and patrilineage in the priestly era, the solidifying effect of encounters with Christianity, the challenges of the Enlightenment and modernity, the medicalization of circumcision, and the role of Zionism in the renaissance of Jewish particularism. I conclude the chapter with a critical discussion of the recent debate over the legality of circumcision in Germany.

In the third chapter, I focus on medicalized circumcision in the Anglophone world, beginning with its emergence in the nineteenth century. I

explain how it emerged and why it was eventually given up everywhere except the United States. Finally, I explain the unique longevity of the practice in the US, attributing it to the mutual reinforcement of a culturally biased sense of normalcy and a continually evolving set of institutionally endorsed medical justifications.

Chapter I:

The Medical Debate over Neonatal Circumcision - Harm versus Benefit

Opponents of routine neonatal circumcision claim that the practice effectively harms the infant on whom it is performed. Based on the review of numerous sources, Boyd, et al. conclude that the circumcision is extremely painful for neonates and that “evidence has also started to accumulate that male circumcision may result in lifelong physical, sexual, and sometimes psychological harm as well.”¹

Pain during the Procedure

The easiest claim to defend is that the procedure is excruciatingly painful. The authors reference studies in which scientists analyze the harmonics of babies' cries and the details of their facial expressions to demonstrate that the screams and facial contortions of neonates undergoing circumcision are, in fact, expressions of the experience of severe pain.² They also reference a paper in which neurobiologist Maria Fitzgerald suggests that infants might actually have significantly stronger sensitivity to pain than adults because of the way in which the structure of nervous apparatus in infants' spinal cords differ from those of adults, though she concedes in that paper that “How this affects the brain and an infant's awareness of pain is unclear, since very little is known about the processing of pain in the brain.”³

¹ Boyle, et al., 18

² Boyle, et al., 5

³ Fitzgerald

Ronald Goldman also writes at length about the pain response of male infants to circumcision. He cites one study in which cortisol levels and behavioral responses were recorded for infants during circumcision and three other neonatal procedures and the researchers found that “Circumcision resulted in significantly higher levels of behavioral distress and blood cortisol levels than did the other procedures.”⁴ He goes on to claim, “Over a dozen studies confirm the extreme pain of circumcision. It has been described as ‘among the most painful [procedures] in neonatal medicine.’” He cites a study that found increases in heart rate of 50% and increases in cortisol by a factor of three to four times, which prompted the investigators to report, “This level of pain would not be tolerated by older patients.”⁵ Goldman also claims that, while some circumcisers use anesthetics, these block only some of the pain and they wear off before postoperative pain does.⁶

Though neuroscientists cannot give a full account of what it is like to be an infant male undergoing or just having undergone circumcision, they have shown that while infants are being circumcised, they emote as though they are undergoing severe pain and manifest physiological conditions characteristic of the experience of extreme pain.

Long Term Psychological Damage

The authors claim that developmental psychologist James Prescott “referred to the stress hormones triggered by intense pain and the adverse

⁴ Goldman, 20

⁵ Goldman, 20

⁶ Goldman, 24

effects they may exert on brain development, sexual function, and behavior.”⁷ Prescott does not, in fact, specifically mention stress hormones at any point in the article that Boyle, et al. cite. He does, however, claim that the pain caused by neonatal circumcision “has profound influence on the brain and later behaviors.”⁸

To demonstrate the potentially deleterious behavioral effects of circumcision, Prescott references a 1988 paper in which Bertil Jacobson correlates different types of suicide and drug addiction with various birth procedures.⁹ In order to test the hypotheses that “obstetric procedures may cause injuries leading to adult self-destructive behavior”¹⁰ and that “there is a tendency for an adult to repeat a traumatic event that occurred during birth,”¹¹ Jacobson analyses a set of data including the birth records and autopsy records of a small set of suicide victims, alcoholics, and drug addicts and the birth records of a set of controls.¹² She ‘proves’ her hypotheses by observing several correlations including a correlation between “asphyxia during birth” and “suicides by hanging, strangulation, drowning, and poisoning by gas” and a correlation between “mechanical birth trauma involving the head and traction of the neck (breech presentation, forceps delivery...” and types of suicides that involve “mechanical injuries” such as “hanging, strangulation,

⁷ Boyle, et al., 6

⁸ Prescott, 15

⁹ Prescott, 15

¹⁰ Jacobson, 2

¹¹ Jacobson, 3

¹² Jacobson, 2

jumping from heights, firearms, etc.”¹³ What Jacobson doesn't provide is any compelling theory for how one's trauma at birth would be imprinted for future repetition. Without such a theory, her conclusions are weak, and it's easily conceivable that she simply tried out various thematic groupings of neonatal traumas and methods of suicide until she found a few that correlated strongly enough. Is the fact that both can be described as 'mechanical' phenomena a meaningful enough similarity to consider suicide by jumping from heights to be a repetition of the trauma of forceps delivery? Jacobson's paper is not a compelling support for the validity of Prescott's proposition that neonatal circumcision has a deleterious impact on adult behavior because it doesn't convincingly demonstrate anything.

Immerman and Mackey suggest that circumcision may cause neural reorganization that raises “the threshold of sexual excitability/distraction.” Pointing to various studies on the neurological effects of innervation in primate species, they effectively establish the plausibility of their thesis. They go on to give an elaborate account of how the posited reorganization might make the practice of circumcision sociologically useful or adaptive by making males “slightly more tractable in executing corporate activities beneficial to the community and [...] slightly more restrained sexually and more cooperative in the pair bond.”¹⁴ In the end, though, they have to concede that

¹³ Jacobson, 3

¹⁴ Immerman, and Mackey, 367

their conclusion is “untested.”¹⁵ Once again, we have a highly imaginative theory, but no evidence to back it up.

Gemmell and Boyle and, in a similar study, Bensley and Boyle, take a more measured approach to demonstrating long-term psychological effects of infant male circumcision. Both studies surveyed men in Australia, asking them questions like, “Are you at all unhappy about being either circumcised or genitally intact?”¹⁶ Notably, Bensley and Boyle used surveys sent to women and gay men “with sexual experience of circumcised and genitally intact men” (survey groups 2 and 3) in addition to the surveys sent to men about themselves (survey group 1).¹⁷ Gemmell and Boyle found based on the results of their survey that “Circumcision impacted negatively on various psychological measures, both in relation to how respondents felt about being circumcised, and the ways in which it affected them.”¹⁸ The results were statistically significant, but the authors did not seem to account for the fact that the activity of completing the survey might measurably prejudice the results. In other words, completing a survey in which one’s body is explicitly contrasted with those that are “genitally intact” might cause circumcised men to be more unhappy about their circumcision status than they would normally be. Bensley and Boyle found that the participants who were reporting on their

¹⁵ Immerman, and Mackey, 374

¹⁶ Gemmell, and Boyle, 249

¹⁷ Bensley, and Boyle, 216

¹⁸ Gemmell, and Boyle, 245

sex partners reported, “circumcised partners were more often unhappy with their circumcision status than were genitally intact partners.”¹⁹

Ramos and Boyle conducted a study in which they had 3,253 Filipino boys between the ages of 11 and 16 complete a set of questionnaires in order to ascertain whether they had symptoms of post-traumatic stress disorder as a result of undergoing circumcision.²⁰ 1,577 boys met the criteria of not having any pre-existing PTSD, and only their data was included in the study.²¹ Of these boys, 1,072 had undergone “medical circumcision,” which takes place in clinics and hospitals and 505 had undergone “ritual circumcision,” which takes place outside and predominates in rural areas.²² All of them were circumcised between age 7 and age 16.²³

The questionnaire closely reflected the symptoms of PTSD including “trauma re-experiencing,” “avoidance,” and “increased arousal.”²⁴ The researchers found that 51 percent of the boys who underwent “medical circumcision” exhibited PTSD and that 69 percent of the boys who underwent “ritual circumcision” exhibited PTSD. They also found that:

the following were not significant predictors for PTSD development: the age of the boys at the time that they filled out the survey; the age at the time of circumcision; the time elapsed

¹⁹ Bensley, and Boyle, 220

²⁰ Ramos, and Boyle, 253, 260

²¹ Ramos, and Boyle, 253, 261

²² Ramos, and Boyle, 253-7

²³ Ramos, and Boyle, 262

²⁴ Ramos, and Boyle, 263

between present age and age of circumcision; motivation for circumcision; and feelings before the circumcision.²⁵

They conclude that the study “clearly demonstrates the causal role of circumcision in the development of PTSD among Filipino boys.”²⁶ Though none of the participants had undergone circumcision as neonates, the authors assert that “Trauma can occur at any point in the life cycle from infancy to childhood through to the waning years of life,”²⁷ and suggest that “the role of circumcision in causing such traumatic events can be more easily explored in older children because of their more developed language and memory.”²⁸ In other words, the standard method for diagnosing PTSD cannot be used to determine whether neonatal circumcision is traumatic, because it depends on the ability to recall and verbally communicate experiences and infants lack this ability. Thus, it is not possible to directly demonstrate PTSD in neonates. Demonstrating it in older children certainly establishes its plausibility for neonates, however.

The effects that Ramos and Boyle are able to demonstrate are disconcerting, but the connection with *neonatal* circumcision is ultimately theoretical. Gemmell and Boyle, and Bensley and Boyle’s conclusions are directly relevant to neonatal circumcision, but the effects they demonstrate are more comparatively modest. Rather than trying to demonstrate that circumcision measurably affects behavior, making men more aggressive or

²⁵ Ramos, and Boyle, 264

²⁶ Ramos, and Boyle, 264

²⁷ Ramos, and Boyle, 258

²⁸ Ramos, and Boyle, 259

prone to self-harm, or causes PTSD, they demonstrate that circumcised men frequently harbor some degree of negative feeling about their circumcision status. Furthermore, their methodology may have led to biased results. Overall the data demonstrates the plausibility of long term negative psychological sequelae of neonatal circumcision, but does definitively prove that they occur.

Effects on Penile Sensation and Functioning

Gemmell and Boyle's survey also asked participants to rate their levels of penile sensation as compared to that experienced at 18 years of age. The circumcised men rated their levels of sensation as being significantly lower and, furthermore, "The study also found that circumcised respondents were more likely to experience a progressive decline in penile sensation with increasing age than were genitally intact respondents."²⁹ Bensley and Boyle found that women and gay men were significantly more likely to report progressive decline in glans sensitivity in circumcised partners.³⁰ They explain these findings by attributing them to the process of keratinization or "leathery callus formation," the incidence of which, they claim, is uncontroverted. "A glans that is covered in layers of keratinized skin becomes desensitized," they write, "in much the same way that callused skin on the foot is able to withstand rougher ground and requires a greater degree of applied pressure before a response occurs."³¹

²⁹ Gemmell, and Boyle, 243-4

³⁰ Bensley, and Boyle, 219-21

³¹ Bensley, and Boyle, 211

Furthermore, Bensley and Boyle discussed the functional role of the foreskin at length and explained how its amputation results in permanent structural and functional changes in the penis. In addition to protecting the glans (and thereby preventing keratinization), the foreskin also increases erogenous sensitivity through “a rich variety and large concentration of highly specialized nerve receptors [...] and free nerve endings.”³² The authors point out that since “circumcised men cannot experience that which is peculiar to having a foreskin,” the difference that circumcision makes is unknown to those who were circumcised as neonates.³³ They reference a study in which “four out of the five men circumcised as adults [...] rated their penile sensitivity as diminished.”³⁴ They also found, based on the results of their own surveys, that circumcised men are significantly more likely to avoid condoms “because of concern about reduced sensitivity.”³⁵ Gemmell and Boyle also noted this trend.³⁶

South Korea presents a unique opportunity to study the effects of circumcision since millions of males have been circumcised there after becoming sexually active.³⁷ Pang, Kim, and Kim found that roughly twice as many of the men who they interviewed in South Korea reported diminished sexuality than enhanced sexuality, writing, “The most common complaints

³² Bensley, and Boyle, 208

³³ Bensley, and Boyle, 209

³⁴ Bensley, and Boyle, 209

³⁵ Bensley, and Boyle, 218-9

³⁶ Gemmell, and Boyle, 244

³⁷ Pang, Kim, and Kim, 61

were painful erections, resulting, supposedly from the loss of too much shaft skin and diminished sexual pleasure.”³⁸

Bensley and Boyle also found that circumcised men were significantly more likely to use artificial lubrication while masturbating.³⁹ They characterize this behavior as an “unnatural compensatory technique” that becomes necessary as result of there being no skin to manipulate over the glans.⁴⁰

Taken together, these studies both empirically demonstrate deleterious physical and sexual effects of male circumcision and explain the mechanisms behind them. These effects are not ‘complications’ or exceptions, but rather they are the inevitable results of the removal of the prepuce.

Unlike pain at the time of the procedure, these effects can certainly not be ameliorated through the use of analgesics or anesthetics. Being circumcised necessarily means lacking natural protection over the glans penis, lacking somatosensory input from the highly innervated tissue of the foreskin, and lacking the mobile layer of skin that facilitates the distinctive modes of stimulation of the intact human penis.

The Purported Benefits of Circumcision

Despite the information available on the deleterious effects of circumcision, there are voices in the medical community that explicitly condone it as a routine neonatal procedure. The recently updated

³⁸ Pang, Kim, and Kim, 69

³⁹ Bensley, and Boyle, 218

⁴⁰ Bensley, and Boyle, 211

Circumcision Policy Statement from the American Academy of Pediatrics

(AAP) claims, for example:

Evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risks and that the procedure's benefits justify access to this procedure for families who choose it. Specific benefits identified included prevention of urinary tract infections, penile cancer, and transmission of some sexually transmitted infections, including HIV.⁴¹

The CDC's Division of HIV/AIDS Prevention (DHP) made a similar claim in a fact sheet on male circumcision, writing in the summary, "Male circumcision reduces the risk that a man will acquire HIV from an infected female partner, and also lowers the risk of other STDs, penile cancer, and infant urinary tract infection."⁴² Based on these claims, the DHP recommends that "Parents and guardians should be informed about the medical benefits and risks of neonatal male circumcision."⁴³

Penile Cancer and Urinary Tract Infections

The DHP fact sheet cites two studies that seem to show a significant correlation between circumcision and dramatically lower rates of penile cancer. However, the rarity of penile cancer is acknowledged on the fact sheet, which reports an overall lifetime risk of 1 in 1,437.⁴⁴ El Salam Mohamed rejects the validity of citing penile cancer as a justification for the

⁴¹ "Policy Statement: Circumcision Policy Statement," 585

⁴² United States. *Male Circumcision*, 6

⁴³ United States. *Male Circumcision*, 6

⁴⁴ United States, 3

procedure, writing that in addition to being extremely rare, penile cancer is “related to personal hygiene rather than circumcision status.”⁴⁵ In an article in response to the most recent AAP’s Circumcision Policy Statement, Frisch, et al. point out that not only is penile cancer “1 [sic] of the rarest forms of cancer in the Western world,” but it also “has a good survival rate” and “there are less intrusive ways” of preventing it.⁴⁶

The story is similar with UTIs. The fact sheet cites studies that have correlated circumcision with a reduced risk of infant UTIs, but then concedes that “Overall, UTIs are not common among male infants.”⁴⁷ When UTIs do occur, they are treatable with antibiotics.⁴⁸ And finally, not only is the “evidence for clinically significant protection [...] weak,” but it also contradicts epidemiological trends in that “UTI incidence does not seem to be lower in the United States, with high circumcision rates compared with Europe with low circumcision rates.”⁴⁹

Reduction in the Transmission of HIV

DHP cites a number of sources to defend its claim that circumcision reduces female-to-male transmission of HIV.⁵⁰ Prominent among them is a meta-analysis in the journal AIDS, in which Weiss, et al. looked at studies in which the impact of circumcision on HIV transmission in various populations in sub-Saharan Africa was explored. They conclude, “The data from

⁴⁵ El Salam Mohamed, 88

⁴⁶ Frisch, et al., 797

⁴⁷ United States. *Male Circumcision*, 3

⁴⁸ “The non-therapeutic circumcision of male minors,” 8

⁴⁹ Frisch, et al., 797

⁵⁰ United States. *Male Circumcision*, 1-2

observational studies provide compelling evidence of a substantial protective effect of male circumcision against HIV infection in sub-Saharan Africa, especially in populations at high risk of HIV/ STD.”⁵¹

The authors acknowledge the potential for observational studies to be skewed by confounding variables, but they claim that adjustment for confounding variables in the various studies either “strengthened the association” or “made little difference.”⁵² They do concede, however, that “It remains a possibility, however, that there is residual confounding as a result of behavioural or biological factors that are unknown or poorly measured in some studies”⁵³ and that “The observational studies included in this meta-analysis cannot definitively establish a causal role for circumcision in protecting against HIV infection.”⁵⁴ Despite this inability to definitively establish a causal link, they suggest that “the potential public health benefit of introducing safe services for male circumcision on a wider scale should be explored.”⁵⁵ They warn however that, “there are many concerns around such an introduction, including the possibility that men may increase their risky sexual behavior if they think circumcision confers a high degree of protection, as well as the risk of bleeding or infection, cost, and issues of cultural identity.”⁵⁶

⁵¹ Weiss, et al., 2369

⁵² Weiss, et al., 2367

⁵³ Weiss, et al., 2367

⁵⁴ Weiss, et al., 2368

⁵⁵ Weiss, et al., 2369

⁵⁶ Weiss, et al., 2369

DHP also cites three randomized controlled clinical trials (RCTs), which tested the effects of adult male circumcision in South Africa, Kenya, and Uganda. These studies demonstrated a significant reduction in the female-to-male transmission of HIV in the circumcision groups as compared with the control groups. The structure and scale of these studies makes the results virtually incontrovertible. The early results were so dramatic that the researchers ended all three of the studies early so that the control groups could be circumcised.⁵⁷

Taken together, the results of the African trials demonstrate their conclusion with a high level of certitude. However, it's critically important not to overgeneralize this conclusion. They determine that the circumcision of *adult men in sub-Saharan Africa* reduces the likelihood that they will contract HIV *through heterosexual intercourse*.

Notably, all three of the studies explicitly concede that their results are not fully generalizable. Auvert, et al. write of their study, "It was conducted in one area in sub-Saharan Africa and, therefore, may not be generalizable to other places. Nevertheless [...] the result of this trial is applicable to all of sub-Saharan Africa with some degree of confidence."⁵⁸ Applicability to other parts of the world is not even entertained. Bailey, et al. caution, "Generalisability of our study results to other populations could be restricted by several factors."⁵⁹ Most of the factors they list pertain only to the specific study methodologies, but the last focuses on the possible idiosyncrasy of the group studied: "almost

⁵⁷ United States. *Male Circumcision*, 2

⁵⁸ Auvert, et al., 1120

⁵⁹ Bailey, et al., 654

all the participants in this study identified as belonging to the same ethnic group—the Luo. If Luo males engage in systematically different behaviours from men of other ethnic groups, the results of this study might not apply to other regions of Africa.”⁶⁰ Once again, the possibility of applying the results outside of Africa is not even considered. Gray, et al., the authors of the Ugandan study, write, “The consistency of epidemiological evidence [...] presents a compelling case for the promotion of male circumcision for HIV prevention in populations where circumcision is infrequently practiced and where HIV transmission is mainly due to heterosexual intercourse.”⁶¹ The United States meets neither of these criteria. The circumcision rate is over 50%,⁶² and the majority of HIV transmission results from homosexual intercourse.⁶³

In light of the fact that the results of the aforementioned RTCs are not generalizable to the US, they do not provide a justification for circumcision of American infants. The DHP fact sheet gives very little justification for the link between circumcision and HIV *in the US* specifically (or anywhere outside of sub-Saharan Africa). It references only two relevant studies. In one, the correlation between circumcision status and HIV status was not statistically significant and in the other, an “analysis of clinic records for African American

⁶⁰ Bailey, et al., 655

⁶¹ Gray, et al., 666

⁶² “Trends in In-Hospital Newborn Male Circumcision”

⁶³ United States. *HIV Surveillance Report*, 17

men attending an STD clinic,” “circumcision was not associated with HIV status overall.”⁶⁴

Furthermore, while the fact that the United States combines an unusually high rate of circumcision with one of the highest rates of HIV in the industrialized world does not definitely demonstrate that circumcision doesn't protect against HIV in the US (since it is at least conceivable that the HIV rate would be even higher in the absence of routine circumcision), it does indicate that “other factors seem to play a more important role in the spread of HIV than circumcision status” and that “there are alternative, less intrusive, and more effective ways of preventing HIV than circumcision, such as consistent use of condoms, safe-sex programs, easy access to antiretroviral drugs, and clean needle programs.”⁶⁵

Sansom, et al. try to account for the differences between sub-Saharan Africa and the United States in their paper, “Cost-Effectiveness of Newborn Circumcision in Reducing Lifetime HIV Risk among U.S. Males.” They tweak the risk reduction figures from the African RTCs to account for the differences in the overall prevalences of HIV transmission and for the differing proportion of female-to-male transmissions to total transmissions between sub-Saharan Africa in their comparison of the estimated cost of a neonatal circumcision to the estimated probability-adjusted cost of HIV treatment in the US.⁶⁶ They conclude that, given the accuracy of their estimations, circumcision is cost

⁶⁴ United States. *Male Circumcision*, 4

⁶⁵ Frisch, et al., 798

⁶⁶ Sansom, et al., 2

effective for American males overall and for black males and Hispanic males in particular, though it represents an expense overall for white males.⁶⁷ The authors acknowledge that the paper does not account for the “cost of adverse events associated with newborn circumcision.”⁶⁸ What they don’t acknowledge, however, is that the “cost” of circumcision is not limited to the dollar amount of the medical bills that result from it since the foreskin is a functional organ. The estimated \$257 dollars for the surgery is negligible compared to absence of a part of the penis. The rigorous precision with which the authors account for everything down to the effects of the US Dollar’s discount rate is almost comical in light of the fact that the their entire analysis rests on an equivalency between circumcision and the dollar price that is charged for it (and between HIV and the dollar amount that is charged for therapeutic treatment). No justification is provided for these equivalencies.

Using possible reduction in the transmission rates of HIV (or other STDs) as a justification for circumcision raises a unique ethical problem. By the time a boy becomes sexually active, he could effectively choose for himself whether he wants to trade his foreskin for a somewhat lower receptivity to STDs. The decision to circumcise an infant is a decision in its strictest etymological sense.⁶⁹ In deciding to circumcise, the parent cuts off any future choice on the part of the child, treating him not only as a being who

⁶⁷ Sansom, et al., 1

⁶⁸ Sansom, et al., 6

⁶⁹ “Decide” derives from the Latin “decidere,” which literally means “to cut off.” (“Decide”)

presently lacks autonomy, but even as a being who lacks the capacity to develop autonomy.

A Continuous Stream of Justifications

Michael Katz writes with regard to the medical justifications for male circumcision that “There is no parallel in other prophylactic measures, such as immunization. No other prophylactic measure attempts to achieve a benefit by abrogating a natural process.”⁷⁰ The point is that even if the prophylactic claims are true, they come at too high of a price. He also points out that, over time, the medical justifications for circumcision have changed while the recommendation has remained the same. As each new set of claims is discredited, another pops up to replace them. The medical community attempts, time and time again, to retroactively provide justifications for a ritual that is already culturally sanctioned. Were it not already culturally sanctioned, the medical arguments would not be accepted or, perhaps, put forth at all. The problem is not that it is inconceivable that a prophylactic effect could arise from the amputation of a functional body part. Rather, the problem is precisely that, in the absence of prejudicial cultural influence, the possibility would never be explored for obvious ethical reasons.

A hypothetical example will help demonstrate this point. A freethinking American biologist contemplates America’s tragic obesity epidemic. After several minutes of deep reflection, he comes up with an idea. In order to prevent future generations of Americans from becoming grossly overweight,

⁷⁰ Katz, 58

infants will be subjected to a relatively minor surgical procedure that inhibits their capacity for olfaction. Mind you, it will not eliminate their capacity for olfaction altogether. It will just reduce it enough so that the experience of flavor is moderated to a level that is more nutritionally adaptive in the context of today's superabundance in the availability of calorically rich foods.

If one were to conduct trials, one would likely be able to demonstrate that those who had undergone the procedure are significantly less likely to develop obesity and all of the medical conditions that are associated with it. Furthermore, after a few decades, one might be able to establish rigorous procedural standards that ensure that operative complications (like accidentally eliminating olfaction altogether) are reduced to nearly negligible levels.

The essential point is that, even in light of these empirical demonstrations and technical advances, the practice would be rejected as intrinsically and essentially harmful. A reasonable critic would surely say, "If you are concerned about your child's weight, then teach him about proper nutrition and stock your kitchen with produce rather than junk food. Don't resort to damaging his sense of smell. That's unethical!"

If an American is truly concerned about his or her son getting HIV, the appropriate course of action would be to give him condoms and explain how using them consistently nearly eliminates the possibility of sexual transmission of HIV and to explain the dangers of intravenous drug use. Whether or not circumcision effectively reduces rates of HIV transmission or

any other ailment, it should not be considered as a routine prophylactic measure because it is inherently harmful.

Chapter II:

Jewish Circumcision from Ancient Judea through the 21st Century

Unlike many ancient Hebrew practices, male circumcision is still practiced almost universally among Jews today. In this chapter, I will account for this longevity by considering the circumstances in which the religious requirement emerged, the reactions of non-Jews since the emergence of Christianity, and the effects of Zionism on Jewish Reform. I will conclude by discussing the recent debate in Germany over the legality of the practice.

A Priestly Prerogative

Lawrence Hoffman claims in *Covenant of Blood* that male circumcision came to be identified with the covenant only during the priestly redaction after the Babylonian exile.⁷¹ Circumcision is referenced in several places in Genesis, Exodus, and Leviticus beginning with Abraham's circumcision of himself, his sons, and all of the other males accompanying him. To the uncritical reader, Hoffman thus supposes, it appears that "circumcision is the very essence of the covenant."⁷² Most of the references, however, are "priestly narratives, or priestly insertions into earlier accounts."⁷³ There a couple of exceptions to this trend in light of which he concedes that circumcision was certainly practiced among the Jews when the earlier authors

⁷¹ To demonstrate claims about the origins of references to circumcision in the Pentateuch, scholars depend to a great extent on the "documentary hypothesis," which holds that the work was composed from discrete subtexts that were compiled during a time period spanning about six hundred years beginning around the tenth century B.C.E. The hypothesis uses the letters J, E, D, and P to represent which parts of the text were written by which authors, which P representing the priestly author who wrote after the Babylonian exile, and J, E, and D representing earlier authors. (Hoffman, 28-30)

⁷² Hoffman, 30-1

⁷³ Hoffman, 31

were writing, but this fact is reconcilable with his thesis, because he seeks to demonstrate not that circumcision wasn't practiced in pre-priestly times, but rather that the authors during this period "were relatively unconcerned with the custom, that it was not yet necessarily a sign of the covenant, and that it had yet to be associated with impurity, exogamy, and the host of legal concerns typified by Leviticus."⁷⁴ While circumcision is mentioned in pre-exilic texts, it does not appear as the essence of or even as a sign of the covenant nor is it legally mandated.⁷⁵

Hoffman provides a fascinating comparison between Genesis 15 and Genesis 17 — two separate and somewhat redundant accounts of the covenant between God and Abraham.⁷⁶ In both accounts God promises Abraham abundant offspring with a large swath of land, but, whereas in chapter 15, which is attributed to the earlier Jahwist writer (J), Abraham's end of the deal is a one-time animal sacrifice and "the sacrificial ritual is merely a secondary event made to serve the primary concern of the covenant," which is essentially a divine grant of land, in chapter 17, which is authored by P, the covenant commits Abraham to the circumcision of himself and all of his male descendants. J's account makes sense in light of the fact that J was writing during the time of the Davidic-Solomonic monarchy. Hoffman suggests that J had in mind that the monarchy had to justify Israel's political independence and, therefore, emphasized God's gift of the land. For P, by contrast, the only

⁷⁴ Hoffman, 32-3

⁷⁵ Hoffman, 34

⁷⁶ Hoffman, 34-5

empire is the Persian Empire and the priests have replaced the monarchy with a theocracy.⁷⁷ In the absence of Hebrew dominion and political control, the priests were able to ensure ongoing religious authority by using a fertility ritual to inscribe a distinct religious identity across generations.

Circumcision as a Fertility Ritual

Howard Eilberg-Schwartz argues at length that circumcision symbolizes fertility. First he gives accounts of how the circumcision rituals of various African peoples are explicitly connected with fertility. Among the Balovale and Ndembu, for example, medicines that are used during the rites include hardwood from fruit trees that is intended to make the initiate's penis hard and to ensure his fruitfulness. "Among the Wiko," he writes, "lodge ceremonies are intended to increase semen and fertility. Songs and rites refer constantly to copulation and sexual organs. During sexually provocative dances, men and women expose their genitals and imitate the genitals of the opposite sex."⁷⁸

He goes on to demonstrate how the notion of covenant in the priestly account of circumcision in the Pentateuch is inextricable from its symbolic association with fertility.⁷⁹ He alludes to the notion that circumcision is a purely formal sign of the covenant, but rejects this notion straight away on multiple grounds. Firstly, "it is difficult to comprehend the arbitrary selection of such an invasive procedure." Additionally, the priestly writer uses the word

⁷⁷ Hoffman, 36

⁷⁸ Eilberg-Schwartz, 145

⁷⁹ Eilberg-Schwartz, 146-55

“ōt,” which means “symbol” rather than “sign,” when writing about circumcision. Eilberg-Schwartz points to other contexts in which the word is used to defend the claim that, in the priestly writings, “a symbol differs from a sign in that it has properties that make it appropriate for the content that it signifies.”⁸⁰

He emphasizes the fact that God’s promise of fecundity to Abraham is fundamental to the priestly account of the covenant and writes that circumcision “is an appropriate symbol [for the covenant] because in this community the male organ is viewed as the primary vehicle by which reproduction and intergenerational continuity are ensured.” He also suggests that Ishmael’s circumcision accords with this interpretation of the practice. Ishmael is circumcised because “God acquiesces to Abraham’s wish that Ishmael be the progenitor of multitudes” even though he is excluded from the covenant.⁸¹

He goes on to explain how “uncircumcised” was used both by the priestly writers and others before them to describe aspects of people that are not functioning properly. For example, they describe a “person who lacks inner commitment to the covenant” as having “an uncircumcised heart” and Moses, who has a speech impediment, as having “uncircumcised lips.” “By extension,” he writes, “the removal of a man’s foreskin symbolically enables the penis to more effectively discharge its divinely allotted task. That task, as

⁸⁰ Eilberg-Schwartz, 146

⁸¹ Eilberg-Schwartz, 148

suggested by the content of the covenant, is to impregnate women and produce offspring.”⁸²

Eilberg-Schwartz also recognizes circumcision symbolism in the priestly accounts of horticultural rules. The fruit that grows on immature fruit trees is described as its “foreskin” and the trees are described as “uncircumcised.” The relevant passage proscribes the eating of any fruit in the land of Israel before the tree has reached its fifth year. Eilberg-Schwartz criticizes the common view that the comparison between circumcision and horticultural practices “move[s] in one direction only, from the domain of human circumcision to the domain of fruit trees.” On this view, the comparison of the uncircumcised penis with the fruit of young trees is appropriate because both are unconsecrated. Just as an uncircumcised male is outside of the community, the ‘uncircumcised’ produce is unavailable for the community’s consumption. Because of this interpretation, “many translations simply substitute ‘forbidden’ for ‘uncircumcised.’”⁸³ Eilberg-Schwartz points out, however, that the priests declare dozens of other things to be forbidden, but use the circumcision metaphor only in the case of fruit trees. The explanation, he claims, is to be found in the physiology of fruit trees, which are generally infertile in the early years of growth. “By equating a juvenile fruit tree with an uncircumcised Israelite male,” he writes, “this passage presupposes a symbolic association between circumcision and fertility. The infertile tree is ‘uncircumcised’ just as a child, who is not yet

⁸² Eilberg-Schwartz, 149

⁸³ Eilberg-Schwartz, 149

rooted in the covenant, cannot bear fruit.”⁸⁴ Thus, it appears that “the themes of procreation and fertility are central to the priestly conception of circumcision, even though priests circumcised their male children eight days after birth.”⁸⁵ To prove that his interpretation “is not simply an idiosyncratic reading possible only from the vantage point of symbolic anthropology,” Eilberg Schwartz points out that several Jewish interpreters, going back at least to Philo in the first century, have drawn similar conclusions.⁸⁶

Inscribing Patrilineal Descent

He goes on to claim that circumcision has symbolic meaning beyond the mere inscription of the themes of fertility and reproduction, writing, “In many contexts, circumcision ceremonies develop solidarity among male cohorts and solidify individual lines of descent. Circumcision is thus a kind of blood brotherhood,” which, he proposes, is all the more important due to paternity uncertainty. Circumcision, he writes, “is the vehicle by which males attempt to build their own kinship ties and minimize those between mother and son.”⁸⁷

Eilberg-Schwartz describes how, in the context of ancient Israel, circumcision “served as a way of distinguishing Israelites from their neighbors.”⁸⁸ During the Babylonian exile, circumcision “increased in importance” in order to prevent assimilation with the Babylonians, who were

⁸⁴ Eilberg-Schwartz, 150

⁸⁵ Eilberg-Schwartz, 152

⁸⁶ Eilberg-Schwartz, 154-5

⁸⁷ Eilberg-Schwartz, 162-3

⁸⁸ Eilberg-Schwartz, 163

uncircumcised.⁸⁹ He goes on to explain that the structure of the priestly community predisposed them to be preoccupied with lineage. Priesthood was a remunerated position and was transmitted patrilineally. The priests' claim to power depended on their ability to trace their ancestry to Aaron (or some other descendant of Levi depending on which writer one takes to be veridical). Genealogy was also the means to differentiate between different classes of priests. Not surprisingly, among the priestly writers additions to the Pentateuch were several extensive genealogies.⁹⁰

For Eilberg-Schwartz, the priestly preoccupation with genealogy is important for understanding why the priestly writers chose to make circumcision the mark of the covenant between God and Abraham. From the priests' perspective, circumcision simultaneously solves two major problems with starting a new lineage: "Abraham had to be distinguished from all humans who had come before. But he also had to be connected to all of his descendants." Circumcision introduces a break in the genealogy, which is made explicit by the change in Abraham's name. "Terah's son's name was Abram, but the founder of the new lineage was Abraham."⁹¹ Eilberg-Schwartz concedes that the priestly author was not the first to "worry about the demarcation of lineages." The Jahwist demonstrates the same impulse in the story in which Jacob wrestles with an angel and is renamed "Israel" and in the account of the covenant in which God instructs Abraham to cut various

⁸⁹ Eilberg-Schwartz, 164

⁹⁰ Eilberg-Schwartz, 165-6

⁹¹ Eilberg-Schwartz, 167

animals in half. The act of cutting the animals in half “presumably longitudinally through the genitals” symbolizes the genealogical division between Abraham and his ancestors.⁹² The priests chose to emphasize circumcision, though, because, in addition to marking a disjunction in the genealogical line, it also symbolizes the fertility of Abraham and his descendants and establishes a connection between generations of Israelite men.⁹³

Eilberg-Schwartz claims that the distinction drawn between Israelite men and Israelite women is just as important as that drawn between Israelites and foreigners. He writes that, “Since circumcision binds together men within and across generations, it also establishes an opposition between men and women.”⁹⁴ He points to two instances in Jahwist narratives in which the symbolic connection between “the male organ” and patrilineage is already present. In the first instance, Eliezer swears with his hand under Abraham’s thigh, which is a euphemism in the Jahwist writings for the male genitalia, and swears to find Isaac a wife from Abraham’s place of origin and not to allow Isaac to reside “with his wife’s family, which would endanger the autonomy of Abraham’s lineage.” In the second instance, Joseph swears with his hand under Jacob’s thigh that he will bury Jacob with his patrilineal ancestors.⁹⁵ When the priestly authors decided that the covenant should be inscribed on

⁹² Eilberg-Schwartz, 167-8

⁹³ Eilberg-Schwartz, 169

⁹⁴ Eilberg-Schwartz, 171

⁹⁵ Eilberg-Schwartz, 169-70

the penis, the symbolism linking this organ with the concerns of the patrilineage was already in place.

Male circumcision made sense as the symbol of the covenant for the priests because it affirmed the patriarchal social system that they took for granted. It simultaneously represented the fertility of the men, the brotherhood between men, and the covenant between living men, their forefathers, and a masculinized God.

The Jewish Reaction to Christian Disgust

Hoffman and Eilberg-Schwartz provide useful ways to think about the emergence of circumcision in Judaism, but they leave open the question as to why it has continued through the present day when so much has changed. People are no longer stoned to death for breaking the Sabbath. Animals are no longer sacrificed. So why did the ancient fertility ritual of circumcision survive into modern Judaism? Leonard Glick claims that the key influence that secured the place of circumcision as a tradition that cannot be questioned in Judaism was its vehement rejection by Christians.

Glick agrees with the view that the circumcision mandate in Judaism was originally written in to the Torah by members of the newly dominant priestly class around the fifth century BCE. He points out, though, that, by the second century BCE, as Jews began to spread out from Judea and were no longer able to participate in sacrificial rites in Jerusalem “they developed what was, in effect, a new religion, centering not on temples but on synagogues” in which “[rabbis] rose to leadership [...] not through priestly patrilineal descent

but because they were respected for their learning and wisdom.”⁹⁶ In 70 CE, the second temple was destroyed, eliminating the primary symbol of priestly authority and ending the sacrificial system that had been the centerpiece of their religion.⁹⁷ Thereafter, “rabbis become the acknowledged leaders of Rabbinic Judaism, a religion that endured without major modifications into the modern period.”⁹⁸ Not only did the new religion not depend on the old paradigm of patrilineal descent, but, over the next five hundred years “the rabbis reinterpreted the ancient temple-centered tradition to meet the needs of a reconstituted society.”

The Talmud and the associated commentaries that were written from the second through the sixth century set down the rules and doctrines that have served as the foundations of Rabbinic Judaism up through the present day. Fascinatingly, they took the centrality of circumcision, which the priests had already established several centuries before, to an entirely new level. Glick describes a passage in the Talmud, which is written as a series of dialogues, in which the rabbis deride uncircumcision and celebrate circumcision. One rabbi writes, “Hateful is the uncircumcision, whereby the wicked are held up to shame.” Several then praise circumcision, claiming that it is “great” because it overrides other laws, because it is the source of Abraham’s perfection, and in the most hyperbolic claim, because without circumcision God would not have created the world.⁹⁹

⁹⁶ Glick, 23

⁹⁷ Schiffman, 112

⁹⁸ Glick, 23

⁹⁹ Glick, 28

Glick goes on to describe a passage in *Genesis Rabbah*, written around 400 CE, in which God informs Abraham, “If you refuse to undergo circumcision, I do not want the world to continue any longer.” When Abraham asks whether men will “still be ready to accept my new religion if it requires circumcision,” God responds, “Let it suffice for you that I am your God and your patron — and not for you alone but for the entire world.”¹⁰⁰

The explanation for these hyperbolic affirmations of circumcision in early rabbinic texts, Glick claims, lies in the emergence of Christianity. The first Christians, of course, were Jews and, consequently, were circumcised. In fact, most early Christians required that gentiles undergo full conversion to Judaism (including circumcision for men) in order to be considered full Christians. Paul of Tarsus, however, strongly believed that circumcision should not be a requirement for admission into Christianity. He welcomed gentiles regardless of their ethnic origins without requiring circumcision.¹⁰¹

He argues in his *Letter to the Galatians* that since the coming of Jesus of Nazareth, who Christians take to have fulfilled the messianic prophecies of the Old Testament, a person is redeemed not by obedience to the laws of Judaism, which applied only when the messiah was still awaited, but by faith in Christ alone. He explicitly rejects not only the importance of lineage, but also the opposition between men and women that circumcision embodied for the Jews, writing that “There is neither Jew nor Greek, there is neither bond nor free, there is neither male nor female: for ye are all one in Jesus Christ.

¹⁰⁰ Glick, 29

¹⁰¹ Glick, 24-5

And if ye be Christ's then are ye Abraham's seed, and heirs according to the promise."¹⁰² He goes on to decry circumcision directly, writing, "For I testify again to every man that is circumcised, that he is a debtor to do the whole law. Christ is become of no effect unto you, whosoever of you are justified by the law; ye are fallen from grace."¹⁰³

Later, he argues in his *Letter to the Romans* that circumcision "of the heart" rather than circumcision "in the flesh" is what matters.¹⁰⁴ Glick writes that "the contrast between 'flesh' and 'spirit' became the dominant metaphor in Christian polemics against Judaism [...] right up to our own time, with circumcision nearly always singled out as the prime example of the Jewish preoccupation with the world of flesh." While Paul's writings have a decidedly universalist flavor, his followers' use of his metaphor became increasingly anti-Jewish. Justin Martyr, for example, writes in his *Dialogue with Trypho* that circumcision "is not essential for all men, but only for you Jews, to mark you off for the suffering you now so deservedly endure."¹⁰⁵ Glick claims that the early rabbis' hyperbolic praise of circumcision was the direct result of its demonization in the first centuries of Christianity. "If Christians were so intent on demonstrating that circumcision was worse than worthless," he writes, "the rabbis became equally intent on demonstrating that no Jewish practice found greater favor in the eyes of the Lord."¹⁰⁶ Christianity, whose proponents used the same foundational narrative as Judaism, but invoked it in support of a

¹⁰² The Bible : Authorized King James Version, Gal. 3.27

¹⁰³ Gal. 5.3-4

¹⁰⁴ Rom. 2.27-8

¹⁰⁵ Glick, 26

¹⁰⁶ Glick, 27

universal religion based on personal spiritual salvation, was viewed as a threat to rabbinical authority, which depended on a legalistic, particularistic conception of religion.¹⁰⁷

By the fifteenth century, Christians began to harbor increasingly more menacing beliefs. When Paul had originally decried circumcision, most Christians were Jews, but by the early modern period, most European Christians didn't know Jews personally. As Glick writes, "it was popular culture and folklore that provided information on Jews and their peculiar religion."¹⁰⁸ The Christian imagination contained some very sinister depictions of Jews in general and of circumcision in particular. Glick writes:

In Germany and Central Europe, the charges were especially vicious and the consequences grim. Jews were accused of kidnapping young boys, ritually crucifying them [...], and extracting their blood for therapeutic use — for example, as a salve for the circumcision wounds of their own children. Connected with some accusations was the charge that the young victims were also circumcised before being murdered. The imagination of other Europeans — French, Italians, English — ran just as wildly in another direction: Jews were thought to be eager to circumcise Christian males, perhaps even to castrate them or slice off their penises altogether. Beliefs of this sort provided much of the fun in folklore and popular farces

¹⁰⁷ Hare, 64-65

¹⁰⁸ Glick, 34

about Jews. But their sinister side was that, in the minds of many Christians, Jews were now associated with knives, blood, and threatened genitals.¹⁰⁹

These circumcision-centered fantasies in the minds of Christians resulted in real consequences for Jews in Europe. In 1475 in Trent, for example, after a boy disappeared and was found dead, despite evidence pointing to a Swiss man, a number of local Jews were tortured into the required confessions and executed. Both an official account of the proceedings and popular art that commemorated the episode “paid close attention to what supposedly had been done to the boy’s genitals.”¹¹⁰

Nearly three centuries later, a bill designed to give citizenship to a small number of prosperous Jewish merchants in Britain was repealed due to overwhelming public protest. Circumcision emerged as a prime target in the debate that raged during the short period when the so-called “Jew Bill” was in effect. Multitudes of “pamphlets, verses, and crude stories of every sort” warned that the Jews planned to “circumcise the entire male population.”¹¹¹ Although much of the material was clearly intended to be comical, it indicated that “the prospect of Jews becoming Englishmen was, to say the least, unwelcome, and that circumcision was the cardinal sign of a difference that would never go away.” Some, in fact, expressed serious concern that “the despised practice might insinuate its way into English life.”¹¹²

¹⁰⁹ Glick, 32-3

¹¹⁰ Glick, 33

¹¹¹ Glick, 35

¹¹² Glick, 37

Fear and disgust from non-Jews in Europe only strengthened the Jewish attachment to the circumcision right. As Christians singled out the ritual as evidence of barbarism and anachronism, Jews clung to it ever more fervently as a timeless mark of their distinctiveness and sanctity. Increasingly circumcision came to be regarded by the Jew as that which set them apart from the Christians. To let it go would have been seen as a capitulation to Christianity. So the conspicuous revolution of Christian communities likely had a solidifying effect on the Jewish practice and certainly did nothing to weaken its meaningfulness for Jews. The only real *challenge* to circumcision came from within and wouldn't be manifest until Jewish-Christian relations improved.

The Enlightenment and Haskalah

In the Age of Enlightenment, philosophers began to recognize religious tolerance as a dictate of reason. Notable among early proponents of this view is John Locke, who singled out Jews as a group who should not be subject to civil discrimination based on their religious views, writing in his 1689 *Letter Concerning Toleration*, "If a Jew do not believe the New Testament to be the Word of God, he does not thereby alter anything in men's civil rights. [...] neither Pagan nor Mahometan, nor Jew, ought to be excluded from the civil rights of the commonwealth because of his religion."¹¹³ Enlightenment era nationalism did not always lead to toleration of the Jews. Voltaire, for example, arrived at a contrary judgment, depicting "Jews as possessing values and beliefs that were diametrically opposed to the

¹¹³ Locke, 30, 40

Enlightenment.” Despite such contrary views, however, writes historian Shmuel Feiner, “public opinion voiced many more protests against the long-lasting oppression of the Jews, along with explicit demands that they be treated as human beings.” This shift in public sentiment towards Jews allowed for neutral encounters between Christian and Jewish intelligentsia.¹¹⁴

During the eighteenth century, German thinkers in particular fought hard for the acceptance of Jews into broader society. In 1780, at the request of his friend Moses Mendelssohn, an important Jewish reformer, German Deist Christian Wilhelm von Dohm composed “On the Civil Improvement of the Jews,” which became “one of the major texts in the project of the German Enlightenment.”¹¹⁵ In producing this treatise, Dohm reports, he “did not wish to arouse pity for them nor to ask that they be accorded better treatment, but only to show that human, healthy and rational thinking, as well as the interest of the civil, demand such an improvement.”¹¹⁶ Therein, he suggested that the Jews’ moral state and their exclusion from the productive mainstream of society are not to be blamed *on* them since they are the natural outcome of a policy *towards* them which “is a remnant of the barbarism of past centuries, a consequence of a fanatical religious hatred.” Interestingly, while the document is clearly aimed at improving the social standing of the Jews, it is far from ideologically perfect. Dohm believed that Jews were socially redeemable, but he stopped short of recommending immediate and thoroughgoing equality. He doesn't believe them to be ready to hold public

¹¹⁴ Feiner, 114

¹¹⁵ Feiner, 120

¹¹⁶ Feiner, 121

offices since their “too mercantile spirit [...] will probably be broken more easily by heavy physical labor than by the sedentary work of the public servant; and for the state as well as for himself it will be better in most cases if the Jew works in the shops and behind the plough than in the state chancelleries.”¹¹⁷ For Mendelsohn, who wanted to see more extensive reforms, even more problematic than Dohm’s limited ambitions for how far the tolerance of gentiles towards Jews should be were his views about Jewish autonomy. Dohm believed that rabbis should retain the right to punish and excommunicate members of the Jewish community for religious infractions.¹¹⁸ He did not see the religious power of the rabbis as something that would affect the civil and personal status of individual Jews. For Dohm, ‘religious toleration’ meant only religious toleration *of Jews by Gentiles*. Regardless of its shortcomings, Dohm’s treatise had a remarkable effect on the political situation of European Jewry. In 1781, Emperor Joseph II issued the Edict of Toleration toward the Jews of Bohemia and the next year he issued another for the Jews of Austria.¹¹⁹

Though Mendelsohn was happy about the political progress being made, he thought it equally necessary that religious toleration be practiced within the Jewish communities. He “opined that it was possible that the Jews might themselves place obstacles in the way of their improved civil status in the state,” and thought that “it was necessary to abolish the religious-

¹¹⁷ Feiner, 123

¹¹⁸ Feiner, 123

¹¹⁹ Feiner, 124

ecclesiastical power of the traditional Jewish autonomy over its members.”¹²⁰ He implored the Jewish religious leaders to “relinquish of their own accord the coercive authority they possessed.”¹²¹ As it turned out, the religious leaders were, for the most part, unreceptive to this request. For the remainder of the eighteenth century, a rhetorical battle ensued between the modernist reformers, on the one hand, and the traditional rabbinical elite, on the other.¹²² Despite opposition from the rabbis, *Maskilim*, modern Jewish intellectual writers and teachers, founded new Jewish schools, literary societies, and journals in Europe that called into question rabbinical authority, translated the Jewish texts into German, and combined Jewish tradition with Enlightenment ideas and secular education.¹²³

By the last decade of the eighteenth century, this movement, called the *Haskalah*, was in decline in the urban centers of western and central Europe, which were originally its core. Jewish intellectuals there were quickly becoming acculturated into mainstream society and largely lost interest in the goals of the movement. To the younger generation, Jewish heritage became largely irrelevant in the context of modern life. Many, drawn to German Romanticism, choose to convert to Christianity.¹²⁴

Modernity and the German Jewish Reform Movement

By the beginning of the nineteenth century, as Jews gained the rights of citizens, became more fully integrated into the broader social environment

¹²⁰ Feiner, 125

¹²¹ Feiner, 126

¹²² Feiner, 135-82

¹²³ Feiner, 200-90

¹²⁴ Feiner, 304-7

as individuals, and began to enjoy the freedoms of modern bourgeois life, increasing numbers of them “began questioning ritual regulations that seemed designated to perpetuate segregated status.” In Germany, Reform Judaism emerged as a way for Jews to redefine their religious practices to better accord with their new social identities while retaining a connection with their Jewish heritage. They declared that they were “universalists” rather than ethnic particularists. They westernized Jewish prayer services and rejected dietary restrictions. The one particularistic practice that survived nearly untouched was circumcision.¹²⁵

Concerns from the medical community did lead even orthodox religious leaders to give up *metsitsah*, a part of the traditional ritual circumcision in which the *moהל* (circumciser) sucks on the newly circumcised penis. Even this change has seen resistance. Many orthodox practitioners, reluctant to give up the practice altogether, soon replaced direct mouth-to-penis suction with “the use of glass tubes through which the *moהל* drew blood into his mouth.”^{126 127}

Though the elimination of *metsitsah* was instituted almost across the board, the idea of completely abolishing circumcision never took hold even within the Reform movement.¹²⁸ Dissenting voices did, however, exist. In 1842, the initial formulation of platform of a small society of German-Jewish

¹²⁵ Glick, 37-38

¹²⁶ Glick, 43

¹²⁷ The traditional *metsitsah* ritual complete with direct oral-penile contact continues to this day in some ultra-Orthodox communities in NYC despite the fact that it has resulted in at least 11 infant herpes infections and 2 deaths since 2000. (New York City.)

¹²⁸ Glick, 38

laymen called the *Verein der Reformfreunde* “declared circumcision to be no longer ‘binding as a religious act or symbol.’” The platform statement, which was intended only for internal consideration, outraged the Frankfurt Jewish community when it was leaked.¹²⁹ The practice of circumcision had been viscerally associated with Jewish identity (largely because of its rejection by Christians) for so long that to question it was interpreted as a direct affront to Jewishness, reminiscent of the assimilationist tendencies of the German Jewish intelligentsia at the end of the eighteenth century.

Between 1844 and 1872, thanks to pressure from Jewish physicians, Reform rabbis ‘modernized’ circumcision in light of ever mounting evidence that the age old ritually sometimes resulted in maiming or death of the infant. Training and licensing requirements for *mohels* were instituted and the *mohels* were granted the option to use a surgical instrument rather than their fingernails (the traditional tool) to strip the infant’s foreskin from the glans.¹³⁰ Over time, the procedure took on the aesthetics of a medical procedure. As Glick puts it, the rabbis “co-opted the very physicians who were challenging them.”¹³¹

Glick talks about the reforms in Judaism mainly as a function of the increasing sense individually among Jews in the context of modernity. Notably, Jews were able to integrate into nineteenth century German society and enjoy the individual liberties that this entailed precisely because the modernization of wider German society created a comparatively tolerant

¹²⁹ Glick, 39

¹³⁰ Glick, 43

¹³¹ Glick, 44

environment. Liberalization within Judaism can be read as the result of increasing individual freedom of Jews, but must also be considered in light of their acceptance by Germans. As wider German society increasingly tolerated Jewish practices, the Jews (on *both* the individual and communal levels) were less inclined to reinforce particularistic practices as a reaction to external hostility. As is evidenced by the overwhelmingly negative response to the anti-circumcision position of the *Verein der Reformfreunde*, the Jewish communities were certainly not prepared to dispense with the central symbol of Jewish identity, but the modest reforms of circumcision that occurred in the mid nineteenth century are indicative of what was a promising ideological trajectory. Beginning in the late nineteenth century, the golden age of the German Reform Movement was cut short. By the last decade of the century, a new anti-Semitism that viewed Jewishness in racial rather than ethno-religious terms emerged. Anyone with 'Jewish blood' was persecuted regardless of whether they identified as Orthodox, Reform, or even Christian. A few decades later, the Holocaust all but obliterated German Judaism.

The Beginnings of Reform Judaism in the United States

Between 1820 and 1880, approximately 150,000 European Jewish immigrants, many of whom were coming from Germany, arrived in the United States. They established Reform congregations with similar ideologies to those developed back in Europe. Glick suggests that the "conviction that Jews should live in accord with principles of modernity and nationalism [...] was expressed perhaps even more strongly in the United States" than in

Europe.¹³² Perhaps the most well-known expression of the general outlook of the early reform movement in the US (or “Classical Reform” as it later became known) is the short “Declaration of Principles” from the 1885 Pittsburgh Conference. Notably the declaration rejects the notion of Judaism as a *nation*, recognizing it instead as a *religious community*. The third principle explicitly rejects the legal codes of traditional Judaism:

We recognize in the Mosaic legislation a system of training the Jewish people for its mission during its national life in Palestine, and today we accept as binding only its moral laws, and maintain only such ceremonies as elevate and sanctify our lives, but reject all such as are not adapted to the views and habits of modern civilization.¹³³

Despite the highly liberal tendencies of the American Jewish Reform Movement in the nineteenth century, it is unsurprising that circumcision was never singled out for rejection, because, at the time, circumcision was not at all at odds with the prevailing moral sentiments in the United States. In fact, the practice was taken up in the US outside of the Jewish community by 1870. (The secular practice of circumcision that emerged at this time is discussed in more detail in the next chapter.) Once accepted by the medical profession, circumcision ceased to be a problematic sign of Jewish particularism as virtually all American males were now being circumcised.

A Return to Jewish Ethnic Particularism

¹³² Glick, 44

¹³³ "Declaration of Principles"

In the twentieth century, however, the American Reform Movement underwent a transformation from so called “Classical Reform” to “Mainstream Reform” that, to a degree, eliminated the earlier emphasis on universality and reaffirmed the traditional particularism that was characteristic of Judaism before the nineteenth century. In 1973, Rabbi Wolfgang Hamburger anonymously published a pamphlet in which he critically traced this change, identifying Zionism as its primary proximate cause. Hamburger suggests that the evolution began in 1936 when the Central Conference of American Rabbis (CCAR) adopted the “Columbus Platform” in which they agreed to “the obligation of American Jewry to aid in [Palestine’s] upbuilding as a Jewish homeland.” Hamburger saw the language of the platform as something of a compromise, reading into it that “the new generation of Reform rabbis no longer stressed the purely religious character of the Jewish community, but then they also refrained from validating its national ties.” Support was to be given to the refugees flooding into Palestine, but only in the name of humanitarianism. For Hamburger, “a crucial point was reached” when in 1942 the CCAR adopted a resolution demanding the right of the Jews of Palestine to establish their own army to fight the NAZIs under British command.¹³⁴ In contrast to the earlier humanitarian commitments, this was a determinately political commitment to Jewish *national* interest.

According to Hamburger, the sense of interconnectedness between American Jews and the State of Israel forces Jews to imagine their Jewishness not only as a religious identity but as a national identity that is

¹³⁴ Hamburger

firmly rooted in a particular historical narrative. In particular, he discerns a trend in which American Reform Judaism increasingly capitulates to the traditional legal standards for determining “matters of personal status, marriage, divorce and conversion” so as to be in agreement with Israeli society where particularistic Jewish *national* identity is held up as an ideal irrespective of religious considerations.

Circumcision may have been exempted from challenge in the early years of the American Reform Movement because, unlike traditions such as Sabbath observance, it was not thought of as being at odds with modern, enlightened, rationalistic ideals, but because of the significant shift to the right in matters of Jewish identity in the last eighty years, Jewish circumcision has largely been re-endowed with the very identificatory significance that was considered ideologically at odds with modernity during the period of Classical Reform as Jewish particularism has been co-opted by Jewish Nationalism.

In 2008, Professor Mark Washofsky described this renaissance of symbolic meaning in the practice, writing, “For many years it was a purely surgical procedure performed in the hospital without accompanying ritual. In recent decades, however, our people have transformed ‘circumcision’ into *berit milah*; that is, we have rediscovered its significance as a ritual act.” He goes on to explain why a ritual that seems so much “at odds with the views and habits of modern civilization” has been maintained by Reform Judaism by asserting its significance as a “tribal rite” and writing that “*Berit milah* is our classic ceremonial acknowledgment that we, descendants of Abraham,

consider ourselves a community set apart from all others and set aside in covenant with God.” He claims that this “is the story we have always told,” apparently forgetting the aspirations of early reformers to do away with precisely these particularistic sentiments!¹³⁵

Thanks to the Zionist need to re-essentialize and re-particularize Jewish identity, circumcision is once again uniquely unquestionable in the minds of most rabbis. When radically progressive Jewish thinkers criticized circumcision in the mid-nineteenth century, they did so both by arguing that circumcision is “a barbaric, bloody act” and by arguing that “ritual regulations promoting nationalistic particularism, promulgated during the post-biblical period and intended to maintain Israelite political identity, were no longer relevant for Jews living in modern societies.”¹³⁶ Zionism, by rekindling Jewish particularism, has made circumcision relevant once again.

The Legal Debate in Germany

In June 2012, a district court judge in Cologne, Germany ruled that the circumcision of an infant male constituted “grievous bodily harm.”¹³⁷ Though the ruling legally applied only to one doctor who circumcised a four-year-old Muslim boy, it “had a ripple effect, leading hospitals from Berlin to Zurich to suspend circumcisions and emboldening a movement against the procedure that had previously gone largely unnoticed.”¹³⁸ In August, a doctor in Hof, Bavaria filed charges against a rabbi for performing circumcisions, citing the

¹³⁵ Washofsky

¹³⁶ Glick, 41-2

¹³⁷ Kulish

¹³⁸ Eddy, “German...”

Cologne ruling.¹³⁹ In December, the German lawmakers ended the legal debate, passing legislation that guarantees the right of parents to circumcise their children.¹⁴⁰

While the legal debate was raging, the German Jewish communities expressed outrage. In September, for example, Charlotte Knobloch, a former president of the Zentralrat der Juden in Deutschland ("Central Council of Jews in Germany"), published a guest contribution in the *Süddeutsche Zeitung*. Therein she dismisses concerns about the ethical acceptability of circumcision and accuses those raising them of anti-Semitism, writing, "Besserwisser schwadronieren beim Thema Beschneidung ungehemmt über 'Kinderquälerei' und 'Traumata'. Damit schaffen sie nur eines: Die verschwindend kleine jüdische Existenz in Deutschland infrage zu stellen." ("With regard to circumcision, faultfinders are blustering unchecked about 'cruelty to children' and 'traumata.' But they are really pursuing only one goal: to call into question the infinitesimally small Jewish existence in Germany.") She writes that the public debate should be suspended at least until the national legislature decides on the issue and claims that the debate is increasing distance between Jews and non-Jews in Germany. She refers repeatedly to the Holocaust, writing in one instance, "Nicht einmal in meinen Albträumen habe ich geahnt, dass ich mir kurz vor meinem achtzigsten Geburtstag die Frage stellen muss, ob ich den Judenmord überleben durfte, um das erleben zu müssen." ("Not even in my nightmares have I imagined

¹³⁹ Eddy, "Accord..."

¹⁴⁰ Eddy, "German..."

that just before my eightieth birthday I would have to ask myself the question of whether I was allowed to survive the genocide of the Jews only to have to have to witness this.”) For Knobloch, circumcision is the “Kern der jüdischen Identität” (“core of Jewish identity”).¹⁴¹

Similarly, the Conference of European Rabbis condemned the Cologne court’s ruling as the “worst attack on Jewish life since the Holocaust.” The organization’s president compared the possibility of a ban on circumcision to the Nazi ban on ritual slaughter after Hitler came to power, asserting that a ban on circumcision would send an even stronger message than the one in 1933 because of the importance of circumcision. He also “found it alarming that recent polls show that the majority of Germans support the court’s decision.”¹⁴²

There is no evidence for the supposition that opposition to circumcision is motivated by anti-Semitic sentiments. The rhetoric of European opponents of circumcision is essentially the same as the rhetoric of circumcision opponents in the United States, where circumcision is not a predominantly religious practice. Though motivations can never be discerned with certitude, all appearances indicate that most anti-circumcision sentiment in Europe is motivated not by anti-Semitism, but by the view that the right of a child to physical integrity supersedes the rights of parents. That said, ethical commitments do not exist in a vacuum. Insofar as circumcision is regularly practiced in Europe only by Jews and Muslims, to claim in Europe that

¹⁴¹ Knobloch

¹⁴² “European Jewish Leaders on Circumcision Ruling”

circumcision is unethical and should be disallowed must to some degree entail an implicit claim about the ethical status (and abnormality) of the Jews and Muslims who are practicing it.

All things considered, the fiasco in Germany represents a step backwards in the effort to prevent neonatal circumcisions. The effort to limit parental authority directly resulted in a formal legal affirmation of this right. Given Germany's history of extreme anti-Semitism, this result was predictable. Despite my determinately anti-circumcision stance, even I was troubled by the unsettling irony that, less than a century after the Holocaust, Germans were decrying a Jewish practice as barbaric and unethical. Germany is an extreme case because of its troubling history, but the recent debate represents a wider truth. Anywhere where circumcision is practiced only within particular minority communities, opposition to it from outside of these communities will naturally be construed as inappropriate discrimination and tyranny of the majority and this characterization will pose a significant if not insurmountable challenge to reform efforts. In all likelihood, the turf on which the circumcision debate will have to play out will be that the world's biggest secular circumciser: the United States.

Chapter III:

Dysfunctional Medicine

Emergence of Routine Circumcision in the Anglophone World

In America, the medicalization of circumcision that had begun in Germany as a way to modernize a religious ritual took on an entirely new meaning. Circumcision as a *medical intervention* began to gain significant momentum after Lewis Sayre, an orthopedic surgeon in Manhattan, amputated the contracted foreskin of a five-year-old boy who could not stand straight and had severe inflammation of the glans penis. The procedure was enormously successful and so were several more that Sayre performed subsequently.¹⁴³ In light of these successes and despite later failures, writes historian David Gollaher, Sayre fervently promoted the procedure as a cure for an ever-growing list of medical problems including cases when doctors “were confronted by confusing, seemingly unrelated symptoms.”¹⁴⁴

Case histories from other doctors’ success with circumcision began to proliferate in medical journals. Before the development of placebo controlled clinical studies, no one thought to question whether results were, in fact, caused by the interventions that preceded them. Furthermore, there was not yet any understanding of the publication bias that results from positive results being shared much more frequently than negative results. As a result, circumcision quickly came to be regarded as a highly effective and versatile

¹⁴³ Gollaher, 73-9

¹⁴⁴ Gollaher, 82-3

surgical intervention. Before long, it was advocated as a preventative measure.¹⁴⁵

Masturbation Phobia and the Moralizing Physicians

The late-Victorian fear of masturbation also played a significant role in the emergence of circumcision in the Anglophone world. Dr. James Beaney (1828-1891), an influential Australian pediatrician and pediatric surgeon, denounced masturbation as “one of the most pernicious habits that can possibly be indulged in, sapping...the strength both of mind and body, reducing the most vigorous intellect to the feebleness of old age and the most athletic frame to a condition of helplessness.”¹⁴⁶ Among the short term consequences that Beaney attributed to masturbation were “inflammation of the urethra, irritation of the bladder, disturbed sleep, erotic dreams and nocturnal emissions, confusion of mind, vertigo, wakefulness, depression and languor” and in the long-term, he suggested, it could lead to “epilepsy, phthisis (tuberculosis), insanity and impotence.”¹⁴⁷ Beaney imagines the relationship between a masturbating patient and his medical practitioner in a manner that is more reminiscent of the relationship between a confessor and a priest than to the modern physician-patient relationship, writing:

It is generally difficult to obtain from the sufferer a frank confession of the cause of which he is himself the author...shame prevents an honest ...disclosure in many cases.

¹⁴⁵ Gollaher, 83-4

¹⁴⁶ Darby, “A Source of Serious Mischief,” 164

¹⁴⁷ Darby, “A Source of Serious Mischief,” 165

The medical man...having first gained the confidence of the patient, will generally succeed in eliciting the truth. It is always desirable that the patient should fully admit the practice...the fact of having “made a clean breast of it” gives them an access of moral courage which is very useful...in facilitating their cure.¹⁴⁸

Interestingly, Beaney originally did not emphasize circumcision for the prevention of masturbation, advocating instead for “parental vigilance, moral exhortation, exercise and purity.”¹⁴⁹ While Beaney did see the foreskin as a dangerous source of ‘irritation’ and was “attracted to circumcision as a remedy,” he was pessimistic about the idea that it would gain acceptance because he thought people would be put off by its “sacred associations”.¹⁵⁰ Later, however, he writes that, “When children are caught handling their genitals [...] the parent must ‘confront the evil in the child and take all the necessary steps, both surgical, hygienic and admonitory, to overcome the cause of the bad habit.’”¹⁵¹ Though he doesn’t elaborate on what the appropriate surgical steps might be, it seems eminently plausible that he was alluding to circumcision.

The idea that circumcision is an effective prophylactic against masturbation was advanced by prominent Jewish physicians, who “maintained that circumcision serves to immunize Jewish boys and men

¹⁴⁸ Darby, “A Source of Serious Mischief,” 166

¹⁴⁹ Darby, “A Source of Serious Mischief,” 165

¹⁵⁰ Darby, “A Source of Serious Mischief,” 168

¹⁵¹ Darby, “A Source of Serious Mischief,” 169

against the bad habit of masturbation.”¹⁵² In 1860, *The Lancet*, Britain's leading medical journal, published a series reports on the purportedly low rates of masturbation in Jewish communities. A decade later, the president of the Association of American Physicians, M. J. Moses went so far as to blame the pernicious habits of Jewish boys on their uncut peers, writing:

I refer to masturbation as one of the effects of a long prepuce; not that this vice is entirely absent in those who have undergone circumcision, though I never saw an instance in a Jewish child of very tender years, except as the result of association with children whose covered glans have naturally impelled them to the habit.¹⁵³

In the United States, John Harvey Kellogg (1852-1943), a prominent physician and industrialist, profited enormously from the sale of his books about the dangers of masturbation. He “‘discovered’ two cures: Kellogg’s breakfast cereals and, for persistent masturbators, circumcision.”¹⁵⁴ In his 1877 work *Plain Facts for Old and Young*, he emphasized the importance of pain during the circumcision procedure, writing that:

The operation should be performed by a surgeon without administering an anæsthetic, as the brief pain attending the operation will have a salutary effect upon the mind, especially if it be connected with the idea of punishment, as it may well be in some cases. The soreness which continues for several weeks

¹⁵² Gollaher, 102

¹⁵³ Gollaher, 102

¹⁵⁴ Goldman, 58-9

interrupts the practice, and if it had not previously become too firmly fixed, it may be forgotten and not resumed.¹⁵⁵

By 1884, Dr. J.W. Springthorpe was explicitly advocating both male and female circumcision as a means of curbing the dangerous sexual appetites of young men and women in Australia, writing:

Hence onwards until marriage the exito-motor mechanism should be the subject of investigation and regulation, so that none but the normal impressions might travel upwards to the brain. To this end it might be necessary to snip off a redundant prepuce, divide the contracted meatus, clip a short frenum...and the same, mutatis mutandis, in the female.¹⁵⁶

As Springthorpe's statement indicates, clitoridectomies were, like male circumcision, once practiced in the Anglophone world as a prophylactic against masturbation. The justifications for 'female circumcision' also included protection against sexually transmitted diseases and cancer.¹⁵⁷ The procedure was commonly funded by American medical insurance companies through the 1970s, when medical recommendations finally turned determinately against the practice.¹⁵⁸ Today the procedure is generally considered to be morally repugnant in the west as discussed in more detail later in the present chapter.

¹⁵⁵ Kellogg

¹⁵⁶ Darby, "A Source of Serious Mischief," 169

¹⁵⁷ Gollaher, 201

¹⁵⁸ Gollaher, 202

Due to the associations that were drawn between the foreskin, masturbation, and disease, circumcision quickly took on a significant role in demarcating social identities. Due perhaps both to the cost of the procedure and to differing cultural values between social classes, circumcision was far more prevalent among the affluent.¹⁵⁹ Thus, according to Gollaher, circumcision became a mark of distinction, associated with superior social status, cleanliness, modern scientific and medical knowledge, and civility. The immigration of millions of poor, uncircumcised Europeans to the United States at the end of the nineteenth century and the beginning of the twentieth century exacerbated Americans' association of the foreskin with poverty, uncleanness, disease, and low moral standing.¹⁶⁰

The Rise of Circumcision as a Neonatal Routine

Circumcision quickly gained popularity once doctors began to recommend it as a routine procedure for neonates.¹⁶¹ As Darby writes, "circumcision became common only because it was done without the consent of the patient. Wherever circumcision has become general, it has been an operation that authority (usually parental) has inflicted on the young or otherwise powerless."¹⁶²

Misunderstanding of the development of the human penis contributed to the neonatal circumcision frenzy. From early on, phimosis or 'adherent prepuce' was identified as a problem with the foreskin, causing masturbation

¹⁵⁹ Gairdner, 1433

¹⁶⁰ Gollaher, 106-8

¹⁶¹ Gollaher, 100

¹⁶² Darby, "A Source of Serious Mischief," 173

and a host of other mental and physiological problems. When doctors examined small children, they discovered that a disconcerting proportion of them had adherent prepuces. The key fact that they missed is that the prepuce doesn't normally fully retract until around age ten. For many, the 'adherent prepuce' was taken as a direct indication for circumcision.¹⁶³

Others recommended that infants' foreskins be forcibly retracted by doctors, nurses, or parents. This advice inevitably led to circumcision. If the forced retraction was unsuccessful, this was taken as an immediate indication for circumcision.¹⁶⁴ If it was successful, it inevitably led to tissue adhesion and bleeding and these symptoms "were considered proof of incipient foreskin problems and thus were indications for circumcision."¹⁶⁵

Medical texts were adjusted to accommodate the new practice. They began to trivialize the prepuce, characterizing it as a mere flap of skin "tantamount to a minor birth defect" in contrast to the traditional anatomical view that it is "an essential part" of the penis.¹⁶⁶

In the US, the armed forces also played a significant role in normalizing circumcision. Thousands of men were circumcised in their late teens and early twenties during the two world wars, ostensibly because the Medical Corps thought it would make them less susceptible to venereal disease. After they returned home, doctors began asking when they wanted their sons circumcised. "Remembering the ordeal they or their buddies had

¹⁶³ Gollaher, 84

¹⁶⁴ Darby, "A Source of Serious Mischief," 188

¹⁶⁵ Gollaher, 112

¹⁶⁶ Gollaher, 109-12

endured from the operation as adults,” writes Darby, “many agreed, thinking it would avoid the need to do it later, when the pain was thought to be worse than in infancy.”¹⁶⁷ Doctors concurred with the assumption that infants were incapable of experiencing acute pain, so the procedure was (and still frequently is) carried out without any form of analgesia or anesthesia.¹⁶⁸

The Global Demise of Medical Circumcision

The United States wasn't the only country to implement medical circumcision. The practice also emerged in Australia, the United Kingdom, and Canada in the 1890s,¹⁶⁹¹⁷⁰ and in New Zealand during World War I,¹⁷¹ but all of these countries have nearly abandoned the practice as the medical claims that led to its adoption were debunked and society began to view sexuality in general and masturbation in particular with less apprehension.

In the United Kingdom, the demise of circumcision was fueled by the implementation of universal single-payer healthcare in the form of the National Health Service (NHS) after World War II. Due to a serious recession in the British economy at the time of its inception, the architects of the program were forced to confront the question of which practices are medically necessary and should therefore be funded.¹⁷² In 1949, Douglas Gairdner, an English Pediatrician, published a groundbreaking article in the *British Medical Journal* entitled “The Fate of the Foreskin.” Therein, he considered a not only

¹⁶⁷ Darby, *The Sorcerer's Apprentice*

¹⁶⁸ Gollaher, 100

¹⁶⁹ Darby, “A Source of Serious Mischief,” 159

¹⁷⁰ Darby, *The Sorcerer's Apprentice*

¹⁷¹ McGrath, and Young, 134

¹⁷² Gollaher, 114

the purported medical benefits of circumcision and the incidence of complications, but also the origins of the practice and the natural development, anatomy, and function of the prepuce.¹⁷³

This last area of inquiry proved to be particularly important in that his findings directly contradicted beliefs that motivated the practice of circumcision. In particular, he found that the inner surface of a normal newborn's prepuce is not yet differentiated from the epidermis of the glans. They are, together, one continuous layer of squamous epithelium - one structure. It is not until later in life that some of the cells in the middle degenerate, leaving a space between two newly differentiated structures. Thus, he demonstrates that the commonly used term "adhesion" is a misnomer when applied to infants because it suggests that two separate structures are stuck together.¹⁷⁴ Even more deceptive is the term "phimosis," which was commonly reported as the indication for the circumcision of infants and young children, but applies properly only to (rare) cases in which the foreskin of a fully developed penis is too tight to retract (generally due to inflammation of the glans).¹⁷⁵ He even goes so far as to suggest that not only is the non-retractability of the infant prepuce not pathological, but it actually serves a purpose, protecting the glans from irritation "during the years when the child is incontinent." In light of this information, he recommends not only against routine circumcision, but also against the common practice of forcibly

¹⁷³ Gairdner, 1433-7

¹⁷⁴ Gairdner, 1433

¹⁷⁵ Gairdner, 1435

tearing the prepuce away from the as yet undifferentiated glands, which can lead to infection in addition to “being painful and traumatizing.”¹⁷⁶

Gairdner goes on to discuss other prophylactic and therapeutic justifications for circumcision, citing the lack of evidence for certain claims (such as the claim that circumcision protects against venereal disease), and considering whether there are less invasive methods of prophylaxis or treatment (such as washing the penis to prevent penile cancer).¹⁷⁷

Notably, since Gairdner is not considering the ethico-legal issue of whether non-therapeutic circumcision should be permissible, but only clinical issue of whether it should be endorsed as a routine procedure (and, though he does not state it explicitly, the related issue of whether it should be publicly funded as such), he has no need to address ritual circumcision and its cultural significance.

After the publication of his article, the NHS defunded circumcision and the practice all but disappeared in the UK (except among religious practitioners). Similarly, advances in medical understanding and changes in attitudes toward sexuality led to the near elimination of circumcision in New Zealand (in the 1960s), Australia (in the 1970s-80s) and Canada (in the 1990s).¹⁷⁸

The Nation that Kept Cutting

In the USA, by contrast, the incidence of circumcision continued to grow in popularity until its peak in the 1960s, and, despite having declined

¹⁷⁶ Gairdner, 1434

¹⁷⁷ Gairdner, 1436

¹⁷⁸ Darby, *The Sorcerer's Apprentice*

significantly since then, remains high to this day.¹⁷⁹ The CDC estimates the incidence of neonatal circumcision in US hospitals as of 2010 to be 55%. (This figure is a conservative estimate since it excludes circumcisions performed in non-hospital settings.)¹⁸⁰ The reasons for the US's exceptionally long-standing high incidence of circumcision are both multifarious and interconnected.

An Ingrained Cultural Norm

Firstly, the procedure has become self-perpetuating. As Darby succinctly puts it, "The fundamental reason for circumcision of children is a population of circumcised adults." He suggests that the UK was able to dispense with the practice very rapidly because "even at the height of its popularity it was still a minority practice." Similarly, he attributes the sharp decline in Australia, where incidence peaked around 80%, in large part to the arrival of large numbers of non-circumcising Europeans.¹⁸¹ In the US, by contrast, circumcision incidence has been so high for so long (especially in regions like the Midwest, where circumcision greatly exceeds the national average, remaining above 75% as of 2009¹⁸²) that many parents have their sons circumcised out of a desire for conformity. The desire that a boy look like his father or like other boys is one of the reasons most commonly cited by parents for having their sons circumcised.¹⁸³

Self-Image and Normality

¹⁷⁹ Darby, *The Sorcerer's Apprentice*

¹⁸⁰ "Trends in In-Hospital Newborn Male Circumcision," 1167

¹⁸¹ Darby, *The Sorcerer's Apprentice*

¹⁸² Maeda, et al.

¹⁸³ Goldman, 64

It's important to remember that many of the physicians and fathers who defend infant circumcision in the United States were themselves circumcised as infants. In this section, I will consider the psychology of the circumcised male and why it might contribute to circumcision's longevity. For the purposes of this analysis, I am going to intentionally bracket the many reports I have read in my research in which men have recounted the intensely traumatic experiences they have had as circumcised men. Though I believe it is important to consider their experiences in coming to an ethical judgment on neonatal circumcision, I also believe that such men comprise a small minority of circumcised men and that, for the purpose of understanding the practice's longevity, it is important to contemplate the experience of the majority of men for whom being circumcised seems not to be traumatic.

Presumably, a boy who is circumcised shortly after birth generally does not consciously remember his circumcision. Thus, he does not originally relate to his penis as a *circumcised* penis, but rather simply as *his* penis. I believe it is therefore experienced as normal. That is not to say that is *believed* to be normal as if its normality were learned through concepts or comparison with a standard. Rather the sense of normality is the direct consequence of self-apprehension. This sense of normality is deeply ingrained before he forms any concept of 'circumcision.' When he eventually learns the concept 'circumcised' and applies it to his penis, this conceptual knowledge does not impede his relation to the organ (as it is) as an essential part of himself, as thus, as normal. Furthermore, the 'uncircumcised' penis is

thus immediately abnormal to the circumcised male simply since it differs from that which is immediately apprehended as normal.

For a male who has grown up experiencing his circumcised penis as normal, it is not surprising that the idea that circumcision is considered by some to be 'genital mutilation' would be considered not merely wrong, but absurd. "Mutilation" connotes ugliness and abnormality. In communities where circumcision is highly prevalent, the personal sense of normalcy is reaffirmed by the others' sense of normalcy. When a circumcised father bestows circumcision upon his son, he expresses the deeply held and culturally sanctioned belief that his body is normal, that his body is the way the male body should be.

The extra-rational seat of the proudly circumcised man's sense of normality makes the project of convincing him of the wrongfulness of circumcising his son extremely challenging. Convincing him of his own abnormality is impossible, because he *is* normal *for himself*. In order to spare his son's prepuce, he must be able to recognize his normality as a *personal truth* rather than a *universal truth*.

Medical Rationalization

When a circumcised father fails to understand the idiosyncrasy of his sense of normality, the result is a bias towards circumcising his male offspring. Similarly, when influential male physicians fail to account for their subjective sense of normalcy, the result is biased medical recommendations.

The significant cultural bias of the American medical establishment is apparent in official circumcision-related literature. For example, whereas the official position on routine male circumcision of the KNMG (Royal Dutch Medical Association) states that “There is no convincing evidence that circumcision is useful or necessary in terms of prevention or hygiene,”¹⁸⁴ the current Circumcision Policy Statement of the American Academy of Pediatrics claims that “Evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risks and that the procedure’s benefits justify access to this procedure for families who choose it.”¹⁸⁵ That the AAP’s conclusion reflects a strong cultural bias is clear not only because it contradicts the conclusions of medical establishments outside the US that have access to all of the same data. A close analysis of the AAP document itself reveals a clear drive to arrive at a pro-circumcision result.

The technical report that was published with the policy statement explicitly states, “The true incidence of complications after newborn circumcision is unknown.”¹⁸⁶ It is inconceivable that the AAP could have objectively concluded that the benefits of the procedure outweigh the risks when the “true incidence of complications” isn’t known. Furthermore, the technical report acknowledges that the most serious complications, which “include glans or penile amputation, [...] methicillin-resistant *Staphylococcus aureus* infection, urethral cutaneous fistula, glans ischemia, and death” were *excluded from the literature review* ostensibly since they were reported as

¹⁸⁴ “The non-therapeutic circumcision of male minors,” 5

¹⁸⁵ “Policy Statement: Circumcision Policy Statement,” 585

¹⁸⁶ “Technical Report: Male Circumcision,” e772

case reports.¹⁸⁷ In other words, the members of the AAP Task Force on Circumcision didn't think it was important to consider the type of documentation that reports the most serious complications of the elective procedure that was their exclusive focus for the five years that they were reviewing literature. Studies demonstrating that circumcision might provide protection against penile cancer, a disease that is nearly unheard of in the industrialized world today thanks to modern hygiene, were deemed important enough to be included in the literature review, but the case reports on major complications of the procedure apparently weren't demonstrative enough for task force's consideration.

Furthermore, the AAP report excludes any information on the anatomy and function of the foreskin, a subject that an objective mind might reasonably consider to be of some relevance to a determination of whether it should be removed.¹⁸⁸ Finally, the entire framing of the report represents a reversal of how normal medical considerations work. Generally, modern medical science starts with a pathological condition and asks, "What is the most effective, least invasive way of treating this condition?" In the case of circumcision, the AAP is framing the question backwards. They are starting with an amputative surgery and asking, "Is there any pathological condition, the incidence of which might justify this procedure?"

Two Standards for One Humanity: A Delicate Balancing Act

¹⁸⁷ "Technical Report: Male Circumcision," e774

¹⁸⁸ Svoboda, and Van Howe, 1

A comparison between the AAP's treatment of female genital mutilation (FGM) and its treatment of male circumcision is particularly telling. For the purpose of clarity, I will refer to both the AAP's 1998 statement on FGM and its 2010 statement on "female genital cutting" (FGC) in the following analyses since the 2010 statement was quickly "retired"¹⁸⁹ in response to widespread outrage.¹⁹⁰

A primary focus of the AAP's statement on male circumcision is the "health benefits" that the procedure confers (most notably protection against HIV). Neither statement on FGM even entertains the possibility of health benefits. This omission is interesting, because proponents of "female circumcision" argue that "removing the clitoris and labia minora is essential to good hygiene"¹⁹¹ and claim that "women 'who are not circumcised get AIDS easily.'"¹⁹² A study conducted from 2003-2005 in Tanzania did, in fact, find a significant association between female circumcision and reduced HIV prevalence even after controlling for confounding variables. The authors suggested that, since no biological mechanism by which female circumcision could cause a protective effect against HIV is known, their finding must be attributable to "irreducible confounding," but recommended in concluding that "Similar analyses are needed from other countries to determine if this association holds elsewhere," and that "It is an understatement to say that

¹⁸⁹ "Policy Statement: AAP Publications Reaffirmed and Retired," 177

¹⁹⁰ MacReady, 15

¹⁹¹ Gollaher, 193

¹⁹² Gollaher, 195

further research is warranted.”¹⁹³ Of course, any further research that might take place would surely be limited to similar retrospective studies. A prospective case-control study in which researchers subject one group to female circumcision and compare them with a control group that is not subjected to the procedure (as was done multiple times in Africa to generate data on the ‘protective effect’ of male circumcision) would never get past a western institution’s ethics review board. The way the medical community treats FGM is the way that it should treat all genital mutilation. The problem is not that it’s inconceivable that some types of FGM might confer measurable prophylactic effects. Rather, the problem is that it is unethical to subject girls to genital mutilation regardless of whether it might have a prophylactic effect. Even asking the question is horribly misguided. The AAP’s failure to apply this basic ethical reasoning to male circumcision reflects a deep cultural bias.

In the 1998 statement, the APP (like most mainstream western writers) uses the term “female genital mutilation” as “a collective name” for everything from infibulation (a procedure “in which the entire clitoris and some or all of the labia minora are excised, and incisions are made to create raw surfaces[, which] are stitched together to cover the urethra and vaginal introitus, leaving a small posterior opening for urinary and menstrual flow.”¹⁹⁴) to a single prick on the clitoral skin. The equivalent for a male would be to term everything from castration through circumcision to the symbolic prick to the penile skin that a rabbi performs on an already-circumcised male upon conversion “male

¹⁹³ Stallings, and Karugendo

¹⁹⁴ “Female Genital Mutilation,” 154

genital mutilation.” The fact that “MGM” is a term typically only employed by marginal anti-circumcision writers whereas “FGM” is, in Western discourse, the standard term for its referent reflects a pervasive cultural bias. For females, genital mutilation is considered morally reprehensible regardless of its kind or severity. For males, by contrast, the question requires a cost benefit analysis and mainstream thinkers minds draw ostensibly important moral distinctions between, for example, circumcision of adolescent boys in Africa with HIV-infected tools and sterile circumcision of infants in Indiana.

In the 2010 statement, the AAP tries to come to terms with this hypocrisy. They continue to use an umbrella term for female procedures, but select the term “female genital cutting (FGC)” because it “is a neutral, descriptive term” unlike the term “female genital mutilation” which is “problematic” and “culturally insensitive” since, as they claim in 2010:

Some forms of FGC are less extensive than the newborn male circumcision commonly performed in the West. In addition, “mutilation” is an inflammatory term that tends to foreclose communication and that fails to respect the experience of the many women who have had their genitals altered and who do not perceive themselves as “mutilated.”¹⁹⁵

The AAP doesn’t expound on which FGC procedures it considers “less extensive” than male circumcision. Surely they would include mildest form: the “ritual nick” in which the skin of the clitoris is pricked or incised. Perhaps they would also include the form of clitoridectomy in which only the clitoral

¹⁹⁵ “Policy Statement: Ritual Genital Cutting of Female Minors,” 1089

prepuce and not the clitoris itself is excised. This ‘milder’ form of clitoridectomy is incidentally a direct biological analogy to male circumcision since the clitoral prepuce (or “clitoral hood”) is embryonically homologous to the penile prepuce,¹⁹⁶ but the AAP may consider it “less extensive” since the clitoral prepuce is much smaller than the penile prepuce.

Though the change in terminology from “FGM” to “FGC” was certainly a divergence from the accepted standard in western discourse, it was not the motivation for the backlash against the AAP’s latest statement. The contentious change was the academy’s new position on certain “lesser procedure[s], such as pricking or incision of the clitoral skin” which some physicians advocate “as often sufficient to satisfy cultural requirements.”¹⁹⁷ In 1998, the AAP had firmly condemned such practices, imploring physicians who are considering such a procedure to “consider their role in perpetuating this social practice with its cultural implications for the status of women.”¹⁹⁸ In 2010, they reversed this position, writing:

The American Academy of Pediatrics policy statement on newborn male circumcision expresses respect for parental decision-making and acknowledges the legitimacy of including cultural, religious, and ethnic traditions when making the choice of whether to surgically alter a male infant’s genitals. Of course, parental decision-making is not without limits, and pediatricians must always resist decisions that are likely to cause harm to

¹⁹⁶ Baill, and Money, 68

¹⁹⁷ “Female Genital Mutilation,” 155

¹⁹⁸ “Female Genital Mutilation,” 155

children. Most forms of FGC are decidedly harmful, and pediatricians should decline to perform them, even in the absence of any legal constraints. However, the ritual nick suggested by some pediatricians is not physically harmful and is much less extensive than routine newborn male genital cutting. There is reason to believe that offering such a compromise may build trust between hospitals and immigrant communities, save some girls from undergoing disfiguring and life-threatening procedures in their native countries, and play a role in the eventual eradication of FGC. It might be more effective if federal and state laws enabled pediatricians to reach out to families by offering a ritual nick as a possible compromise to avoid greater harm.

The reference to the (1999) “American Academy of Pediatrics policy statement on newborn male circumcision” betrays why the AAP changed their position on the “ritual nick”. To understand what happened, it’s necessary to think about both the content and the order of the previous four AAP statements on genital cutting.

First, in July 1998, they released a statement condemning all forms of *female* genital cutting *regardless of their severity and in spite of their cultural significance*. Then, in March 1999, they released a statement on *male* genital cutting, which was ostensibly neutral but effectively a condonation, in which they claimed:

In the pluralistic society of the United States in which parents are afforded wide authority for determining what constitutes appropriate child-rearing and child welfare, it is legitimate for the parents to take into account cultural, religious, and ethnic traditions, in addition to medical factors, when making this choice.¹⁹⁹

So, less than a year after strongly condemning all forms of *female* genital cutting (including even the most mild forms) and explicitly denying the right of parents to make the decision for their daughters regardless of cultural factors, they condoned *male* genital cutting, appealing to the ultimate authority of parents to decide for their sons and the validity of their considering cultural factors.

For the next decade, the AAP was accused of hypocrisy and cultural bias for applying wildly different standards to male and female genital cutting. For example, Gollaher wrote in 2000, "In 1998, AAP, whose statements about male circumcision had been models of ambiguity (leaving it to parents to decide whether their cultural preferences included removing their sons' foreskins), assailed female circumcision as child abuse..."²⁰⁰ After the AAP realized that the tension between the two statements was embarrassingly problematic, they had three choices. (1) They could alter their position on male genital cutting; (2) they could change their position of female genital cutting; and/or (3) they could justify having wildly divergent standards. As I

¹⁹⁹ Circumcision Policy Statement, 691

²⁰⁰ Gollaher, 200

will demonstrate, they tried option 2 in 2010 and, after they were forced to recant due to intense public criticism, they went for option 3 in 2012. (That's not to suggest that the 2012 statement arrived at the conclusion that it did *only because* the 2010 statement had to be retired. The two documents actually complement each other quite well, unlike the 1998-1999 duo.)

In 2010, they try to walk a fine line in updating the statement on female genital cutting. If they strongly oppose all forms, they will once again be criticized for hypocrisy and cultural bias in light of their (non)stance on male circumcision. On the other hand, if they are too weak on FGC, they will be unfashionably out of step with prevailing opinion. They try to have it both ways by emphasizing the conservative "ritual nick," and thereby displaying consistency in their willingness to allow cultural considerations, but also staying in step with the prevailing anti-FGC sentiment by claiming that the compromise would "play a role in the eventual eradication of FGC." (This final suggestion is absurd. If the history of male circumcision in the west is any indicator, medicalizing a genital mutilation does quite the opposite of aiding in its eradication.) As mentioned before, this strategy did not go well. As it turns out, while many Americans can effectively be persuaded of the harmlessness of male circumcision, virtually none of them can be convinced that female circumcision is anything but a blatant violation of human rights. In the words of Taina Bien-Aimé, the president of Equality Now, the new AAP statement "defies decades of extremely hard work at the international, grass-roots level across Africa, starting with the World Health Organization, UN

agencies, and all of the regional agencies in Africa, Europe, and elsewhere that have worked very hard with local communities to eradicate female genital mutilation.”²⁰¹

When the updated policy on male genital cutting came out in 2012, the AAP effectively ‘reconciles’ tolerance of male circumcision with categorical condemnation of female circumcision (condemnation which the next FGC policy statement will doubtless affirm). The 2012 position still defends the right of parents to decide for their male infants, but bases this right not on lack of a clear judgment on medical advisability, but on the strong assertion that the benefits outweigh the risks. FGC is impermissible because it’s harmful. MGC is permissible because it’s beneficial. Case closed. But not tightly closed. The AAP once again walks a fine line and, in an attempt to partially insulate themselves from criticism from the anti-MGC camp, they simultaneously argue both sides by claiming that while the benefits “are sufficient to justify access to this procedure for families choosing it,” they “are not great enough to recommend routine circumcision for all male newborns.”²⁰²

Circularity of Beliefs

Over time, a mutually reinforcing relation has emerged between public sentiment in broader American society and the apologetic of ‘expert’ medical recommendations regarding circumcision. Internalized cultural bias alters the way that medical practitioners frame the question of medical advisability and

²⁰¹ MacReady, 15

²⁰² "Policy Statement: Circumcision Policy Statement," 585

prejudices the answer at which they inevitably arrive. On the flip side, the apologetic rhetoric from the medical community provides the public with a continual stream of widely publicized medical justifications, which become a readily available defense against ethical criticism, which might otherwise corrode their ingrained beliefs.

Conclusion:

The Road to Eradication

Jewish ritual circumcision and American ritual circumcision — for a ritual it has become — both recall the ideas of a bygone era: The Jewish ritual expresses a sense of ethnic particularism that is undeniably at odds with contemporary life in an increasingly multicultural world. The American ritual is a lingering expression of the Victorian era belief that the body is naturally a dirty, wretched thing — that it must be fixed through discipline and cultural design so that it doesn't corrupt the delicate soul that resides within. This sentiment has certainly faded. Circumcisers no longer *relish* the pain they inflict on the sinful body. But that a shadow of the old view survives in the pervasive notion that the circumcised penis is preferable because it's 'cleaner.' Of course, this is no longer why we circumcise. It's just one of the many ways we articulate the intangible attachment to this condition that has been inscribed on our bodies. We circumcise because we are circumcised.

The Jewish practice first came to be emphasized as a *divine law* rather than a mere *custom* during the period following the Babylonian exile, a time when a strong sense of ethnic particularism was essential for the prevention of assimilation and the continued political power of the priestly class, members of which authored the circumcision injunction.

Jewish circumcision survived the period during the nineteenth and early twentieth centuries when many other particularistic practices were falling out of favor with large numbers of progressive Jews since it was, at that time,

given first the form and ultimately also the justifications of a modern medical practice. During the mid-twentieth century, Zionism reasserted Jewish particularism and, in so doing, reinstated the identificatory function of Jewish circumcision. The fate of Jewish particularism in the modern age is thus intimately connected with the fate of Zionism. Today, a high circumcision rate is overdetermined among Jews. It is *both* endowed with particularistic meaning and insulated by medical justification.

To complicate this picture, the relation between the Jewish ritual and the medical practice might operate in the opposite direction as well. According to John V Geisheker, the executive director of Doctors Opposing Circumcision, many working doctors fear that they might be accused of anti-Semitism if they come out against circumcision.²⁰³ The AAP reflects a similar concern when they allude to the validity of parents' considering religious factors when considering whether to circumcise their sons. Of course, cultural sensitivity to religious practitioners — whether Jews or Muslims — is not the primary impetus behind the apologetic positions of American medical institutions.

The much more significant determining factor is the broadly 'cultural' attachment to circumcision, which I attribute mainly to the normalization of the circumcised status among the majority of American men. The causal link between normalization and medical justification appears to be circular. The normalized status blinds medical authorities to the conflict between medically endorsed non-therapeutic circumcision and the accepted standards of

²⁰³ Hebblethwaite

medical ethics — standards that are applied much more readily in mainstream American medical discourse in the case of female genital mutilation. At the same time, endorsement by medical institutions helps to perpetuate routine circumcision by giving practitioners justifications to keep circumcising, by giving parents additional reasons to request circumcision or at least to accept the recommendation of their physicians, and, perhaps most importantly, by keeping the practice funded both by private insurance companies and, in most states, by the publicly funded Medicaid program.

Despite decades of anti-circumcision activism in the United States,²⁰⁴ the practice remains disconcertingly common in here. Since the drive to circumcise has become deeply ingrained both in the popular imagination of normality and in institutionalized medicine, reducing it will likely be a long process and will require a multi-tiered approach.

One seemingly effective method is convincing state governments to end public funding for the practice. A 2009 statistical analysis revealed that, when controlling for confounding variables, in states where Medicaid does not cover circumcision it is, on average, 24% less common.²⁰⁵ As of August 2012, 18 states have ended Medicaid coverage.²⁰⁶ The fact that the AAP expresses their concern about this trend towards defunding²⁰⁷ is certainly a promising sign. Organizations like the *Circumcision Resource Center* actively

²⁰⁴ Gollaher, 161-185

²⁰⁵ Leibowitz, Desmond, and Belin, 142

²⁰⁶ Walker

²⁰⁷ "Technical Report: Male Circumcision," e777

encourage residents of states that still fund the practice to appeal to their respective Medicaid Directors, asking them to change their policies.²⁰⁸

Additionally, it may be possible to convince some private insurers to stop funding routine circumcision. This area seems to have been neglected by activists thus far. A 2011 study found nearly universal coverage among private insurers. One provider “reported that ‘most’ of its plans covered the procedure” and all of the others “reported that ‘all/almost all’ of their plans covered routine newborn circumcision.”²⁰⁹ Since, unlike Medicaid, private insurance providers are not directly accountable to voters, convincing them to change their policies will be significantly more difficult and will have to involve financial arguments. The financial incentives for private insurers are admittedly complex. On the one hand, ending coverage for the procedure would directly eliminate a source of expenditures. Furthermore, individuals who oppose circumcision on principle may be more inclined to support an insurer whose policies align with their values. On the other hand, though, providers might (reasonably) fear that refusing to cover a procedure that many parents elect might ultimately deprive them of some portion of their market share. In addition to advocating for the elimination of government funding, anti-circumcision groups should encourage private insurance policyholders to write to their providers, advocating for policy changes. Ethical arguments are unlikely to be of very much interest to the profit-driven insurance industry. But loud enough advocacy might lead them to

²⁰⁸ "Medicaid Funding for Circumcision"

²⁰⁹ Clark, Kilmarx, and Kretsinger, 2357

contemplate the possibility that defunding might actually be in their best interest.

Convincing the AAP and other major American medical institutions to change their recommendations will also help to prevent unnecessary circumcisions. In addition to making (both public and private) insurers more likely to defund the practice, such changes in recommendations would also have a direct impact on parental decision-making and on the quality of advice that physicians provide to parents. If the changes were strong enough, they might even lead some physicians to refuse to perform non-therapeutic circumcisions.

Fortunately, mainstream medical institutions like the AAP and the CDC have competition in public discourse. Continued dissemination of objective information on circumcision will encourage more parents and physicians to think critically about circumcision rather than taking the advice of the medical establishment at face value or acting unreflectively on cultural assumptions. Different information will resonate with different individuals, but the notion that the prepuce is a simple, functionless piece of skin and belief that the intact penis is difficult to clean are particularly ripe for debunking. In addition, emphasizing the fact that the intact penis is increasingly common in the United States will reduce parents' fear that their sons will feel different or be teased if they have a foreskin.

Though desired as a deterrent to the procedure by some, a federal law criminalizing circumcision is not likely in the foreseeable future. While the

1997 criminalization of FGM in minors²¹⁰ provides a relevant legislative precedent for abridging the rights of parents to cut in favor of the rights of minors to keep their bodies intact, the cultural differences between the two practices could not be starker. FGM is (and was at the time of its criminalization) practiced only by a small immigrant population, whose continuation of the practice was viewed by the majority of Americans as a failure to acculturate into American society. Male circumcision, by contrast, is practiced primarily by fully acculturated Americans. Since legislators are accountable to their constituents, anti-Circumcision legislation will not be viable until public opinion on circumcision shifts.

Even after it becomes uncommon, the fact that circumcision is performed as a religious ritual will continue to provide an obstacle to criminalization in the US as it does in Europe today. Jewish religious practices tend to arouse particularly strong defense in the US for two reasons. Firstly, insofar as Jews (unlike members of cultures that practice FGM) are generally accepted as fully acculturated members of American society, it is assumed that their practices are unproblematic. (In the case of circumcision, acceptance is presently inextricable from the broader American appropriation of the practice outside of religious contexts, but I want to bracket this issue for the moment in order to consider the effect that Jews' acculturated status might have on public discourse surrounding circumcision if the amputation ceases to be widely practiced outside of religious contexts.) Secondly, invocation of the history of anti-Semitism in general, and of the Holocaust in

²¹⁰ 18 USC 116

particular, makes Americans hesitant to call Jewish practices into question for fear of being identified with anti-Semitism.

Not only are efforts to criminalize circumcision unlikely to succeed in the United States due to the aforementioned issues, but they are likely to backfire as they did in Germany, leading to laws that formally protect circumcision. In fact, this has already happened in California. In 2011, the state legislature passed a law preventing local governments from banning male circumcision in response to efforts to outlaw it in San Francisco and Santa Monica.²¹¹ The passage of that law was a strong indication that the US is not yet ready for criminalization. For the time being, activists should focus their efforts on education and defunding.

The latest available data from the CDC indicates a slow but steady decline in the circumcision rate in the US.²¹² I have little doubt that this trend will continue as efforts to counteract pro-circumcision indoctrination continue. As the US circumcision rate crosses the 50% mark, it will become much harder for parents to justify circumcision in the interest of making their sons 'normal' and decline in the circumcision rate will likely accelerate.

As cultural and medical endorsement declines, the debate over the necessity for circumcision within religious communities will heat up. As has been emphasized, the significance of Jewish circumcision has been reaffirmed by Zionism, which still influences Jewish thinking today. Thus, the fate of the ritual among Jews is thus likely linked with the fate of Zionism.

²¹¹ Lovett

²¹² "Trends in In-Hospital Newborn Male Circumcision"

This I will not be so bold as to *predict*, but I will express my hope that increasing numbers of free-thinking Jews will realize that ethnic particularism is incompatible with their ideals of equality and individual self-determination. Such a development would result in an increased willingness to call into question all of the ethically dubious orthodoxies that Zionism has enshrined including the need to continue circumcising.

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