The controversy around the ruling by a German court that circumcision counts as physical injury once again serves to illustrate conflicts over the position of religion in secular society. Toby Lichtig asks whether male circumcision is a harmless ethnic signifier or the infliction of genuine harm.

Every so often, a piece of cultural dogma is thrown up to public scrutiny and found to be wanting. As a result, society is forced to reinterrogate its atavistic assumptions and, collectively, we decide to make a change. Often this change is painful. There is resistance, sometimes violent; cries of heresy go up. Then the change becomes received wisdom and humanity moves on. We call this progress.

The practice of slicing off the foreskins of young boys is threatening to become just such a flashpoint. For the past few weeks, ever since a regional German court equated circumcision with criminal bodily harm, the media has been swamped with warring pundits proffering their reasons for why the practice is either a barbaric human rights abuse or a fundamental and inoffensive religious rite. In a sense, it is both, which is part of the problem. Compared to, say, female genital mutilation or public death by stoning, circumcision is hardly our worst bequest from ancient times. But analysed objectively, it is increasingly beginning to look like a somewhat dubious tradition.

It is a tradition I have been a part of. When I was eight days old, my foreskin was removed by a well-meaning religious practitioner known as a mohel. A toast was raised, backs were slapped and my cock was changed for ever. I’d been born, and remain, a secular Jew, with all the contradictory, race-or-
religion, pick-‘n’-mix baggage that this apparently simple statement carries; and, despite their love of shellfish and shrugging irreligiosity, my secular Jewish parents were in no doubt as to the importance of this ritual. Without it, I wouldn’t be a proper Jew. My penis would be the hangdog penis of a gentile.

Thirty-three years later and recently married (to a non-Jew, as it happens), I raise the prospect of not circumcising a hypothetical future son. The reaction is one of outrage. These people, my beloved, liberal family, are deeply troubled by the idea. My father doesn’t even want to talk about it. My mother asks: “But don’t you want your son to look like you?”

My sisters, both of whom were parentally pressured into having their own, non-hypothetical boys circumcised by a mohel and were, by their own admission, traumatised by the event, suddenly succumb to amnesia. One says I’m right to eschew the religious ceremony but should get the boy trimmed in hospital; the other wonders, gravely, how I’m to explain to the poor child the reasons for our penile disparity. My protestations that he may have different eyes or hair fall on deaf ears. My wife, having already caused paternal consternation by choosing to retain her surname, wisely keeps out of it and mumbles something about hoping for a girl.

There is an implication in the air, above the urge for tribal markings, filial genital sympathy, the hallowed aesthetics of the Jewish penis. The implication is a question: Did we do something wrong? My rejection is interpreted as an accusation. If I don’t want my son circumcised, what does this say about the decision of my mother, and my sisters, to carry out the infant surgery on theirs? Surgery? Now he’s calling it a surgery! Never underestimate the power of guilt in the Jewish mother.

Long before the German ruling – and my own domestic confrontation – I’d been interested in circumcision, having spent the past year researching the subject for a documentary. It didn’t take me long to realise what a minefield the subject is. The recent ruckus has not emerged from a vacuum. On the one side, there is a swelling chorus of human rights activists and health professionals, compiling an increasingly compelling case against the practice. On the other side, religious leaders demand tolerance and clamour for their traditions to be left alone. This is both the case in the Islamic community, although circumcision isn’t mentioned in the Koran, and for Jews, whose own Holy Book, the Torah, is unequivocal about the matter:
“God said further to Abraham, ‘Now as for you, you shall keep My covenant, which you shall keep, between Me and you and your descendants after you: every male among you shall be circumcised.’”

The neurotic hectoring in the Ineffable One’s tone underlines the importance of the deal: this is the sacred contract between (Jewish) man and (Jewish) master. (Women, naturally, are kept out of it.) Brit milah is the first, and most durable, sacrifice; the primary ethnic marker. Hence the apoplexy of Britain’s Chief Rabbi, Jonathan Sacks, in reaction to the ruling of the German court. In an impassioned article in the Jerusalem Post, having first dropped in a couple of obligatory references to the Holocaust, Sacks concluded that it was “hard to think of a more appalling decision” and cited Spinoza to argue that “circumcision itself [has] the power to sustain Jewish identity through the centuries.” [1] The reasoning sounds irresistible – who would wish to deny Jews their identity, especially in Germany? – until we pause to consider that circumcision isn’t exactly unique to Jewish culture. If everyone else is getting it done too, where does this leave the special covenant?

In fact, around a third of the global male population is currently circumcised. Along with Jews and many (although not all) Muslims, communities familiar with the practice include much of the population of North Africa, as well as secular society in America and Canada, where the procedure tends to be confined to hospitals. It is also becoming increasingly popular across Central and Sub-Saharan Africa, where it is believed that the operation might halt the spread of AIDS.

Despite this laudable reason for getting snipped, medical science remains rather more sceptical about the matter. Harking back to biblical times, circumcision is habitually passed off as “cleaner” than its laissez-faire alternative, but statistics about the spread of disease in roundheads versus cavaliers are inconclusive. The British Medical Association states that “the evidence concerning health benefits from non-therapeutic circumcision is insufficient for this alone to be a justification.” Although the World Health Organization has found “compelling evidence” that the practice can reduce the risk of transmitting HIV, this claim has been disputed by various studies and was recently savaged on the Oxford University Practical Ethics blog, which concluded that it was based on “bad science”. [2] In Africa, the procedure is also becoming a worrying substitute for contraception.

There is another explanation for the popularity of the ritual lurking in the
annals of religious folklore. There are those who argue (incontrovertibly) that circumcision leads to decreased sensitivity in the end of the penis and (more controversially) that this causes a reduction in male sexual pleasure. Whether or not this uncomfortable thought is actually true, it is interesting to note that the practice has, over the millennia, been upheld by various religious sages as beneficial precisely because of this belief. According to the great twelfth-century Jewish philosopher Maimonides: “With regard to circumcision, one of the reasons for it is, in my opinion, the wish to bring about a decrease in sexual intercourse and a weakening of the organ in question.” In effect, no foreskin meant less focus on the penis and more focus on God. Could it be that all forms of genital cutting – and not merely female ones – have their origins in the desire to control and temper human sexuality? Either way, 800 years later, the Victorians were in agreement, convinced, in a world before Portnoy’s Complaint, that circumcision prevented boys from masturbating. It was partly this quaint supposition that spread the practice across Britain and America. Indeed, it was only when a cash-strapped nascent NHS decided to remove the service in 1949 that the British started leaving their children’s penises alone.

Now, well into the twenty-first century, Britain’s circumcisions are largely confined to the religious establishment and thus tend to take place in domestic environments. For Jews, this involves the attentions of dedicated and well-trained mohelim, but in other communities things are less straightforward. Islamic tradition, for example, tends to rely on inexperienced family members – for example, an uncle or a cousin – to carry out the operation. It is thus unsurprising that there have, in recent years, been a number of cases of young boys from Muslim and African communities requiring serious treatment for complications following the procedure.

A shocking 2010 report in The Journal of Public Health found that, in a sample of 29 Muslim children circumcised at an Islamic school in Oxford, 45 per cent ended up developing medical problems as a direct result of the surgery. Then there was the recent case of 28-day-old Angelo Ofori-Mintah, who bled to death in February of this year after a circumcision in Queen’s Park, London – a tragedy echoed by that of Goodluck Caubergs, an infant who died in similar circumstances in 2010 following the cut. While the fatal haemorrhaging of Ofori-Mintah was ruled a “tragic accident”, the midwife responsible for Caubergs, Grace Adeleye, was charged in April of this year with manslaughter. She is currently awaiting trial.
Around the world, the story is depressingly similar. At the start of June, The Times of Israel reported on a two-day-old Muslim boy having his penis entirely severed in a catastrophic circumcision in the Galilee – the second bungled cutting reported at the same hospital within a month. And then there was the recent case in Germany at the heart of the current controversy. It was only after a four-year-old Muslim boy was taken to hospital with complications following circumcision that the matter came up in a Cologne court and the practice was declared illegal. Although the doctor responsible was cleared of medical error and acquitted, this was only on the basis that he had been acting under “unavoidable mistake of law”. As the country as a whole awaits legal clarification on the matter, and Chancellor Angela Merkel seeks to dampen the flames of umbrage, Germany is in circumcision lockdown.

These tragic examples are more than unfortunate, isolated episodes. For every extreme case that gets reported in the media and debated in the courts, hundreds of nasty little incidents sink without a trace. For certain hospitals in Britain, the practice of patching up circumcision botch jobs is said to be appallingly routine. Largely, these interventions go unrecorded. The infant is simply stitched up and sent home. The perpetrator is not reported. Censure is not issued. Cultural sensitivity trumps child protection. One wonders if, say, the parents of a newborn suffering from skin lesions following a clumsily administered home tattoo would get off the hook so lightly.

Britain’s NHS is, at least, gradually waking up to the problem. In 2011, following a wave of botched circumcisions in Muslim communities in the Manchester area, the Greater Manchester Safeguarding Children Partnership – a joint arm of the NHS and Social Services – was concerned enough to set up a new quality assurance programme, including a self-assessment leaflet.

I spoke to a representative of the initiative, Helen Gollins, Speciality Registrar in Public Health at Stockport Primary Care Trust. “We’re there to make sure the process is as straightforward and stress-free as possible,” Gollins told me. But as the programme remains voluntary, there is only so much it can do. “We don’t know who’s doing what away from the programme,” Gollins admitted. While her team is valiantly “trying to put measures in place to record what is happening”, the fact remains that, without proper regulation – something Gollins describes as “impossible due to the sensitivity of the issue” – this will never be adequate.
Regulation is likely to be particularly resisted in the Jewish community, which prides itself on the skill of its dedicated _mohelim_: circumcision experts who perform thousands of these procedures over their career. But this isn’t to say that the Jewish cutting table hasn’t had its own share of scandals.

In June, New Yorkers were aghast to read about infections apparently spread by the custom of _metzitzah b’peh_ – a tradition, still prevalent in certain Hasidic sects, that involves the _mohel_ attempting to salve the child’s wound by sucking blood from the tip of his penis. The New York Times reported that, between 2000 and 2011, eleven newborn babies in the New York area had contracted herpes simplex virus following circumcision, and in over half of these cases there was definite proof of _metzitzah b’peh_ having taken place. The consequences of the infection were appalling. Ten of these infants were hospitalised, two suffered brain damage and a further two died. The response by the New York City health department was notably pussyfooted. A proposal was put forward for Orthodox Jewish parents to sign a consent waiver before performing the rite. A statement was also issued “strongly urging” that _metzitzah b’peh_ be avoided.

Britain has also had its own tragedies in the Jewish community. Notwithstanding the fact that Angelo Ofori-Mintah was circumcised by a rabbi, the most famous recent case involved the Jewish infant Amitai Moshe, who in 2007 turned blue and started bleeding minutes after his circumcision in Golders Green, North London. Moshe died in hospital a few days later. Although there was no question of misconduct on the part of the _mohel_, Rabbi Moshe Perry, and the inquest later recorded a verdict of Sudden Infant Death Syndrome (or cot death), the incident nevertheless remains grist to the mill of anti-circumcision campaigners. There is even a website – CIRP – dedicated to listing deaths around the world caused by or following circumcision.

Most people, however, prefer to turn a blind eye. Conservatives disdain regulation; liberals worry about cultural sensitivity. But this is an interesting time for these debates to be had. Ours is not a society noted for its blasé attitude towards its children’s genitals. And these are just the health concerns.

During my own delving into the world of genital paring, I came across the disturbing phenomenon of circumfetishism. It’s hard to say exactly how many people occupy this erotic niche, but, at least to this vanilla mind, there
appears to be no shortage of groups and fora swapping stories and pictures and gruesome erotic footage of foreskin amputation. One of these is the Gilgal Society, a London-based pro-circumcision group which markets itself as a medical education publisher. Gilgal has been circulating an explicit circumfetish video featuring an adult male getting the snip and later masturbating to fruition. It has also faced accusations of circulating child pornography. Earlier this year the man in charge of Gilgal, Vernon Quaintance – also, as it happens, a sacristan and server for the Roman Catholic Order of Malta – was found guilty of possessing child pornography and given a 40-week suspended sentence.

The sordid details of Vernon Quaintance and Gilgal may be just a sensational sideshow but they throw up important questions about our relaxed attitude to circumcision. They remind us of the fact that the invasive surgery remains legally and freely permissible to be carried out on children by unqualified laymen in the home. And they remind us how unregulated the practice remains.

Times, however, may be changing. Even aside from the Cologne case, there has been a growing backlash against the practice. In California last year, proposals to enable local governments to ban circumcision made it onto ballots in several cities, including San Francisco. Also last year, the Royal Dutch Medical Association (RDMA) spoke out against the practice, calling for it to be discouraged. In March 2012, in Finland, MP Vesa-Matti Saarakkala of the rightist Finns Party demanded circumcision be criminalised. The Finnish Green League also recently voted in favour of a resolution to phase the procedure out. And, as Germany awaits legal clarification on the matter, the governor of Vorarlberg in Austria has instructed state-run hospitals to abandon non-therapeutic circumcision until a similar legal consensus has been achieved.

It is currently unlikely that any country will outlaw the practice entirely. Nor would that necessarily be desirable. Despite everything I’ve just written, I don’t know how comfortable I’d be with such a restriction to cultural freedom. There are many things it would be nice to do away with if we were able to rip things up and start again, but revolution isn’t always the way. The outrage that any such decision would provoke is likely to do more harm than good. And, as experience has told us with everything from prostitution to abortion to drug abuse, criminalising such practices doesn’t stop them: it merely makes them more dangerous.
But it’s time for us to have an adult debate about where to go from here. Firstly, we all need to question whether it’s necessary to circumcise our boys. If we are able to talk about this openly, perhaps, over time, social mores will phase the practice out in the way legal intervention never could. Secondly, we need to decide whether it’s time to stop continuing these procedures in the home. The Jewish community in particular would fight tooth and nail to prevent the NHS from intervening in home circumcisions. Regulation would be opposed every step of the way. Then again, as religion has constantly demonstrated over the centuries, it is not immune to compromise. Women can be vicars. Observant Jews can cook on Saturdays. With God, too, there is such a thing as progress.
Footnotes


2. See: http://blog.practicalethics.ox.ac.uk/2012/05/when-bad-science-kills-or-how-to-spread-aids/