

Current Jewish Questions

Metzitza B'Peh

1. Health Department Issues Statement Strongly Advising That Direct Oral-Genital Suction Not be Performed During Jewish Ritual Circumcision

<http://www.nyc.gov/html/doh/html/pr2012/pr017-12.shtml>

11 Babies Infected with Herpes, Two Fatally, Since 2000

Hospitals to Distribute Brochure Describing Herpes Risk

June 6, 2012 – New York City Health Commissioner Dr. Thomas Farley today issued a statement strongly urging that direct oral-genital suction not be performed during Jewish ritual circumcision, and announced that several hospitals, including those serving Hasidic Jewish communities and all Health and Hospital Corporation hospitals, have agreed to distribute a brochure that describes the risk of contracting the herpes virus from this practice, known as metzitzah b'peh. Health Department investigations of newborns with herpes virus between 2000 –2011 have shown that 11 infants contracted the herpes virus when mohelim, or ritual circumcisers, placed their mouths directly on the child's circumcision wound to draw blood away from the circumcision cut. Ten of these infants were hospitalized, at least two developed brain damage, and two babies died.

“There is no safe way to perform oral suction on any open wound in a newborn,” Commissioner Farley said. “Parents considering ritual Jewish circumcision need to know that circumcision should only be performed under sterile conditions, like any other procedures that create open cuts, whether by mohelim or medical professionals.”

The medical risk for metzitzah b'peh is herpes simplex virus type 1. Many adults are infected with herpes simplex virus type 1, which is usually transmitted orally through common activities. It is different than herpes simplex virus type 2, which is usually transmitted sexually. A married couple who have only had sex with each other could still contract herpes simplex virus type 1 without sexual contact with anyone else. The common cold sore on the mouth is how Herpes simplex virus type 1 often presents, but most persons with infection do not know they are infected, because they have no history of symptoms.

2. Before the Bris: How to Protect Your Baby Against Infection

New York Department of Health and Mental Hygiene

<http://www.nyc.gov/html/doh/html/std/std-bris.shtml>

A practice called metzitzah b'peh (direct oral suctioning) is performed during some religious circumcisions (bris). Direct oral suctioning has been associated with infections and deaths of babies caused by herpes simplex type 1 virus (HSV-1), the virus that causes cold sores of the mouth.

Direct oral suctioning is performed by some mohelim, or religious circumcisers, in the Jewish community. With this practice, the mohel's mouth and lips come into direct contact with the baby's circumcision wound during the bris. The New York State Department of Health and New York City Department of Health and

Mental Hygiene have documented a number of cases of HSV-1 infection on or around the genitals in male babies after circumcisions that included direct oral suctioning. Some of these babies became seriously ill. Some developed brain damage, and others have died. There is no proven way to eliminate the risk of HSV-1 infection from direct oral suctioning.

How Metzitzah B'peh (Direct Oral Suctioning) Can Cause Infection

More than half of adults have oral HSV-1 infection. This infection may cause cold sores in the mouth, but most people with oral HSV-1 do not have cold sores and do not know they are infected. People can spread the virus to others even when they don't have any cold sores. Even though HSV-1 causes cold sores in most people, newborn babies are at risk for severe infection if they are exposed to the virus. This is because their immune systems are still not mature enough to fight off infection. With direct oral suctioning, the mohel places his mouth and lips directly on the baby's circumcision. Ask About Metzitzah B'peh (Direct Oral Suctioning) In Advance Some parents whose babies had direct oral suctioning say they did not know beforehand that the mohel would perform direct oral suctioning during the bris. The Department of Health and Mental Hygiene is very concerned about the risk of infection and strongly advises that parents not have metzitzah b'peh (direct oral suctioning) performed during the bris. To help you protect your baby, you should ask about direct oral suctioning before the bris, while there is time to explore all options. Taking Care of Your Baby During and After the Circumcision Circumcision involves cutting off skin and leaving an open wound. To protect the wound from infection, the circumcision should always be done under sterile conditions. The circumciser's hands should be thoroughly washed and surgical gloves worn. The foreskin should be swabbed with an antiseptic solution. Sterile instruments should be used to cut the foreskin. Sterile gauze can be used to absorb bleeding, and a sterile dressing should be used to cover the incision site. Regardless of how circumcision is performed, it is important to take good care of the circumcision wound until your baby fully heals. To prevent all types of infection, parents and other caregivers should apply a fresh gauze pad, dabbed with petroleum jelly or other ointment, on the penis during each diaper change. It is also important that parents and other caregivers frequently wash their hands with soap and water, especially before and after changing diapers or dressings for the wound. For more information about the risk of HSV-1 infection in your baby, talk to your family doctor or pediatrician. wound to draw blood away from the cut. HSV-1 infection spreads through saliva. This is especially true when saliva touches a cut or a break in the skin, such as occurs with direct oral suctioning. If the mohel has HSV-1 infection, he may not know it, and he may transmit HSV-1 to the baby.

Alternatives to Direct Oral Suctioning

Some religious authorities consider direct oral suctioning the only acceptable way to draw blood away from the circumcision cut. But other religious authorities within the Jewish faith approve different means. For example, sometimes a glass tube or a glass tube attached to a rubber bulb is used to suction blood in a way that does not include contact between the mohel's mouth and the baby's cut. Others use a sponge or a sterile gauze pad to suction blood. In contrast to direct oral suctioning, there is no evidence that any of these other practices cause HSV-1 infection.

Reducing the Risk

While mohelim may rinse their mouths with alcohol-containing mouthwash or even take antiviral medications, there is no proof that these strategies reduce the risk of HSV-1 infection associated with direct oral suctioning.

Because a baby's immune system is not mature enough to fight infection, HSV-1 is a very serious risk for babies. If infected, babies will need to be hospitalized for at least two weeks of intravenous medicine to fight the infection. Even with treatment, the infection could result in lifelong disability, and your baby could even die from the infection.

Ask About Metzitzah B'peh (Direct Oral Suctioning) In Advance

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Taking Care of Your Baby During and After the Circumcision

Circumcision involves cutting off skin and leaving an open wound. To protect the wound from infection, the circumcision should always be done under sterile conditions. The circumciser's hands should be thoroughly washed and surgical gloves worn. The foreskin should be swabbed with an antiseptic solution. Sterile instruments should be used to cut the foreskin. Sterile gauze can be used to absorb bleeding, and a sterile dressing should be used to cover the incision site.

Regardless of how circumcision is performed, it is important to take good care of the circumcision wound until your baby fully heals. To prevent all types of infection, parents and other caregivers should apply a fresh gauze pad, dabbed with petroleum jelly or other ointment, on the penis during each diaper change. It is also important that parents and other caregivers frequently wash their hands with soap and water, especially before and after changing diapers or dressings for the wound.

<p>3a. M Shabbat 19:2 WE PERFORM ALL THE REQUIREMENTS OF CIRCUMCISION ON THE SABBATH. WE CIRCUMCISE, UNCOVER [THE CORONA], SUCK [THE WOUND], AND PLACE A COMPRESS AND CUMMIN UPON IT'</p> <p>3b. B. Shabbat 133b WE SUCK OUT, etc. R. Papa said: If a surgeon does not suck [the WOUND], it is dangerous and he is dismissed.</p>	<p>3. זמנה שבת יט משנה ב עושין כל צרכי מילה בשבת מוהליון ופורעין ומוצצין ונותנין עליה איספליית....</p> <p>תלמוד בבלי שבת קלג:ב מוצצין וכו'. אמר רב פפא: האי אומנא דלא מייץ - סכנה הוא, ועברינן ליה.</p>
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Can Nature Change?

4. Brit Milah and the Specter of AIDS – Rabbi Alfred S. Cohen

The Maharam Schick took an active part in the controversy, for by the time he was writing he saw that the assault on brit milah was more than just an endeavor to improve the welfare of Jewish infants. He clearly understood that the true impetus for all the polemics was a challenge to the authority of the rabbis and, even more, a challenge to the supremacy of halacha, to the belief of Torah miShamayim (the Torah as being a Divine instrument). In his rulings he forbade a mohel from participating in a brit milah which did not include metzitzah be'peh. Moreover, he goes so far as to argue that possibly metzitzah be'peh is on the level of "halacha leMoshe miSinai" - i.e., an express oral tradition dating back to Moshe Rabbenu - in which case, even if it could be argued that "Nature has changed", no change in the tradition could be countenanced. (96-97)
Maharam Shick Yoreh Deah 244

<p>5. Ramo Even Ha-Ezer 156:4 Even though the Talmud states that an eight month old fetus is not viable, many wonder at this [teaching of the Talmud that an eighth-month baby cannot live], for experience denies [the validity for their teaching]; therefore, we must say that nowadays <i>there has been a change in this matter</i>, and so in a number of situations. (italics added)</p>	<p>שו"ע אבן העזר קנו:ד ואף על גב דאמרין בגמרא יולדת לתשעה אינה יולדת למקוטעין, כבר תמהו על זה רבים שהחוש מכחיש זה, אלא שאנו צריכין לומר שעכשיו נשתנה הענין, וכן הוא בכמה דברים</p>
<p>6. Tzitz Eliezer 18:24 And because it is impossible to perform <i>metzitzta</i> orally, it is possible to perform it with a sponge because if one were to do nothing the child would be in danger.</p>	<p>שו"ת ציץ אליעזר חלק יח סימן כד ואז מכיון שהיה בלתי אפשרי לעשות מציצה בפה, יש מקום לעשות המציצה בספוג בהיות דאם לא מייץ יש סכנה לילד.</p>

7. Brit Milah and the Specter of AIDS – Rabbi Alfred S. Cohen

Another remedy is suggested by Rabbi Menashe Klein in a public letter, wherein he adamantly defends metzitzta be'peh. He proposes that the baby's blood can easily be tested for the presence of AIDS cells or antibodies prior to milah, and mohelim could be certified by their rabbis as having been tested free of AIDS contamination. These steps, he feels, would prevent the spread of the disease through brit milah. Although this is a very intelligent proposal, it might be exceedingly difficult to implement. Families might fear being labeled as AIDS carriers if their baby tested positive; there would be a great deal of pressure to suppress such findings, perhaps even to lie about them. In addition, it might be very difficult to get mohelim to agree to certification, and to assure that only "certified" mohelim be used.

8. Monsey rabbi speaks out against controversial ritual in circumcision – Sep 17, 2012

<http://www.lohud.com/article/20120917/NEWS03/309170056/Monsey-rabbi-speaks-out-against-controversial-ritual-circumcision>

Tendler and many other experts contend that oral suction is not required by Jewish law as part of the ritual. "It's a hoax perpetuated by some of the rabbis," said Tendler, who has been harassed for his stance on the topic. "It's a prefabricated lie."

Others maintain that oral suction is an integral part of circumcision.

"There are many rabbis who consider metzitzah be'peh to be unnecessary," said Avi Shafran, a rabbi and spokesman for Agudath Israel of America, an Orthodox organization. "But (there are) many rabbis, including in Rockland County, I assure you, who feel quite strongly otherwise."

But the ritual itself isn't the real issue, said Shafran, whose organization has threatened to sue New York City to overturn the law.

"The issue isn't really about the practice itself but about whether it's proper, in our country, to interfere with the freedom of religious practice," Shafran said. "That is a fundamental First Amendment issue, not one that Rabbi Tendler's point of view on the particular practice here can be allowed to obscure."

Tendler said he understands why many religious groups bristle at the idea of government intervention.

"Should the government be involved?" he asked. "I concur that the government should not be involved."

But if religious leaders don't act to ban the practice, secular officials will have little choice, he predicted.

Few people in favor of the practice understand the risks it poses, said Tendler, who has a degree in microbiology.

"They don't appreciate the fact that this exposes the child to danger," he said. "Danger that the child is being exposed to for no reason."