

Jason Bloomberg emailed a blistering critique of my essay on circumcision, which he finds “inaccurate and inconsiderate.” The information I used “inherently defames Judaism, Jewish religion, Jewish practices, or the Jewish people,” he writes. “The websites you cite are not balanced, they are polemic,” and “You make no reference to any other perspectives . . . you should have consulted with the local Jewish community, our Rabbi, and me, the only mohel in the state. The fringe where you find affirmation is not reflective of Judaism.”

Jason finds fault with my lack of understanding of “B’rit Milah or even circumcision as a medical procedure as it is done today.” He adds that “No physician in the US in the last 20 years would be likely to do a circumcision without a consent signed by a parent or both parents, if possible, or without using local anesthesia and sterile technique. The medical-legal liability of doing so would be indefensible.” He mentions that “Orthodox mohelim do not use local anesthesia [but] almost if not all non-Orthodox mohelim do; most of them are physicians or nurse practitioners who have been trained in the religious aspects of B’rit Milah after they mastered the surgical techniques.” In follow-up email Jason informed me that, apart from his role in the Jewish community, he is trained as a physician.

Other readers, not identifying themselves as Jewish, responded differently. Carolyn Spranger, a birth photographer with a web page, writes she is “an open intactivist and always willing to be a source.” Her five-year-old probably would have been circumcised “since my husband really wanted it done.” Hubby “went to his dad for advice . . . turns out his dad is intact and my husband never knew!”

Maggie Simonson, who gave permission to use her name, has used the websites I cited in her own facebook links. “We have condemned countries and cultures for mutilating women by clipping their clitoris and vaginal tissue to preserve chastity,” writes Maggie. “What we do to little boys is equally wrong. It’s a violation of rights—and the child has no voice . . . There is no argument for it other than religious beliefs.” At the birth of her son, now a preschooler, “The doc pressured me about the social stigma to back up my husband’s then-preference (who has since changed his stance). Indeed, we learned he was circ’d twice as a baby; they had to re-do a botched operation!” Maggie complains that her physician “used fear tactics such as HIV and hygiene, things that have been disproved as causes for concern. Since early 2000s, no medical assn. in the US has deemed [circumcision] medically necessary.”

Mr. Bloomberg gave me two books to read. One explains and encourages “Berit Mila in the Reform Context,” the other discusses circumcision as secular practice. Both note that cutting away the foreskin removes the cells most vulnerable to infection. One surgeon remarked that the only penal cancers he has come across were in uncircumcised men. But these cancers are rare, unlike breast cancer, which, the surgeon notes, has not resulted in recommendations of across-the-board breast amputation as preventive measure.

Elsewhere I read that circumcision likely originated with desert-dwelling nomads who suffered repeated irritation and infection from sand in their clothing.

Maggie's reference to HIV gave me pause. I borrowed a book from the Laramie County Library that discusses HIV and AIDS in the US and abroad. While circumcision did nothing to prevent HIV among gay men in the US, the story in Africa as told in "Tinderbox" is different: circumcision prior to infection has proved successful in containing the spread of the virus, particularly when in conjunction with a campaign to promote changes in sexual lifestyle as regards "concurrency." Authors Timberg and Halperin provide the photo of a billboard, courtesy of Family Life Association of Swaziland, that shows a well-dressed African male with the legend: "I'm circumcised, proud of it . . . and I'm still faithful to my partner." The poster is identified as "Communication materials for Swaziland's pilot male circumcision project in 2005-2006 [that] included messages about sexual behavior." Uganda entertained a similar campaign in the eighties, "Zero Grazing." Unfortunately, such billboards often compete with those advertising "quick love" and "a good time"—complete with phone numbers.

The authors discuss an ethnographic account by anthropologists John and Pat Caldwell, "The African AIDS Epidemic," in *Scientific American*, March 1996, stating "many sub-Saharan cultures put more emphasis on the importance of fertility than on preventing sex outside of marriage. Infidelity might occasionally spark fights . . . but it was never equated with sin and excoriated in the way that it was in Western and Asian countries. Much good came from this permissive attitude: women were not suppressed and hidden, and girls had survival chances as great as their brothers. Yet eventually these traditions, as the Caldwells noted, did make these societies more vulnerable to the spread of sexually transmitted diseases." Some African countries, "Tinderbox" notes, have cut alcohol subsidies or imposed taxes on liquor: a connection exists between alcohol consumption and risky behavior. Condom use, though widely promoted, has been disappointingly uneven.

Some AIDS campaigns, the authors state, advise young women to forego their "sugar daddies," older men who maintain sexual relations with college women in exchange for paying school fees and cellphone airtime. "Tinderbox" explains that African cash economies spread HIV, not among the poorest Africans but among those with the means to maintain a "sexual network of multiple partners." In these networks, STDs and AIDS can spread like wildfire. The authors trace HIV to colonial abuses of native porters who, half-starved, resorted to killing and eating sick monkeys and chimps on their long treks; hence, the jump from the simian virus into a human host, likely a porter who cut himself butchering an infected carcass.

Contrary to popular perception, HIV is not simply sexually transmitted. It needs access to the bloodstream via cuts or bruises, as might be suffered by a rape victim or through anal

intercourse. “When Magic Johnson publicly stated he had HIV, many people assumed his wife, who was pregnant at the time, was positive also. But she wasn’t.”

I now know there’s a lot I don’t know—we don’t know—on a subject more complex than I ever imagined. Reading the books from Dr. Bloomberg alongside “Tinderbox” was a mea culpa.