



Re : Þingskjal: 183-114. mál Umsögn um breytingu á almennum hegningarlögum nr. 19/1940 (bann við umskurði drengja

March 28th 2018

Dear Members of the Icelandic Parliament,

We are writing to you regarding the proposed legal ban on ritual circumcision in Iceland. The Jewish Community in Denmark finds that the proposed legal ban is in opposition to The European Convention of Human Rights. Ritual circumcision of boys is protected by international conventions.

Jewish circumcision of boys is a religious and cultural cornerstone in the Jewish faith. It is an essential and highly valued sign of Jewish identity. The ritual has been carried out among Jewish communities around the world for at least 3000 years. The ritual itself signifies the covenant between God and the Jewish people, and to this day, even the majority of secular Jews keep this tradition. The ritual itself is considered a joyous occasion for the family, and virtually all Jewish men are happy to be part of this tradition.

An infringement on the right to continue this old and highly valued tradition is both legally and medically unfounded and would be a serious violation of the freedom of minority groups to live as citizens with a religious faith that differs from that of the majority population.

We refer to the Danish professor Hans Gammeltoft Hansen's article in *Juristen*, 5, 2017, pp. 156: "In my opinion, unless a medical consensus is reached that circumcision has negative health consequences, a case at the European Court of Human Rights will (and should) conclude that a legal ban against male circumcision is not compatible with the ECHR, art. 9."

The Danish Health Authority has concluded that male circumcision does not entail negative health consequences to justify a legal ban: "The Health Authority finds that there is insufficient evidence to recommend circumcision of all boys. Also, the procedure does not entail sufficient potential risks, when carried out by competent doctors, for the Authority to recommend a legal ban on ritual circumcision of boys."

Since the Health Authority came to this conclusion in 2013, no serious scientific studies have shown harmful side effects of Jewish circumcision of boys. Several new studies support the fact that Jewish circumcision of healthy infant boys, if performed correctly and under sanitary conditions, has no adverse effects on the physical and mental health of the baby or in adulthood, nor does it adversely affect sexual function later in life.

The risk of complications in connection with the procedure itself is extremely low. Among the youngest age groups, the risk of complications reported is 0.2% in a study from the Danish Rigshospitalet. Among these, **no** serious complications are reported (Thorup *et al.*, 2013). The risk of complications increases with the age at which the procedure is carried out (Thorup *et al.*, 2013, Bretthauer, 2015, Weiss *et al.*, 2010).

Since 2013, three systematic reviews have been published which unequivocally show that there is no general difference in circumcised and uncircumcised men's sexual function and experience of sex. One of



these studies was conducted by Danish scientists and published in Danish Medical Journal (Shabanzadeh *et al.*, 2016). This review examines all previous studies on the subject and concludes that circumcision of healthy boys/men does not lead to sexual dysfunction. This conclusion is confirmed by two other scientific reviews (Friedberg *et al.*, 2016, Yang *et al.*, 2017). The first of these, furthermore, concludes that male circumcision reduces men's risk of being infected by HIV and certain other STD's.

Other scientific studies reach the same conclusion – that there is no general difference in the penile sensitivity of circumcised and uncircumcised men (Bossio, 2015). The newest research shows, furthermore, that there are no adverse mental effects connected to circumcision of boys, as has been suggested by some (Ullman *et al.*, 2017).

Strong evidence indicates certain beneficial health effects of circumcision of boys/men. These benefits are primarily linked to reduced risk of transmission of infectious diseases, HIV and HPV among others (Zhu *et al.*, 2017, Albero *et al.*, 2012, Grund *et al.*, 2017). In both Denmark and Iceland, the health authorities use other methods to prevent these diseases. But since some widely recommended prevention methods (vaccine and condoms) are viewed with skepticism among certain groups, the health and prevention benefits of male circumcision should not be entirely discarded.

On these grounds, the Danish Jewish Community agree with Gammeltoft Hansen's conclusion, according to which a legal ban on ritual circumcision of boys will not be consistent with the ECHR.

Some have argued that circumcision of boys is in conflict with the child's right to physical integrity as described in the United Nation's Convention on the Rights of the Child. In the above quoted article, Gammeltoft Hansen rejects this notion. Furthermore, it should be noted that no country in the world considers this the correct interpretation of the Convention of the Rights of the Child despite of the fact that an estimated 30% of all men in the world are circumcised. Non-medical circumcision is not a common practice in Scandinavia, but 58% of all American men are circumcised.

We are certainly aware that the matter of ritual circumcision is highly controversial in a society where this tradition is not common. It is often overlooked, however, that the issue at the heart of this controversy is the question of parents' right to pass on their religious faith and spiritual worldview to their children and the child's right to be raised in the religion, tradition and culture of his parents and family. Jewish circumcision of boys does not differ from many other choices without notable health consequences for the child which parents make for their children throughout their upbringing.

We shall be very happy to address any questions you may have.

Best regards,

Dan Rosenberg Asmussen
Chairperson



Links:

<https://stps.dk/da/nvheder/2013/omskaering-af-drengboern/~media/92A1A9B3C9E34F22A855659470CD81FE.ashx>

<https://www.retsinformation.dk/Forms/R0710.aspx?id=162591>

<https://beggesider.files.wordpress.com/2017/01/thorup-et-al-2013.pdf>

<https://tidsskriftet.no/2015/11/kommentar-og-debatt/omskjaering-av-gutter>

<https://www.ncbi.nlm.nih.gov/pubmed/20158883>

https://beggesider.files.wordpress.com/2017/01/bossio_jennifer_a_201509_phd.pdf

<https://www.ncbi.nlm.nih.gov/pubmed/26724395>

<https://beggesider.files.wordpress.com/2018/03/shabanzadeh-during-frimodt-mc3b8ller-2016-dmj-male-circumcision-does-not-result-in-inferior-perceived-male-sexual-function-e28093-a-systematic-review.pdf>

<https://beggesider.files.wordpress.com/2017/01/pros-and-cons-of-circumcision--an-evidence-based-overview.pdf>

<https://beggesider.files.wordpress.com/2017/01/28653427-circumcision-does-not-have-effect-on-premature-ejaculation-a-systematic-review-and-meta-analysis.pdf>

<https://beggesider.files.wordpress.com/2018/03/ullmann-et-al-2017.pdf>

<https://beggesider.files.wordpress.com/2018/03/zhu-et-al-2017.pdf>

https://beggesider.files.wordpress.com/2017/01/male_circumcision_and_genital_human-5.pdf

<https://beggesider.files.wordpress.com/2018/03/piis2214109x17303698.pdf>