

March 26, 2018

Steingrímur J. Sigfússon,
Speaker of Althingi
Reykjavik, Iceland

Dear Speaker Sigfússon and Members of The Althingi:

We are writing to you on behalf of a coalition of Jewish organizations in the United States to express our concern with regard to legislation pending before your legislature that would ban male circumcision for non-medical reasons.

Should this legislation be enacted, Iceland would become the first European country to outlaw the practice of male circumcision—a practice fundamental to the faith of Jews as well as Muslims. The legislation thus would effectively prevent the existence of a Jewish community in your country and deny Jews their freedom of religion.

Male circumcision, or “brit milah,” is a foundational rite in Judaism. According to our tradition, as presented in the Hebrew Bible, its origin lies in God’s commandment to our forefather Abraham to circumcise himself and his sons Ishmael and Isaac. Jews have continued to practice this rite over thousands of years to this very day; and through this rite Jewish male babies are initiated into our covenantal community by their fathers in a powerful and spiritual manner. Indeed, brit milah is deemed to be so fundamental to our faith that, under Jewish law, males who have not been circumcised are ineligible to participate in some other Jewish rituals such as the Passover night ceremony.

Aside from male circumcision’s religious significance, credible medical organizations, including the American Academy of Pediatrics and the World Health Organization, have documented the health benefits of male circumcision. These benefits include, according to the WHO, a 60% reduction in the risk of HIV infection, lower rates of urinary tract infections and a likely lower risk of cervical cancer for women who are the partners of circumcised men. We are attaching their statements to this letter.

The legislation pending before you is an extreme measure to take against a practice that is deemed legitimate by medical entities and foundational to a faith community. It proposes to criminalize male circumcision and impose commensurately severe penalties. A stronger statement against the practice of faith community could not be made. While Iceland’s Jewish community is one of the smallest in the world, we are deeply concerned that this legislation, if passed, would have a wide-reaching impact on Jewish communities, both in neighboring European countries and around the world.

The legislation would set a terrible precedent in denying religious minorities the ability to practice their faith. This would be a dramatic step, to say the least, for Iceland to take when nearly 700 million men across the globe are circumcised.

We hope this expression of our views is both informative to you and persuades you to ensure the proposed legislation is not considered by your parliament.

Please contact us if we can provide further information on this issue, and thank you for your consideration of our position.

Sincerely,

Allen Fagin – Executive Vice President, Union of Orthodox Jewish Congregations of America
William Daroff – Vice President, Jewish Federations of North America
Betty Ehrenberg – Executive Director, World Jewish Congress – North America
Mark B. Levin – Chief Executive Officer, NCSEJ
Rabbi Abba Cohen – Vice President for Federal Affairs and
Washington Director, Agudath Israel of America



POLICY STATEMENT

Circumcision Policy Statement

TASK FORCE ON CIRCUMCISION

KEY WORDS

male circumcision, penis, prepuce, phimosis, sexually transmitted infections, HIV, urinary tract infection, analgesia, parental decision-making, ethics

ABBREVIATION

AAP—American Academy of Pediatrics

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abstract



Male circumcision is a common procedure, generally performed during the newborn period in the United States. In 2007, the American Academy of Pediatrics (AAP) formed a multidisciplinary task force of AAP members and other stakeholders to evaluate the recent evidence on male circumcision and update the Academy's 1999 recommendations in this area. 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. The American College of Obstetricians and Gynecologists has endorsed this statement. *Pediatrics* 2012;130:585–586

POLICY STATEMENT

Systematic evaluation of English-language peer-reviewed literature from 1995 through 2010 indicates that preventive health benefits of elective circumcision of male newborns outweigh the risks of the procedure. Benefits include significant reductions in the risk of urinary tract infection in the first year of life and, subsequently, in the risk of heterosexual acquisition of HIV and the transmission of other sexually transmitted infections.

The procedure is well tolerated when performed by trained professionals under sterile conditions with appropriate pain management. Complications are infrequent; most are minor, and severe complications are rare. Male circumcision performed during the newborn period has considerably lower complication rates than when performed later in life.

Although health benefits are not great enough to recommend routine circumcision for all male newborns, the benefits of circumcision are sufficient to justify access to this procedure for families choosing it and to warrant third-party payment for circumcision of male newborns. It is important that clinicians routinely inform parents of the health benefits and risks of male newborn circumcision in an unbiased and accurate manner.

Parents ultimately should decide whether circumcision is in the best interests of their male child. They will need to weigh medical information in the context of their own religious, ethical, and

cultural beliefs and practices. The medical benefits alone may not outweigh these other considerations for individual families.

Findings from the systematic evaluation are available in the accompanying technical report. The American College of Obstetricians and Gynecologists has endorsed this statement.

TASK FORCE ON CIRCUMCISION

Susan Blank, MD, MPH, Chairperson

Michael Brady, MD, Representing the AAP Committee on Pediatrics AIDS

Ellen Buerk, MD, Representing the AAP Board of Directors

Waldemar Carlo, MD, Representing the AAP Committee on Fetus and Newborn

Douglas Diekema, MD, MPH, Representing the AAP Committee on Bioethics

Andrew Freedman, MD, Representing the AAP Section on Urology

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HIV/AIDS

Male circumcision for HIV prevention



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There is compelling evidence that male circumcision reduces the risk of heterosexually acquired HIV infection in men by approximately 60%. Three randomized controlled trials have shown that male circumcision provided by well trained health professionals in properly equipped settings is safe. WHO/UNAIDS recommendations emphasize that male circumcision should be considered an efficacious intervention for HIV prevention in countries and regions with heterosexual epidemics, high HIV and low male circumcision prevalence.

Male circumcision provides only partial protection, and therefore should be only one element of a comprehensive HIV prevention package which includes: the provision of HIV testing and counseling services; treatment for sexually transmitted infections; the promotion of safer sex practices; the provision of male and female condoms and promotion of their correct and consistent use.

Latest updates

[Models to inform fast tracking voluntary medical male circumcision in HIV combination prevention Meeting report - December 2017](#)
TAG consultation to review changes to male circumcision devices
April 2017
[Beyond the 90-90-90: refocusing HIV prevention as part of the global HIV response](#)
January 2017
[Tetanus and voluntary medical male circumcision: risk according to circumcision method and risk mitigation](#)
Report of the WHO Technical Advisory Group | 12 August 2016

General information

[Voluntary medical male circumcision for HIV prevention in 14 priority countries in eastern and southern Africa](#)
Progress brief - August 2017
[Fact sheet on HIV/AIDS](#)
July 2016
[Celebrating HIV prevention success: 10 million men access voluntary medical male circumcision in Africa](#)
Infographic - December 2015

Policy and advocacy

[A framework for voluntary medical](#)

Technical documents

[Information on ShangRing™ \(Generation II, self-locking model\) device for voluntary medical male circumcision for HIV prevention](#)
pdf, 102kb
June 2015
[WHO prequalification of male circumcision devices](#)
pdf, 1.38Mb
Public report, June 2015
[WHO list of prequalified male circumcision devices](#)
pdf, 47kb
June 2015

| Geneva, Switzerland -
September 2016

Review by the Technical
Advisory Group on Innovations in
Male Circumcision (TAG) of
additional documentation relating
to the safety of male circumcision
methods

August 2016

Review by the Technical
Advisory Group on Innovations in
Male Circumcision (TAG) of
additional documentation relating
to the safety of male circumcision
methods

July 2016

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gateway to improved adolescent
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brief

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Events and meetings

[WHO Informal consultation on
tetanus and voluntary medical
male circumcision](#)

Technical consultation update to
the WHO March 2015 meeting
report - June 2016

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Meeting report, August 2015

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