

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Thomas Farley, MD, MPH

Commissioner

Gotham Center 42-09 28th Street, 8th Floor Queens, NY 11101-4132 1 347 396 4100 tel September 10, 2012

Rabbi Gedaliah Weinberger Rabbi David Zweibel Agudath Israel of America

Dear Rabbi Zweibel and Rabbi Weinberger,

This is in response to your letter to Mayor Bloomberg of September 4th, 2012 regarding the proposed amendment to the City of New York Health Code on direct oral suction during circumcision. I know this issue is extremely important to you and to many other religious leaders.

Circumcision has clear medical benefits. This is the opinion of the Department of Health and Mental Hygiene, as well as the stated policy of other expert bodies in the United States, including the American Academy of Pediatrics. Circumcision can be safely performed by both physicians and non-physicians, including mohelim.

We are concerned about one specific practice performed as part of some Orthodox Jewish circumcisions. Experts at the Health Department have reviewed the available scientific evidence and concluded that direct oral suction during circumcision can transmit herpes simplex virus infection to infants. While infection as a result of this procedure is uncommon, the consequences—death or permanent brain damage—are severe. Our investigations have shown that, in the past 12 years, 11 infants contracted herpes simplex virus infection when mohelim placed their mouths directly on the child's circumcision wound to draw blood away from the cut. Ten of these infants were hospitalized, at least two developed brain damage, and two babies died.

Worldwide experts on herpes and major institutions agree that oral suction after circumcision is risky. In June, the Centers for Disease Control and Prevention wrote, "Professionals advising parents and parents choosing Jewish ritual circumcision should be aware of this risk, and direct orogenital suction should be avoided." The American Academy of Pediatrics 2012 statement on circumcision "advises against the practice of mouth-to-penis contact during circumcision, which is part of some religious practices, because it poses serious infectious risk to the child." And, in August, the Israel Ambulatory Pediatrics Association asked the Israeli Health Ministry to require maternity wards and clinics to advise parents against direct oral suction.

The City has a responsibility to protect the health of all its citizens, especially its most vulnerable. Thus we are obligated to address this risk. The death of even one baby from a readily preventable infectious disease is one too many.

We recognize that circumcision is both a medical and a religious practice. The right to religious freedom, however, is not absolute. In 1944, the U.S. Supreme Court noted that "the right to practice religion freely does not include the right to expose the community or the child to communicable disease or the latter to ill-health or death". ¹ Balancing the need to protect health and respect religious freedom, the Health Department has proposed a rule that is narrowly tailored. It does not prohibit ritual circumcision or direct oral suction. Under the proposed rule, mohelim must provide parents with information stating that, in the opinion of the Health Department, direct oral suction during newborn circumcision can transmit herpes simplex virus, and that this infection can cause severe illness and death. Mohelim must obtain signatures from parents before performing direct oral suction. The purpose of the signature is to confirm that the parent received information about the risk of direct oral suction. After receiving this information, parents may or may not choose to have direct oral suction performed.

Safe alternatives to direct oral suction exist, including the use of a sterile glass tube, sponge, or sterile gauze pad to remove blood; there is no evidence that these methods spread herpes infection to newborns. I believe our proposal is highly consistent with other situations in which government or other entities provide warnings to allow people to make independent, but informed, decisions. I also believe that this proposed rule respects the right of people to practice their religion while also addressing a serious health risk to infants.

I have the greatest respect for your role as religious leaders, and I know that each of you cares deeply about the health of infants of your community. I ask you to understand our obligations and, if the proposed rule is adopted by the Board of Health, work with our Department in its implementation.

Sincerely,

Thomas Farley, MD MPH

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¹ Prince v. Massachusetts, 321 U.S. 158, 166-167 (1944) (citing People v. Pearson, 176 N.Y. 201 (1903)).