

Overcoming Medical Obstacles to Jewish Conversion⁵⁰

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One of the most celebrated converts to Judaism, Ruth H'Moaviah, is considered a paradigmatic model for the type of absolute commitment a conversion candidate should emulate. Ruth, as we read on the Holiday of Shavuot, according to Ashkenazic tradition, boldly overcame tremendous obstacles in persevering in becoming a Jew. Many contemporary Jews, who have engaged in a conversion process, face significant and varied challenges of their own in achieving their ultimate goal. Some experience rejection or criticism from their biologic family members. Others encounter frustration and feelings of disappointment during the rigorous periods of studying and becoming fluent in Jewish law and practice. As these individuals succeed, they serve as role models for all of us. Some obstacles, however, are more technical in nature. One specific potential impediment to conversion for men is the medical condition generically referred to as hemophilia.

Hemophilia actually is a category of different medical conditions all of which involve some degree of clotting abnormality rendering the individual more prone to abnormal or uncontrolled bleeding.⁵¹ The blood of individuals with hemophilia does clot, but the time necessary for clotting to occur is prolonged. The question halakhically is whether a man who has hemophilia can properly convert due to the medical contraindication to circumcision. The potential loss of blood until clotting can occur can be life threatening in severe cases. A wonderful review of the general topic of men converting to Judaism without circumcision, due to a medical condition, is presented by Rabbi Eliyahu Schlesinger, in *Eilah Hem Moadai*, volume 4, pp. 79-84. He discusses a case involving a man whose paternal lineage is Jewish. The father of this man, living

⁵⁰ The following article is not designed to serve as a comprehensive analysis or final halakhic opinion of a rather complex matter. It hopefully will provide a basis for further relevant discourse.

⁵¹ The information in this article about hemophilia is cited in: *Harrison's Principles of Internal Medicine, 17th edition, Fauci et al, McGraw-Hill, 2008, pp. 726-727; Principles of Pharmacology-The Pathophysiologic Basis of Drug Therapy, 2nd Edition, Golan, Tashjian, Armstrong, Armstrong; Lippincott Williams and Wilkins, 2008, p. 398; as well as on the following websites: www.hemophilia.org, www.hemophiliafed.org.*

at that time in the FSU, married a non-Jewish woman. This man was raised mostly by his paternal grandparents and grew up as an observant Jew who spoke Yiddish, and only realized his actual status after he immigrated to the State of Israel. He wholeheartedly wished to convert to Judaism which he had been practicing for many years as a presumed Jew. The problem which he faced was the fact that he suffered, not from hemophilia, but from poor health due to significant effects of diabetes in addition to a heart condition. The physicians strongly advised against a circumcision procedure. Is it possible halakhically to convert a man without circumcision, relying solely on the *tevillah*, immersion in the mikveh? Of course, the basic prerequisite of total acceptance of Torah and mitzvot would necessarily be in place.

As mentioned above, hemophilia is a group of diseases involving a deficiency of a specific clotting factor. Clotting factors are proteins produced primarily by the liver which contribute to the control of bleeding episodes all people experience in one form or another. From a simple bump or scrape to surgical procedures, our clotting system maintains what is described as hemostasis-controlled bleeding. The specific clotting factor deficiency in people with hemophilia increases the susceptibility to spontaneous bleeding, bleeding from minor trauma, and prolonged bleeding episodes. Bleeding into various joints is very common for individuals with hemophilia. Hemophilia is a genetic disorder, though it does not always run in families. In addition, the severity of any individual's condition depends on the degree of clotting factor deficiency. Thus hemophilia can be categorized as mild, moderate or severe. Some individuals experience only mild bleeding problems while others can experience life threatening bleeding episodes. The most common form of hemophilia is hemophilia A, which is due to a deficiency of clotting Factor VIII, and affects men much more frequently than women. While no cure presently exists, individuals can be treated with clotting factor replacement in the form of infusions or injections. The clotting factors are derived from either human plasma or through genetically engineered recombinant DNA. In addition, pharmacologic treatment with certain drugs is sometimes used.

The Talmud in *Yevamot* 46a-b, rules in accordance with the normative opinion of the Chakhamim that a male convert requires both circumcision and immersion in a mikveh to validly complete the conversion process:

Our Rabbis taught: A candidate for conversion that was circumcised but didn't immerse, R. Eliezer said, he is a convert for we find that our patriarchs were circumcised but didn't immerse. If he immersed but wasn't circumcised, R. Yehoshua said that he is a convert for we find that our matriarchs immersed but weren't circumcised. The Chakhamim state that if one immerses but is not circumcised or was circumcised but didn't immerse, he is not a convert until he is circumcised and immerses ... R. Chiya b. Abba said in the name of R. Yochanan: he is certainly not a convert until he is circumcised and immerses.

ת"ר גר שמל ולא טבל ר"א
אומר הרי זה גר שכן מציינו
באבותינו שמלו ולא טבלו טבל
ולא מל ר' יהושע אומר הרי זה
גר שכן מציינו באמהות שטבלו
ולא מלו וחכמים אומרים טבל
ולא מל מל ולא טבל אין גר עד
שימול ויטבול ... א"ר חייא בר
אבא א"ר יוחנן לעולם אינו גר
עד שימול ויטבול.

Rabbi Schlesinger first suggests that if the circumcision poses a potentially life threatening risk, then he would be exempt halakhically from circumcision, and therefore its omission would not

impede the conversion. He continues, however, by referring to excerpts of Rabbi Yechiel Yaakov Weinberg's discussion in *Responsa Sridei Aish*, volume 2, *Yoreh Deah* section 67, where he claims that if a person has a medical condition preventing him from circumcision, that person is considered halakhically uncircumcised, and, therefore, unable to successfully convert. Rabbi Weinberg's case involved an individual who, like the man from the FSU, had a significant history of heart disease and diabetes. Rabbi Weinberg refers to an earlier source by Rabbi Shimon Kunitz of Presburg, who discusses a situation in which three brothers were all undergoing conversion as adults. Unfortunately, the first two died as a result of from their respective circumcisions. The question raised was in regard to the third brother's possibility of converting without circumcision. The Talmud in *Yevamot* 64b, discusses a situation in which two successive baby brothers born from the same mother died as a result of circumcision, leading to the halakhic conclusion, advanced by Rebbe Yehudah Ha'Nasi, that any subsequent baby boys would be exempt from circumcision:

[If a mother had her] First child circumcised and died, the second [circumcised] and died, she should not circumcise the third. This is the opinion of Rebbe. R. Shimon b. Gamliel says: she should circumcise the third but not the fourth.

מלה הראשון ומת שני ומת שלישי לא תמול דברי רבי רבן שמעון בן גמליאל אומר שלישי תמול רביעי לא תמול.

Lord Rabbi Dr. Immanuel Jakobovits, *Jewish Medical Ethics*, 1975, pp. 198-199, suggests that the Talmud is describing the condition of hemophilia long before it was recognized in the medical community in approximately 1784. A dispute exists among the Rishonim as to whether such an individual who has not been circumcised is considered halakhically uncircumcised even though it is beyond his control. The Mishnah in *Yevamot* 70a, states that a Kohen who is an *arel*, one who is not circumcised, may not eat *terumah* (tithes). The same would apply to any male with respect to eating of the *korban* Pesach (Pascal lamb). Rashi, commenting on the Mishnah, illustrates an example of one who is uncircumcised by describing a man whose brothers died as a result of circumcision. Rabbeinu Tam, quoted there by Tosafot Yeshanim, and by Tosafot, *Chagigah* 4b, claims that in Rashi's case, the person is exempt from circumcision and would not be disqualified from eating *terumah*. The question, debated by Rashi and Rabbeinu Tam, is whether an exemption from the mitzvah of circumcision, due to circumstances beyond one's control, totally relieves the person from a status of being uncircumcised or not. The *Minchat Chinukh*, Mitzvah 17, argues quite cogently that even Rabbeinu Tam would concede that if the man developed an illness after originally having had the opportunity for circumcision earlier in life, then he is an *arel* since at the original point of obligation he was not medically exempt and was halakhically viewed as an *arel*. Once the classification of *arel* is imposed, it cannot be relinquished without an actual circumcision. Consequently, an individual who developed heart disease, for example, would definitely be viewed as an *arel*. Someone with hemophilia, on the other hand, whose condition began at birth would not be considered an *arel* according to Rabbeinu Tam.

Regardless of this disagreement, Rabbi Weinberg argues that for a man who is not yet Jewish, the concept of exemption from a mitzvah does not apply. His requirement of circumcision is not simply a fulfillment of a mitzvah obligation, but a necessary procedure and prerequisite in a

process leading to conversion. If for any reason - legitimate or not - the circumcision is not performed, the process is incomplete. Rabbi Weinberg, interestingly, does put forth a counter argument which analyzes the nature of circumcision for a convert. He entertains the possibility that the circumcision is not an integral part of the conversion procedure as the *tevillah* (immersion) is. Rather, it is a necessary mitzvah the convert must fulfill as part of his inauguration into *kabbalat ha'mitzvot*-full acceptance of Torah and mitzvot. If, however, he is exempt from the mitzvah of circumcision, then it would not prevent him from completing the basic process of conversion. In his conclusion, he rejects this approach, and maintains unequivocally that circumcision is an essential component of the conversion protocol.

Dr. Avraham Sofer Avraham in *Nishmat Avraham*, volume 2, *siman* 263:5, presents a thorough review of the medical background of hemophilia and the halakhic implications regarding circumcision of a child. He points out that, according to Rabbi Shlomo Zalman Auerbach, the availability of treating a child with hemophilia by infusing clotting factors before and after the procedure, dictates that the circumcision may and should be performed. Dr. Abraham also quotes a possible challenge to this view suggested by Rabbi Yehoshua Neuwirth, who claims that such a child is categorized as a child who is ill and not required presently to be circumcised. The fact that there is a treatment doesn't change the child's status. The treatments are methods to circumvent an ongoing illness. It seems that Rabbi Neuwirth's logic is that if the condition cannot be cured, then temporary treatments designed to offset complications of a disease are not required to be employed to facilitate the circumcision. Rabbi Auerbach, as quoted by Dr. Abraham, claims that the child is not viewed as being sick until such time that he experiences a bleeding episode. The presence of the condition is only a potential illness - not an actual one until it manifests.

According to Rabbi Auerbach's analysis, a person with diabetes type I, who is insulin dependent, could arguably not be categorized as ill for purposes of being exempt from fasting on Yom Kippur until he/she experiences a drop in blood glucose/sugar. Thus, if a person with diabetes can successfully manage the blood glucose levels with some insulin adjustments before and during Yom Kippur, he/she would be obliged to do so. According to Rabbi Neuwirth's logic, it is plausible to conclude that such adjustments are not necessary, as the diabetic condition may qualify for an exemption from fasting due to its status as a potentially life threatening illness. Treatments which do not cure but circumvent or prevent complications of an illness need not be utilized to ensure fasting.⁵² From a physiologic perspective, Rabbi Auerbach's opinion seems to be most accurate. While it is true that hemophilia cannot be cured, the treatment is designed to provide a person with precisely those proteins which are deficient. With clotting factor replacement, the person's clotting system can now function similar to that of a healthy person. The same is true of diabetes type I, which involves an absence/deficiency of naturally produced insulin in the body. The insulin injections provide precisely that which the person needs to allow

⁵² In the past few years, articles in the medical literature have presented viable ways for individuals with various forms of diabetes to successfully fast on Yom Kippur in consultation with rabbinic authorities. See Dr. Martin M. Grajower's article in *Endocrine Practice*, 14(3), pp. 305-311, 2008, and an article by the same, co-authored by Dr. David Zengen, in *Pediatric Diabetes*, 12(5), pp. 473-477, August 2011.

the glucose/sugar in the blood to be normally processed. These are not methods of circumventing an illness, but treating the direct and underlying abnormality.

Applying Rabbi Auerbach's logic to an adult with hemophilia wishing to convert, should lead to the conclusion that he may and must be treated with clotting factors to successfully be circumcised. Even Rabbi Neuwirth's objection regarding a child, would not allow for conversion without circumcision. Rabbi Weinberg's logic of circumcision being an absolute requirement to convert is a very strong one. Furthermore, it is more than reasonable to assume that an adult male would be given the right to voluntarily undergo circumcision with the proper clotting factor treatments. A child who is categorized as a *choleh* –one who is ill, is exempted from the mitzvah of circumcision, and cannot be compelled to be circumcised until the obligation for the mitzvah is in effect. If a child was circumcised while he was ill, the question is raised as to whether the circumcision was valid, and whether a procedure of *hatafat dam brit*-causing a drop of bleeding, is subsequently needed. Rabbi Shmuel H'Levi Wosner in *Mi'Beit Levi, Hilkhot Milah*, p. 240, paragraph 2, concludes that the circumcision, though inappropriately performed, is valid without any need for any further procedure. With respect to an adult convert in a similar situation, it would seem even more definitive that the circumcision performed would be valid, particularly given the fact that the adult is fully consenting. It is true that Rabbi Weinberg claims that an adult convert candidate who is not medically able to undergo circumcision, cannot halakhically accept the risk involved and willingly undergo circumcision. However, that case involves medical condition for which presumably effective treatment is not available. Effective treatment for hemophilia prior to a surgical procedure does exist, and that fact should permit the adult convert to go through with the circumcision.

Regarding the man from the FSU living in Israel as a fully observant Jew, but unable to be circumcised due to health considerations, it isn't clear as to why his health conditions of diabetes and heart disease would absolutely prevent circumcision. Adult male circumcision can be performed using either general, regional, such as epidural, or local anesthesia. While general anesthesia would certainly carry an increased risk of serious complications to such a person, local anesthesia should be safe enough to use.⁵³ Local anesthesia is the most common form of anesthesia used for adult circumcision. Although it too is not without potential complications, in part due to some percentage of the anesthetic medications gaining access to the general circulation, the risk is relatively low if not minimal, and perhaps should have been offered to this man wishing to complete his conversion. It should ostensibly be his final decision to accept a

⁵³ Personal Communication: Jack Jedwab, M.D. As an interesting related consequence of the medical experience in performing adult circumcisions in the FSU, Israeli medical professionals are voluntarily participating in a large project in Africa designed to circumcise millions of African men. The Jewish Daily Forward, December 26, 2011 (issued January 6, 2012) reports on a five year plan to circumcise about 20,000,000 African men. The Israeli project participation is called 'Operation Abraham'. The basis for this massive undertaking is the clinical research indicating that adult male circumcision can significantly reduce the risk of AIDS. For more information please refer to the website of the American Urological Association: www.auanet.org.

relatively small risk, just as he willingly accepts Judaism with all of its advantages and challenges.⁵⁴

Rabbi Joseph B. Soloveitchik beautifully describes the character of a convert, as recorded in *Abraham's Journey*, David Shatz, Joel B. Wolowelsky, Reuven Ziegler, Editors, pp. 180-181. Rabbi Soloveitchik, in utilizing Ruth as a model of conversion, states, "Ruth was a heroic woman, she joined a people alien to her, and committed herself to a way of life she did not understand ... she joined a religion that demands discipline ... To convert to Judaism and accept an all-inclusive Judaic commitment borders on the heroic." Indeed, whether the gentleman discussed above did complete the conversion process, he, like so many others who have joined and wish to join the Jewish people in absolute terms, are heroic and serve as inspirations for all of us.

⁵⁴ Regarding general anesthesia for an adult male, Rabbi Yechiel Yaakov Weinberg in the same volume of responsa cited in the text, section 62, discusses the use of various forms of anesthesia during circumcision for both children and adult converts. He categorically does not sanction general anesthesia for an adult due to the need for the converting male to display *daat*, consent and willing participation in the process. Rabbi Ovadia Yosef, in *Yabia Omer*, volume 5, *Yoreh Deah*, section 22, presents a number of sources who permit using general anesthesia for an adult male during conversion. Rabbi Dr. Avraham Steinberg, in *Encyclopedia Hilkhatis Refuit*, volume 4, pp. 591-595, in addition to referencing Rabbi Yosef, has a fuller discussion on this topic.